Review of compliance

Oakview Care (Berkshire) Limited The Old Vicarage	
Region:	South East
Location address:	Parsonage Lane Hungerford Berkshire RG17 0JB
Type of service:	Care home service without nursing
Date of Publication:	March 2012
Overview of the service:	The Old Vicarage is a residential care home that offers a service for up to 12 people with learning and associated disabilities.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

The Old Vicarage was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 2 February 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

People told us that it was a very good place to live. They told us that they were able to make their own choices. People told us that they felt safe in the home and with the staff. They said that the home was always clean and tidy and they helped to keep it that way. People told us that the manager was approachable and would take action to deal with anything they weren't happy with.

What we found about the standards we reviewed and how well The Old Vicarage was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The service had assessed the needs of people who lived in the home. This included any risks to their health and well being and how those risks could be minimised. People who lived in the home were involved in planning and reviewing the care and support given.

Overall we found that The Old Vicarage was meeting this essential standard.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The home knew how to respond appropriately to safeguarding issues. Staff had been trained and knew how to protect the people in their care. The people, who lived in the home, felt safe. Staff had been trained to safely support people who had behaviour that

may cause distress or harm to themselves or others.

Overall we found The Old Vicarage was meeting this essential standard.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The home had an infection control policy based on the 'Code of Practice'. They made sure that staff understood and followed all relevant infection control procedures.

Overall we found that The Old Vicarage was meeting this essential standard.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The home regularly reviewed staffing numbers and adjusted them to make sure that people's needs were met. Training and supervision of staff supported staff to develop the necessary skills needed to meet the needs of people living in the home.

Overall we found that The Old Vicarage was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The home regularly reviewed the quality of the standard of care they offered to the people who lived in the home. They took action and made changes to any areas that were identified as in need of improvement.

Overall we found that The Old Vicarage was meeting this essential standard.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
People told us that it was a very good place to live. They said that they can choose what they want to do and when they want to do it. People told us that they agreed what was written in their care plans and that staff supported them in the way they chose.

Other evidence
The home was registered for 12 people, there were nine people in residence on the day of the inspection visit. The home consisted of four separate dwellings, there were six people in the main house and one person in each of the other dwellings. On the day of the visit we met seven of the people who lived there. We spoke with five people, one person communicated through body language.

People were seen to be comfortable with staff and confident in making their wishes known. Examples were people asking about activities and telling staff what they would like to do in the evening. Staff were observed interacting with people in a respectful and positive way. An example was staff asked people if they could enter their rooms. We observed staff helping a person to chop up vegetables so that they could safely participate in meal preparation. Staff were seen communicating with people all the time. All staff spoken with were knowledgeable about people's individual needs. Staff were observed treating people with dignity and respect. An example was explaining what they were going to do in the evening and engaging people in conversation about the events of the day.

We looked at people's records which included four plans of care. The plans of care

contained all the relevant information to enable staff to appropriately care for people. They included self care, domestic skills, literacy and numeracy, communication, personal and social adjustment and personal relationships and friendships. The plans of care were person centred, they included detailed behavioural guidelines and work experience assessments as appropriate. The home had identified objectives from the last review, these were prioritised and the home was working on these areas with people. An example was literacy and numeracy skills. Daily notes were detailed and up-to-date. Plans of care were reviewed a minimum of annually and if people's needs changed. Parts of the plans of care were produced in simple English and pictorial formats so that people had the best chance of understanding them. The plans of care were signed by individuals wherever possible. People's choices about each area of care were recorded, these included how people preferred to be supported. There was also detail about how people expressed their choices, particularly if they were not able to express themselves verbally.

The home had risk assessments for all aspects of care that posed a risk to people who lived in the home. These identified risks to the individual and contained detail of how the risks were to be minimised. The risk assessments were person centred and allowed people to remain as independent as possible, as safely as possible. An example was people visited family members unaccompanied. The home recorded individual's views on the risk assessments and the person agreed them. People signed them if they were able to or staff described how people had indicated their assent. Risk assessments were reviewed regularly, as noted in the plans of care or whenever needs/behaviours changed. One set of risk assessments had been amended in July 2011. They clearly noted why amendments had been made, what actions needed to be taken and detailed instructions to staff on how to take the necessary actions. They also recorded who had been consulted and involved in drawing up the amended assessments.

