

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Okeley Care Centre

Corporation Road, Chelmsford, CM1 2AR

Tel: 01245287500

Date of Inspection: 07 September 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Requirements relating to workers ✓ Met this standard

Details about this location

Registered Provider	Okeley Healthcare Limited
Registered Manager	Ms. Nicola Ryan
Overview of the service	Okeley Care Centre is registered as a residential home providing accommodation with personal care for up to 84 older people some who may have dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 September 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

Feedback about the service from the relatives we spoke with was positive and the comments they made to us during the inspection were passed back to the manager to be responded to. They told us that staff were kind, approachable, listened to their views, provided good care and were always available. One relative said "I trust the staff to do their job of looking after my relative and they do it well".

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

The provider was meeting this standard. People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We saw that people who used the service were relaxed and engaged with staff in different tasks. Staff interacted with people in a respectful, courteous and encouraging way. Staff knocked on the doors of people's rooms before entering to maintain and respect their privacy.

We spoke with 18 of the 79 people living at Okeley Care Centre. People told us that they were involved in making decisions about their care and offered choices about daily activities, times for getting up and going to bed and meals, snacks and drinks. One person said "I can do as much as I want here but I don't have to join in if I don't want to". A full time activities coordinator was in post and the daily activities offered included exercise classes, singing and dancing, a church service, visits to the hairdresser, time in the gardens and watching old films.

Photographic menus for the day and the month ahead were on the wall outside each dining area so that people could see what options were available for breakfast, lunch and dinner. One person said "If we don't like what is on the menu, we can ask for something else, nothing is too much trouble for the carers". Another person told us "It's nice to be waited on and I don't have to do the washing up afterwards. It's not like a hospital, it's like a hotel".

The manager told us that people were involved in how their care and support was delivered. As the records were computerised, people sat with their key worker and helped to update the records by talking through how they were feeling and what changes were needed. This ensured that staff had up to date information about meeting people's care and support needs. People's views and wishes had been recorded in the five care plans that we looked at. These included details about people's life histories, their likes and dislikes, end of life wishes, and individual preferences such as choice of male or female care worker.

For people with dementia, memory boxes were placed outside of their bedrooms which

had familiar items and photos inside. The wall paper on each floor in the home was different to enable people to find their way around easier as people were not restricted to stay only in the part of the home where their bedroom was.

We spoke with five relatives on our inspection. They told us that they were very happy with the care and support their family member received and they thought the staff knew how to meet their needs very well. However, the relatives of two people who used the service told us that they did not know what was in the care plan at that time and had not been involved in reviewing the care arrangements for their family member. As the care management system was computerised, the manager told us that a new paper based system of recording the involvement of people who used the service and family members in care planning and reviews was to be implemented. The manager showed us that two relatives had signed agreements relating to their family member's care and support where the person themselves was unable to. The manager told us they would ensure that when care plans were reviewed, relatives would be involved alongside people who used the service.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We saw that people received care that was person centred and individual to their needs. A relative told us "Nothing is too much trouble for the staff here, if I ask for something to be changed, it happens"

On our visit on 07 September 2012, we saw that people were well dressed and groomed and their outfits were clean and colour coordinated. People had attended the hairdresser who visited the home regularly. This showed us that people's appearance was important to them and the home ensured that this was respected. One person said "I like to look nice and I like my hair to look nice. The carers help me to look nice".

The service operated a computerised care management system where all information about the person was recorded. We viewed five people's records and these were comprehensive, relating to the person and their life history and showed that the physical, mental, social and emotional needs of people living at Okeley Care Centre were assessed and planned for.

From our discussions with the staff and observations of care we saw that care plans reflected people's needs and current care practices. Risks such as falls, pressure area care, nutrition and assistance with moving and handling, for example using a hoist or any other equipment had been assessed and risk levels recorded. This ensured that people were cared for as safely as possible. The sections entitled 'what I can and can't do', 'how can this improve my life' and 'what I would like help with' were written in a sensitive and respectful style by the staff. Mental Capacity Act assessments, end of life care wishes and the use of advocates for people were also in place where appropriate.

