



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Oakland Court

**26 Admiralty Road
Felpham
Bognor Regis
West Sussex
PO22 7DW**

Lead Inspector
Mrs V Gay

Unannounced Inspection
4th September 2006 11:45

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	Oakland Court
Address	26 Admiralty Road Felpham Bognor Regis West Sussex PO22 7DW
Telephone number	01243 842400
Fax number	
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Oakland Court Limited
Name of registered manager (if applicable)	Susan Greenhill
Type of registration	Care Home
No. of places registered (if applicable)	37
Category(ies) of registration, with number of places	Old age, not falling within any other category (37)

SERVICE INFORMATION

Conditions of registration:

1. Up to thirty- seven (37) male and/or female service users in the category of old age, not falling within any other category may be accommodated.
2. Only service users over sixty- five (65) years of age may be admitted.

Date of last inspection 17th January 2006

Brief Description of the Service:

Oakland Court is a care home registered to provide accommodation for up to thirty-seven Service Users in the category of Older People (over the age of 65). The home is a converted building situated in the village of Felpham and is close to local amenities, the seafront and local transport. Accommodation is provided on three levels, a vertical lift services each floor. All rooms are single occupancy and all have en-suite facilities. There are spacious lounge and dining areas which open out onto a pleasant well-maintained garden, with seating areas. The Service is privately owned by Oakland Court Ltd.

SUMMARY

This is an overview of what the inspector found during the inspection.

This was an Unannounced Key Inspection, which took place on 4th September 2006 between 11-45am and 4pm.

Prior to the Inspection, the previous inspection report was reviewed along with any correspondence received since the last inspection.

Where there have been no changes the report remains the same. During the inspection the Inspector spoke with residents, and staff. Records in relation to care planning, meals, quality assurance, accidents and health and safety issues were reviewed.

No family visitors were present, however a visiting professional said he thought the home was comfortable and he had no concerns.

Four residents were case tracked to ensure their needs were being met. This included new admissions and short stay residents.

Two files for new staff members were examined as part of the inspection process.

Residents praised the home in every respect.

Comments included the following

" You couldn't fault the care...staff are so good ... it's a grand home in everyway...the food is good so much choice...and the manager is approachable"

No requirements were made during this inspection.

What the service does well:

Oakland Court offers the residents, comfortable accommodation, good care, a choice of meals and the opportunity to engage in a range of activities.

Residents spoke highly of the staff team and comforts of the home.

It was evident from resident's comments that the position of the home added to their quality of life.

Everyone spoke very highly of the care provided at Oakland Court and no adverse comments were made to the inspector.

What has improved since the last inspection?

Since the previous inspection the care records have been revised, and details of care provided are kept in the residents rooms.

Staff training has been provided in respect of the safe handling of prescribed medication and the importance of good nutrition for the elderly.

What they could do better:

Audit care plans regularly; to ensure staff record daily care provided.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

1,2,3,6

Prospective residents are given appropriate information about the home prior to moving in.

Written contracts are provided for all residents.

All residents have a pre admission assessment of need undertaken prior to moving into the home.

Prospective residents and/or their representatives are able to visit the home prior to moving in on a permanent basis.

Intermediate care is not a service provided at the home.

Quality in this area is good. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Case tracking confirmed good practice. Records showed a thorough assessment was undertaken prior to admission to ensure the home could meet individual needs.

Residents confirmed that they had received a Statement of Purpose and Service User's Guide giving full details about the home and facilities available. Staff members spoken with were able to demonstrate a clear understanding of each resident's needs and special preferences. They were observed to go about their duties in a calm professional manner.

Residents comments included the following " They are very good here... it's a grand place...the food is varied and there is plenty of it...we are asked to comment on the standards in the home...I can see my GP whenever I need to".

It was clear from discussion with the residents and observations made during the inspection that they enjoyed a good relationship with the staff.

Records inspected were up to date and care plans had been reviewed by the key worker.

Each resident receives a written contract and terms and conditions of residency indicating what is included in the fees.

A six monthly newsletter is distributed to ensure residents know what is happening in the home.

Residents spoken with during the course of the inspection said that they had been made to feel very welcome by the staff and residents.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

7,8,9,10

Each resident has an individual plan of care in place.

Residents have access to all health related services.

Medication is safely stored and suitably recorded.