Health records showed that people received appropriate healthcare interventions. Examples were visits to the GP, psychologist appointments and annual check ups. Individuals had a 'Health Action Plan' which included a sheet to take to health appointments for the health professionals to complete. Health monitoring records were kept as appropriate to individuals, for example fluid intake. Healthcare notes were very detailed and included an index which cross referenced all visits to daily notes and health follow up plans. People were seen to have up to seven referrals to different healthcare professionals to assist them with recently diagnosed medical conditions.

People who lived in the home participated in a range of external and internal activities. People's activity plans varied depending on their assessed needs. Some people did not have planned activities whilst others went to college, work experience and other work placements. The people who lived in the home used the local community facilities such as swimming pool and local pubs. The home also had a snooker table, sensory room and games room on site. The home had recently appointed an activities co-ordinator for three days per week to find and organise new and more varied activities.

Our judgement
The service had assessed the needs of people who lived in the home. This included any risks to their health and well being and how those risks could be minimised. People who lived in the home were involved in planning and reviewing the care and support given.

Overall we found that The Old Vicarage was meeting this essential standard.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
People told us that they felt safe in the home. They said that staff would always look after them if they were worried or afraid of anything.

Other evidence
There had been two safeguarding concerns and one other associated incident reported since October 2010. The home had reported all three incidents to the appropriate authorities. The training records showed that all staff were trained in the safeguarding of vulnerable adults (SOVA). Some staff had completed the computer based training provided by the local authority. Staff confirmed that they had received safeguarding training. They described how they would deal with a safeguarding concern, including reporting it outside of the organisation, if necessary. They were confident that the organisation and the manager would listen to them and respond to any safeguarding concerns. The latest local authority safeguarding procedure was available to staff for reference and guidance. The home had a comprehensive whistle blowing policy.

The home accommodated people with behaviour that may cause harm or distress to themselves or others. Behaviour guidelines were detailed and contained clear instructions for staff on how to deal with people's behaviour that may cause distress or harm to themselves or others. The guidelines were generally written by the manager or senior staff and then circulated to the individual's psychologist, psychiatrist and care manager for validation. People agreed their behavioural guidelines.

Staff were trained in the use of physical restraint. They used restraint techniques called

non abusive psychological and physical intervention (NAPPI). These methods of de-escalation of behaviours and restraint techniques were approved by The British Institute of Learning Disability (BILD). All staff were trained in NAPPI and had annual training up-dates. Staff confirmed that they had received this training. The next up-date was booked for April 2012. Care staff told us that if people's behaviour was 'out of control' they called the police for support and safety. A report was completed whenever an incident occurred. An index of incidents was kept both generically and individually. Part of the form noted the investigation into incidents and what the home had learnt from them. Some of the incident reports did not clearly describe whether the term 'taken' meant physical intervention or verbal intervention had been used. No medications that helped people to control their behaviours were being used by people who lived in the home at the time of the inspection visit.

The training records showed that some staff had completed Mental Capacity Act 2005 and Deprivation of Liberty Safeguards training. The home had plans to provide this training to the staff team this year. A copy of the Mental Capacity Act 2005 was available in the office, for staff to refer to.

Our judgement
The home knew how to respond appropriately to safeguarding issues. Staff had been trained and knew how to protect the people in their care. The people, who lived in the home, felt safe. Staff had been trained to safely support people who had behaviour that may cause distress or harm to themselves or others.

Overall we found The Old Vicarage was meeting this essential standard.

Outcome 08:
Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
People told us that the home was always clean and tidy. They said that they liked to "keep things shiny" and staff helped them to do that.

Other evidence
The home was clean and tidy in all areas on the day of the inspection visit.