Daily records were maintained to provide an ongoing picture of people's care. We saw that care records were kept under regular review in order to identify any changing needs. People who lived at the home could be assured that the information about them would provide staff with up to date knowledge and understanding of their needs in order to provide suitable, safe and individualised care. Care records showed that people were supported to address their health care needs via referrals to other professionals such as doctors, dentists, chiropodists, district nurses and continence care nurses as and when needed. Good records of visits and any interventions were maintained. One person said "I am not sure why I am living here and not at home but I get looked after very well. I see the doctor when I need to. I have no complaints".

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The manager told us that all the staff had received training in safeguarding vulnerable adults from abuse in 2011 and 2012, except for newly recruited staff who were in the process of completing their common standards induction programme which included safeguarding vulnerable adults from abuse.

When we spoke with staff they confirmed that they had received training and this was also recorded in their staff files. One staff member told us the training had been very useful and had made them more aware of their responsibilities. Staff were clear about the need to report any concerns they saw or heard and two staff explained what they would do if they suspected, saw or heard abuse taking place.

We saw that the service had relevant policies and procedures which included the local guidance relating to safeguarding vulnerable adults from abuse in place and were available to staff and visitors.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The staff at Okeley Care Centre told us that they felt supported in their role and had access to good induction and training. Staff said that there was a nice atmosphere at the home and everyone worked well together. People we spoke with told us that the staff were kind, caring, and knew their job and how to care for people. One person said "The staff are very kind, they take time to listen to me since I can't get my words out very well".

Staff meetings were held and these provided an opportunity for discussion and information sharing. We saw the minutes for April 2012. We saw that supervision agreements were in place and one to one supervision sessions were recorded and signed by the manager and the staff member. These sessions were held approximately every two months. The manager undertook regular observation of how competent staff members were at particular tasks and responsibilities. The observation records we saw related to medication administration and care practices. These support systems helped to ensure that staff were supported to do their job and assured people that staff were competent and had the appropriate skills to look after them.

We saw evidence in staff files that there was an induction process in place and staff told us that they had shadowed other staff to learn about their role and responsibilities and the needs of people using the service.

Discussion with the staff and their training records showed that staff received a satisfactory level of training so that they were skilled in meeting people's needs. Most staff had the National Vocational Qualification (NVQ) in Care Level 2 or 3 as well as a range of training. Some examples of these were end of life care, nutrition, pressure area care, dementia care, fire safety; first aid, medication, mental capacity, moving and handling, care planning and safeguarding vulnerable adults from abuse.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

Okeley Care Centre had a quality assurance system in place by the way of monthly audits and reviews. Residents and relatives meetings were held in April and June 2012, and two different annual surveys' of people who used the service and their relatives had been completed.

We saw the results of a food satisfaction survey completed in January 2012 and a customer satisfaction survey completed in May 2012. These results were on display in the reception area for people to look at. Overall, people were very positive about the food and the service offered to them at Okeley Care Centre. One person told us "They ask us all the time if we are happy with living here and if they can do anything more. There is nothing more they can do as I am very happy here".

We saw that feedback was given following collation of the results of each annual survey so that people were aware of the difference their views about the service had made. The manager told us that any comments or complaints made in the survey that needed action, were dealt with individually. These comments and concerns and the actions taken were logged in the complaints book so that they could be used to improve the service for the individual and the home as a whole. One relative we spoke with said "I think they do a good job of caring for my relative and I know they listen to her and what she has to say. It is the quality of the staff that make it a good home".

Although the home was large, the manager and staff were very visible and available to talk to people individually about their views and their feelings. We saw this happened in practice on the day of our visit. The manager told us that this was a big part of ensuring that people had a quality service and that the staff were able to put things right at the time.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

The provider was meeting this standard. People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at four staff files and these were well organised and contained all the relevant information in relation to the proper recruitment of staff. This included an application form which contained their education and employment history, appropriate identification, notes of the interview, a criminal records bureau check, two references and a contract of employment. We were assured by the contents of the staff files that appropriate checks were undertaken before staff began work.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists, primary medical services and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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