



Making Social Care
Better for People

inspection report

CARE HOMES FOR OLDER PEOPLE

Oakland Grange

**St Floras Road
Littlehampton
West Sussex
BN17 6BB**

Lead Inspector
Mrs V Gay

Key Unannounced Inspection
17th October 2006 09:00

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 Grange
Address	St Floras Road Littlehampton West Sussex BN17 6BB
Telephone number	01903 715995
Fax number	
Email address	
Provider Web address	www.oakland care.co.uk
Name of registered provider(s)/company (if applicable)	Oakland (Littlehampton) Limited
Name of registered manager (if applicable)	Philip Peart
Type of registration	Care Home
No. of places registered (if applicable)	42
Category(ies) of registration, with number of places	Old age, not falling within any other category (42)

SERVICE INFORMATION

Conditions of registration:

Date of last inspection 19th December 2005

Brief Description of the Service:

Oakland Grange is a privately owned care home registered to provide accommodation for up to forty two service users in the category OP (old age, not falling into any other category).

The home is situated in the village of Littlehampton. Littlehampton shopping centre, train and bus services are nearby. The home occupies three floors with a vertical lift servicing each floor. The majority of rooms are for single occupancy, however some rooms are double rooms, which can be shared if requested. All rooms have en-suite facilities. There is a large and well-maintained accessible garden at the rear of the home.

SUMMARY

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

This was an unannounced inspection, the first key inspection of the year.

At this inspection the Inspector looked at the core standards and checked compliance with any outstanding issues.

Where there has been no change and the standard was met, the report remains the same.

On the day of the inspection a tour of the premises was made, discussions were held with several of residents at the home as well as the Responsible Individual, Registered Manager, assistant manager and staff.

A selection of statutory records was seen, together with care plans used to case track a number of the residents to gain a sense of what it was like to live in the home.

It was evident from the resident's comments and observations made by the Inspector during the inspection, that Oakland Grange continues to provide a good standard of care and comfortable accommodation.

Comments received from the residents included the following:

" Staff couldn't do more...they are so kind...the food is very good...and they do everything possible to make things right"

The atmosphere in the home was pleasantly busy and welcoming.

The inspector would like to thank those residents who gave their time to contribute to this inspection.

What the service does well:

Oakwood Grange provides a very comfortable environment where caring attentive staff meet resident's needs.

Residents continue to be very happy with the service provided.

The inspector spent time speaking with residents in the privacy of their bedrooms. Residents spoke highly of the home and the care provided.

Residents said that staff team were wonderful "couldn't fault anything...a really nice home ...they are all so helpful".

They considered that "It is a very clean home".

"The food is good nicely prepared and we are offered choice".

"The home continues to offer a good standard of care to the residents. Hygiene and cleanliness throughout the home is of an exceptionally high standard.

The Responsible Individual supports the Registered Manager to ensure staff training is promoted and issues relating to any change in legislation are brought to the attention of the staff.

What has improved since the last inspection?

The Registered Manager is currently undertaking training in National Vocational Qualification level 4 in Care Management and the Registered Manager's Award.

Decorating in the home is on going to ensure high standards are maintained.

The scope of social activities has been broadened to include "Themed Nights". Recent events have included a French evening, race night and cowboy evening. Resident have the opportunity to dress up for the occasion, which they have enjoyed.

Residents are provided with a newsletter informing them of the daily happenings in the home.

Training in Adult protection and risk assessments have been updated since the previous inspection.

What they could do better:

Develop the Quality Assurance system further in seeking views of residents, staff and other interested parties to measure success in meeting the aims and objectives.

Better use could be made of the risk assessment tool kept in the resident's bedrooms.

Staff should be encouraged to sign to acknowledge tasks undertaken as part of the quality audit.

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.

EVIDENCE:

The admission procedure was discussed with new residents.

They confirmed that they had been invited to stay at the home prior to admission to see if they wanted to live there permanently.

The certificate of registration is accurate and displayed in a prominent position. The Service User's Guide has been updated to include minor alterations.

Five assessments were examined in respect of new residents admitted since December 2005.

They were found to be informative and included the relevant information required by regulation.

Residents confirmed that they were consulted about their care needs and preferences, and that everything possible was done to make their life comfortable.

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

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

The resident's health, personal and social care needs are set out in their individual care plans.

Residents have access to a range of health related services.

Arrangements are in place for the safe handling, recording, administering and disposal of prescribed medication.

Resident's rights to privacy are respected.

EVIDENCE:

Residents confirmed that social and recreational activities are available in the home.

One resident showed the inspector a weekly newsheet informing her of the coming events and special birthdays of other residents.

She said she felt this helped her keep in touch.

Residents spoken with in private said their days were their own. " No hard and fast rules implied on us"

One resident said he particularly enjoyed being able to walk to the local library, which was very special to him.

Another resident said she was looking forward to playing Bingo that afternoon.

The home hires a mini bus, and although outings of late have not proved popular, four residents enjoy going to Rustington shopping precinct on a Friday.

Visitors are made welcome at all times in the home and they are asked to sign a book recording their presence in the home , as a safety precaution.

Residents care plans indicate their likes and dislikes are noted and staff were reported to respect their wishes.