The home had a comprehensive infection control policy developed from the Code of Practice on the prevention and control of infections. An 'easy read' infection control policy was provided for staff to use on a daily basis. Staff told us that they had received infection control training and described how they dealt with infection control issues. The manager, who was the infection control lead, told us that there were specific guidelines in place for people who had special needs. Staff used protective clothing such as aprons and gloves. Health and Safety risk assessments had been completed for individuals. Staff were strongly advised to have the appropriate vaccinations and follow the individual guidelines.

The home used a coloured bag system in the laundry. They washed some people's clothes separately and the machine was 'sluiced' after use. People had separate waste bins in their rooms which were emptied into clinical waste bags and then emptied into infected waste bins which the contractors collect weekly.

Our judgement
The home had an infection control policy based on the 'Code of Practice'. They made sure that staff understood and followed all relevant infection control procedures.

Overall we found that The Old Vicarage was meeting this essential standard.

Outcome 13:
Staffing

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
People told us that staff treated them well. They said that they were always there to support them, if they needed help. People told us that staff were, "very friendly and nice".

Other evidence
The home had a total of 16 staff, including the maintenance man and the manager. The minimum staffing levels were three staff on duty from 9.00 am until 9.00 pm, however more usually the home was staffed by a minimum of four staff between these hours. Two people did a sleeping in shift from 9.00 pm until 7.00 am, we were told that people's assessed needs did not require waking night staff. Staffing shortfalls were covered by staff working additional hours and by the manager covering rota hours. Agency staff were rarely used as the people who lived in the home did not always respond well to people they did not know. The manager reviewed the staffing numbers on a daily basis. They altered depending on the needs of individuals and the running of the home. The home had made special arrangements to meet individuals' needs. An example was that some people received one to one support for an allocated number of hours during the week. Rotas reviewed for December 2011 showed that staffing numbers remained at the levels specified, except for holidays or when people were visiting families. Additional staffing was provided, as necessary, for special activities or events.

Staff told us that they felt well supported by the management team and were properly equipped to do their work by being given good training opportunities. They told us that

they were supervised approximately six times a year and whenever they needed advice or help. Records showed and staff members confirmed that they received an annual appraisal. 14 of the 16 staff had achieved a National Vocational Qualification (NVQ) level 2 or above. Staff told us, and training records showed, that additional specialised training was provided dependant on the specific needs of the people who lived in the home. Examples were dementia (in people with a learning disability), epilepsy and challenging behaviour.

Our judgement
The home regularly reviewed staffing numbers and adjusted them to make sure that people's needs were met. Training and supervision of staff supported staff to develop the necessary skills needed to meet the needs of people living in the home.

Overall we found that The Old Vicarage was meeting this essential standard.

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
People told us that staff always listened to them and tried to sort out any problems for them. They said they knew they could complain if they wanted to. People told us that they could always talk to the manager and he would do something about what they weren't happy with.

Other evidence
The home had a comprehensive policy and procedure for complaints that was produced in a simple English/pictorial format. There had been no complaints noted by the home since October 2010. People, who lived in the home, described how they would make a complaint, if they needed to.

The quality assurance system included an annual survey for people who used the service, families, other professionals and friends. The last one was completed in August 2011. The results were available on the organisation's website. The home held monthly 'residents meetings' which included information exchange and asking people if they were happy with the service. The last resident meeting was held on the 24th January 2012. People's key workers held monthly meetings with them. They recorded the meeting on a pro forma which included questions about the quality of care they had received over the previous month. The provider visited the home at least every two weeks and discussed any issues with the manager, this visit was not recorded.

Changes made as a result of the annual survey and the views of people who live in the home included the provision of an outside shed for leisure activities, the appointment of

an activity co-ordinator and the up-dating of people's bedrooms to provide them with en-suite facilities.

Any accidents or incidents were recorded in detail. The records included actions taken to minimise the possibility of recurrence. Accident and incident records were sent to the provider weekly.

Our judgement
The home regularly reviewed the quality of the standard of care they offered to the people who lived in the home. They took action and made changes to any areas that were identified as in need of improvement.

Overall we found that The Old Vicarage was meeting this essential standard.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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