Resident's privacy and dignity is promoted by the homes policies and practices.

Quality in this area is good. This judgement has been made using available evidence including a visit to this service.

Residents care plans were examined as part of the case tracking process.

It was agreed that although care plans contained the relevant information to comply with Schedule 4 Regulation 17(2) of the care Standards Regulations 2000 some procedures needed to be reinforced, as three care sheets were missing from the rooms of those residents case tracked.

A dependency assessment tool and physical needs chart gave a clear indication of what assistance was needed and what residents could do for themselves. Residents were encouraged to remain as independent as possible within their own physical ability.

One resident said " The staff assist me in the morning, and help me get dressed they are so kind... Another resident said no restrictions were imposed on her and that she was free to spend her time as she wished.

Residents spoke highly of the attention given to them by the staff.

Residents have the opportunity to join in exercise classes and to go out with the care staff.

Equipment is in place to promote independence and assist residents with their daily tasks of living.

Medication was securely stored and suitably recorded.

The medication record was up to date and the senior member of staff had duly completed and signed for the early morning drugs round.

All staff involved in the administration of prescribed medication have received the relevant training to ensure their competence.

A Pharmacist had visited the home on the 21st February 2006 to inspect the systems in place, and had found everything satisfactory at that time.

Residents who choose to manage their own medication are encouraged to do so following a risk assessment.

Residents have keys to their rooms to ensure their privacy and safe guard their personal belongings.

Staff were seen to knock on residents doors and to wait before entering.

Residents care plans showed that GP's visited by request and other health related services were provided.

A GP making one of his regular visits to the home said he had no concerns.

EVIDENCE:

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

- 12.** Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
- 13.** Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- 14.** Service users are helped to exercise choice and control over their lives.
- 15.** Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

12,13,14,15

Meal times and daily routines are fairly flexible to meet residents preferences.

Residents are able to maintain contact with family and friends and access the local community.

Residents are able to exercise personal choice and control over their lives

Quality in this area is excellent. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Activities and outings are on offer to the residents.

A newsletter informs residents of forthcoming events, together with weekly programmes which are displayed on the notice boards.

Good practice was observed, that staff also reminded residents daily of what's on in the home.

On the day of this unannounced inspection two residents were having an early lunch to enable them to attend a local club for the blind.

Residents said their families and friends were made welcome when they visited the home.

A visitor's book showed that the home had several visitors in the course of a week.

Residents said they could furnish and personalise their rooms.

One resident recently admitted said how pleased she was with her accommodation, and that she was having a special telephone line installed at her request, which she would pay for.

People living at Oakland Court are able to make the day-to-day decisions about how they want to live their life.

There is a range of activities for those who wish to participate, and residents are encouraged to maintain contact with all their old friends and family wherever possible.

A resident on respite short stay said she found the home to be very comfortable and accommodating.

Meal times are served in the dining room or in the residents own room.

The main meal served during the inspection offered a variety of choice and contained fresh produce. Likes and dislikes are noted and the cook consults daily with residents to ensure the meal was to their liking.

The food is of a high standard, and caters for all dietary needs.

Residents told the inspector the food was of a very good standards and that they could not complain in anyway.

Oakland's Court is within a short walk of the sea and cafes, which clearly adds to the quality of life for the residents.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

16,18

There are appropriate policies and procedures in place to ensure as far as possible that residents are protected from abuse

There is a complaints register incorporated in the Statement Of Purpose and Service User's Guide.

No complaints have been recorded since the previous inspection.

Quality in this area is good. This judgement was made using evidence available, including a visit to this service.

EVIDENCE:

Residents are listened to and understand how to make a complaint should they wish to.

Regular training sessions for staff, plus policies and procedures regarding abuse, ensure that, as far as is possible, the people who live at Oakland Court are protected from bad practice.

There is a complaints procedure included in the Statement of Purpose and Service User's Guide. Residents spoken with said they knew whom to complain to should the need ever arise.

Residents meetings and Quality Assurance surveys encourage residents

and their families to comment on the standard of service. Senior staff member said that they had received training in Adult Protection as part of the National Vocational Qualification level 2, which several of the staff have obtained.

The Registered Manager confirmed that any incident or allegations of abuse would be dealt with following the West Sussex County Council procedures in place.

All staff have Criminal Records Bureau enhanced checks done before working in the home to ensure they are safe to work with vulnerable people.