Residents told the inspector that staff always knock their bedroom doors and await permission before entering.

The inspector observed this practice during the course of the inspection.

Care plans examined were informative giving information regarding, physical, social and emotional needs of the individual resident.

Whilst the care plans were considered to meet the standard, they could be developed further and this was discussed with the senior management present at the inspection.

Arrangements for the safe storage, handling, recording and disposal of prescribed medication was found to be satisfactory.

Staff involved in the administration of medication have received accredited training, which is recorded.

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

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,

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.

With the exception of main meal times daily routines are flexible to meet residents preferences.

Residents receive a choice of good food, which meets their dietary requirements

EVIDENCE:

Residents confirmed that life within the home was relaxed and flexible in daily living routines. Comments included

“ You can spend your day how you wish... you can go out whenever you wish you just have to sign a book for fire purposes ...there are no hard and fast rules”

Meals are served in the attractive dining room, unless residents choose to dine in their rooms. Residents spoke favourably about the standard of food.

Each resident praised the food comments included the following:

“Always freshly cooked...you have a varied choice...I enjoy breakfast in my room... nothing what so ever to complain about”.

Lunch served was appetising, well presented and generous in quantity.

-

Residents said they enjoyed their lunch.

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

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

Complaints are dealt with in line with the complaints procedure.

There are appropriate policies and procedures in place to ensure that residents are protected from abuse.

EVIDENCE:

The complaints procedure was examined and it was evident that the Responsible Individual deals with any sign of dissatisfaction promptly.

Residents said they knew whom to complain to and that they felt comfortable to do so if any worries concerned them.

Since the previous inspection, the staff have received training in Adult Abuse and Protection Of Vulnerable Adults.

All training is recorded and signed for by the staff attending the session.

A recent incident involving a member of staff was appropriately referred to Social services and although the allegations were not substantiated, the member of staff has now left the home.

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

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

A range of well-maintained and decorated communal rooms are available for all residents.

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

EVIDENCE:

Oakwood Grange is furnished and decorated to a high standard. The rooms are well proportioned, attractively presented and clean. Resident said they were very happy with their accommodation. Residents can have their own door key if they wish and each room has a lockable drawer for residents to safe guard their personal belongings.

One resident said he particularly enjoyed the double aspect of his room, which allowed him to enjoy the early morning sun.

The garden is fully accessible and is very attractively presented.

Policies and procedures are in place in respect of infection control.

Laundry facilities are cited separately to all food storage, preparation and eating areas. Protective clothing is available for the staff.

The accident book, risk assessments and fire records were being well maintained.

The Responsible Individual has carried out a fire assessment and the Fire officer has agreed with the outcome.

The inspector was informed that a fire alarm is to be fitted in the sun lounge following consultation with the fire officer.

Although the standard relating to heating and lighting was not fully assessed at this inspection it was noted that works continue to progress towards ensuring that radiators are appropriately covered following risk assessments.

Staff on duty confirmed having received fire training the previous week.

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

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

The staff team meets the needs of the residents.

Staff are qualified and competent to carry out their role in a professional manner.

There are robust recruitment procedures in the home to ensure the right type of person is employed.

Residents are in safe hands at all times.

EVIDENCE:

The rota confirmed that sufficient staff are on duty at all times to meet the varying needs of the residents.

29/% of staff currently holds a qualification in National Vocational Training 2 or 3.

Staff confirmed that training opportunities are good and that relevant courses are on offer to them.

The files for two recently appointed staff were examined and they contained the relevant documentation required by Schedule 2 of the Care Regulations.

Recruitment procedures are robust to ensure that suitable people are employed to care for the vulnerable residents

A new member of staff interviewed said she had received thorough induction training, and that she had shadowed a more experienced member of staff initially.

Staff reported the home to have a happy working environment, and worked well together as a team.

A full compliment of staff were on duty at the time of this unannounced inspection.

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

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

A suitably qualified person who is fit to be in charge runs the home.

The home is run in the best interest of residents.

Arrangements are in place to safeguard residents valuables.

The health and safety of residents and staff is promoted and protected.

EVIDENCE:

The Registered Manager is new in post and is currently undertaking National Vocational Training level 4 and a Registered Manager's award.

The Responsible Individual is very supportive and ensures the management team and staff have regular training in any new legislation.

The most recent training being, Mental Health Community Act and Dignity At Work.

A Quality Assurance policy is operational and views are sought from staff, residents and other interested parties during meetings.

Service Users, who stay at the home for short stays, are invited to complete a questionnaire when they leave in order to gain their views on how they experienced the service.

Resident and staff told the inspector that they found the management very approachable and helpful.

The Responsible Individual ensures regular monthly visits are carried out to comply with Regulation 26 of the Care Home Regulations

A Health and Safety consultant has recently assessed the home, and the Responsible Individual said she is reviewing some areas to ensure that all risk are minimised as far as practically possible.

The inspector was informed that hot water temperatures are regularly monitored and recorded to ensure the safety of residents.

Some monies are kept on behalf of the residents and these were seen to be receipted and records retained as appropriate.

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

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

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

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

STAFFING	
Standard No	Score
27	3
28	3
29	4
30	3

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

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

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	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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