

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

## Otterhayes

Salston, Ottery St Mary, EX11 1RH

Tel: 01404816300

Date of Inspection: 06 November 2013

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

**Care and welfare of people who use services**

✓ Met this standard

**Supporting workers**

✓ Met this standard

## Details about this location

Registered Provider	Otterhayes Trust Limited
Registered Manager	Mrs. Carolyn Allen
Overview of the service	Otterhayes provides residential accommodation for up to six people who require personal care. They are not registered to provide nursing care. They are also registered to provide personal care to people who live in supported housing. The Otterhayes Trust is a registered charity.
Type of service	Care home service without nursing
Regulated activities	Accommodation for persons who require nursing or personal care Personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 6 November 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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This inspection was carried out to review actions taken by the provider since the last inspection in June 2013 to achieve compliance. At this last inspection improvements were needed with outcome 4 Care and welfare of people who use services and outcome 14 Supporting workers. This inspection focussed on the residential accommodation only.

We found the service had taken a range of actions to achieve compliance, including reviewing and improving the care plans and risk assessments. A new office had been created which meant staff had good access to the care plans and relevant documents and guidance at all times. De-briefing sessions had taken place after incidents, and meetings had also been held where staff shared ideas and suggestions to improve the service. Guidance was provided to staff was easy to read and detailed.

Good staff support systems were in place including regular supervision sessions, handovers between shifts and a range of training. Staff were experienced and knowledgeable. We spoke with three staff on duty at the time of our visit. They told us they were well supported and had received a good range of training. They confirmed recent changes in care planning systems and management support were working well.

At the time of our inspection people living at Otterhayes were cheerful and relaxed. They were engaged in a range of activities including cooking, menu planning and games.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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### Reasons for our judgement

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We found that, since our last inspection, the provider had taken a range of measures to improve the delivery of care to people who used the service.

We looked at five care plan files for people who lived in Otterhayes. We saw the care plans had been reviewed and improved since our last inspection in June 2013. They had been drawn up in consultation with each person and those people who knew them well such as relatives and care managers. All staff had been consulted and involved in drawing up the plans. This meant staff had been able to share their knowledge of each person's care needs to ensure the care plans were comprehensive.

The manager showed us evidence of pictures and signs used to help people with reading and communication difficulties to understand and be involved in reviewing their care needs. This meant people's communication needs had been considered, and information was presented in alternative formats to suit individual needs.

Each care plan contained detailed guidance relating to all identified risks to people's welfare or safety. Risk assessments had been reviewed and improved. Guidance on risks was easy to read and contained sufficient detail to enable staff to recognise signs of distress and provided a range of information on how to support and reassure the person to help them remain calm.

The service had notified all relevant agencies, including the Commission, following incidents where people may have been at risk of harm or distress. We saw the service had received support from a range of health and social care professionals to help them review people's care needs, improve care plans and risk assessments, and put in place detailed guidance for staff to follow. This meant the agency had sought and followed specialist advice appropriately.

Therapeutic support had been provided by health professionals where required. This included drama therapy and drawing up story books to help people talk about their experiences. We also saw a document called a Positive Support Plan to help staff understand and support people in a positive way to help people overcome difficult issues such as bereavement.

Health action plans had been drawn up in recent weeks to provide detailed information and records about all people's health care needs. This included evidence of professionals involved, appointments planned, and the outcomes of appointments including any treatments provided. This meant that people had the necessary information to support them to obtain the healthcare they needed.

A large new staff meeting office had been created with one wall covered in shelving. Care plan files and all other documents were clearly laid out and easy for staff to access. Staff used the meeting room on a regular basis for handovers, staff meetings, and updating care plans. This meant they had good access to the care plans at all times. They also used the room for de-briefing sessions after incidents, and to hold 'brainstorming' sessions where staff shared ideas and suggestions whenever issues arose. We spoke with three staff on duty and they confirmed new working practices were working well.

We also spoke with, and observed, five people living at Otterhayes. At the time of our visit they were involved in a range of activities. For example, one person was sitting with a member of staff planning the following week's menus. They had picture cards to help them choose meals they liked. We heard that each person had been consulted in a similar way. Other people were playing games and sitting chatting. We saw one person helping to cook a cake for tea. At tea time people living in the home and staff sat together for tea and cake. The atmosphere was happy and relaxed. People talked to us about their daily lives and we saw they were happy living there. We saw staff supporting people in a positive, friendly and confident manner.

People's care and treatment reflected relevant research and guidance. The management team told us about recent research they had carried out on current good practice. They told us the information had been particularly useful and had helped them when reviewing their own practice and procedures.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. We were told about 'best practice' meetings that had taken place to consider any actions necessary to safeguard people who did not have capacity to make decisions relating to their safety and well-being.

No persons living at Otterhayes at the time of this inspection were subject to the Deprivation of Liberty Safeguards.

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

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## Our judgement

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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.

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## Reasons for our judgement

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Staff received appropriate professional development. Since our last inspection the provider had taken a range of actions to improve the way they supported staff. This included more frequent one-to-one supervision sessions. Future supervision sessions were planned in advance. Supervision sessions had been recorded and we saw the sessions covered individual practice and also training and development needs.

Staff also received informal supervision and support on a daily basis. We saw evidence of handover sessions at the start of each shift. These were recorded in a diary and showed important information relating to any changes in people's care needs was shared with the staff team.

Regular planned staff meetings had been held and also ad hoc meetings when needed, for example following incidents to share information and review practice and care needs. We spoke with three members of staff who told us they were very well supported. They told us recent changes in management and communication systems were working very well.

The managers showed us a copy of their training plan. This showed staff had received training on all required health and safety topics, and also safeguarding and the Mental Capacity Act. Staff had also received training in the last six months on challenging behaviour, epilepsy and autism. We saw training was booked for December 2013 for all staff on personal safety. The training matrix showed training needs had been planned for the next three years.

Training had been provided to staff by a variety of methods, including external trainers and courses and in-house training and updates. This meant staff had access to various methods of training to suit their individual training needs.

Staff were able, from time to time, to obtain further relevant qualifications. We saw most staff either held, or were in the process of obtaining relevant qualifications including National Vocational Qualifications (known as NVQ's) and diplomas. This meant staff had been given opportunity to gain relevant qualifications.

## 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, acute 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 other services less often. 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.

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 may have 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. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

**✗ 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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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