Staff interviewed told the inspector that training is always on offer to them in a range of relevant topics.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

19,26

Residents live in a safe, well-maintained environment.

The home is kept clean and hygienic with systems in place to prevent the spread of infection.

Quality in this area is excellent. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

A tour of the home revealed well-proportioned accommodation, attractive communal areas all furnished to a high standard.

Residents have a choice in accommodation depending on availability.
Residents spoke highly of the homes facilities.

A Fire Officers report on file indicated that the means of escape and general fire safety arrangements appear satisfactory at that time.

One resident said, "she had lived at the home for a year and if she wasn't fully satisfied she would have left by now".

Another resident said she was pleased to be able to furnish the room with her own belongings, which made it more acceptable to her.

A maintenance person is employed to ensure the servicing and routine repairs are kept up to date.

Residents commented on how much pleasure they derived from the attractive secluded gardens, which were well used on the day of the inspection.

Standards of hygiene/ cleanliness throughout the home were very good.

No hazards were noted during the course of this inspection.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

27,28,29,30

Residents are in safe hands at all times.

A robust recruitment procedure is followed to ensure the right types of staff are employed to care for vulnerable people.

The current staff team are able to meet the assessed needs of the residents.

Staff members receive appropriate training to enable them to meet the needs of the residents.

Quality in this area is good. This judgement was made using evidence available, including a visit to this service.

EVIDENCE:

The inspector saw the duty board and asked residents if there were sufficient staff for the help and support they needed.

Residents confirmed that staff were always available and willing to help.

A new resident said " I tend to get lost, and staff are so kind they come and assist me in a sensitive manner without being asked"

The duty cook, kitchen assistant, cleaners and handyperson were on duty at the time of the inspection.

Three staff files were examined; this included any new members of staff employed since the previous inspection.

They contained the necessary documentation required by Schedule 4 and Regulation 17 (2) of the Care Homes Regulations.

The home is on its way to achieving 50% of its care staff trained to National Vocational Qualification level 2.

Two staff interviewed said they felt well supported by the manager, and that training courses and refresher training are provided.

Records evidenced that staff on duty were competent and trained to carry out their duties.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

- 31.** Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
- 32.** Service users benefit from the ethos, leadership and management approach of the home.
- 33.** The home is run in the best interests of service users.
- 34.** Service users are safeguarded by the accounting and financial procedures of the home.
- 35.** Service users' financial interests are safeguarded.
- 36.** Staff are appropriately supervised.
- 37.** Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
- 38.** The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected at least once during a 12 month period.

JUDGEMENT – we looked at outcomes for the following standard(s):

31,33,35,38

The Registered Manager is qualified, competent, and experienced to run the home and meets its stated purpose.

The home is run in the best interest of Service Users .

There are appropriate policies and procedures in place to safeguard resident finances.

The health, safety and welfare of residents and staff are promoted and protected.

Quality in this area is good. This judgement has been made using available evidence including a visit to this service.

EVIDENCE:

Residents live in a home that is run and managed by a person, of good character who is able to discharge her responsibilities fully.

The Registered Manager confirmed that any monies held on behalf of residents were recorded and receipted as appropriate.

The Responsible Individual on behalf of the company is progressive in her outlook towards staff development and encourages staff to attend courses in relevant topics.

The Responsible Individual ensures that Quality Assurance is maintained and that any topic of interest or best practice is cascaded to the staff.

The minutes of a staff meeting showed that staff had been made aware of the recent media reports on administration of medication and nutrition in care homes.

As a result staff had received training to this effect.

The accident record was examined as part of the case tracking process and any incident involving the well being of the residents was recorded.

Staff also meet regularly as a team and individually for one to one supervision.

Procedures are followed to promote and protect the health and safety of the residents.

Regulation 26 Reports are submitted monthly to the Commission for Social Care Inspection.

Record keeping in the home is generally of a good standard although as previously mentioned care sheets kept in residents rooms should be regularly audited to ensure a continuity of care is recorded.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	3
2	3
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	3
8	3
9	3
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	4
13	3
14	4
15	4

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	3
18	3

ENVIRONMENT	
Standard No	Score
19	4
20	X
21	X
22	X
23	X
24	X
25	X
26	4

STAFFING	
Standard No	Score
27	3
28	3
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	3
32	X
33	4
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection?

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations

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