

Care and Social Services Inspectorate Wales

Care Standards Act 2000

**Inspection report
Care homes for older people**

The Oaks

Cefn Road
Rogerstone
Newport
NP10 9FX

Date of publication – 30 November 2010

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Home:	The Oaks
Contact telephone number:	01633 893665
Registered provider:	Brooks Healthcare Ltd
Registered manager:	Sallyanne Mealing
Number of places:	28
Category:	Care Home - Older Adults
Dates of this inspection episode from:	7 September 2010 to: 10 November 2010
Dates of other relevant contact since last report:	11 March 2010 – registration visit; extension of care home
Date of previous report publication:	25 November 2010
Inspected by:	Wendy Goldie

Introduction

The Oaks is operated by Brooks Healthcare Limited. Ms Mealing, the registered manager, had worked at The Oaks since 1990. She was suitably qualified to undertake her role.

The home is situated in the Rogerstone area of Newport and there is a good road link to the nearby M4 motorway. The Oaks was registered to provide accommodation and support for twenty eight older persons [aged sixty five years or over] with personal care needs including two people with a dementia.

There had been a significant investment in the home. Parts of the building had been extended whilst internal refurbishment was ongoing. Building work for an extension, to include two additional bedrooms and a bathroom, was planned to commence during Spring 2011.

Summary of inspection findings

- There was information in place about the home to enable any prospective resident to make an informed choice about whether they would like to live there.
- Care plans and risk assessments were in place and both evidenced regular review. One falls risk assessment and, in another case, a control measure to manage a nutritional risk, needed updating.
- Service users indicated that they enjoyed living at The Oaks. They said that staff were friendly and caring. There was a good range of activities available, with theme days and armchair aerobics particularly enjoyed. The quality, quantity and choice of meals were also praised.
- Residents received continuity of care – no member of staff had been appointed since the last inspection. Staff said that they enjoyed working at the home. Staff had received a range of training to enable them to support service users. All care staff had either obtained a social care qualification or were undertaking study to achieve an award.
- Respondents to CSSIW questionnaires returned very positive comments about the home and the way in which service users were supported. One person said that the home was 'well run' and staff were 'friendly, courteous and nothing is too much trouble'.
- No complaints or adult protection concerns had been raised since the last inspection.
- The home was in the process of being refurbished.

What does the service do well

There was a comfortable, friendly atmosphere at The Oaks. Service users said that they felt well cared for by staff. Service users were encouraged to participate in a range of activities. Themed days, such as 'Pirate Day' were greatly enjoyed. Service users commented positively about the quality, quantity and choice of food. Relatives felt that a good quality of life was on offer at The Oaks; professionals also concurred with this view.

Staff felt that The Oaks was a good place to work. They felt that they worked well as a staff group.

Service users and their families had opportunities to communicate via the internet. Facilities were available for an internet connection in every service user bedroom. The home had its own website which relatives and friends could log onto for news about the home and also view, in a password protected section, photographs of service users who had participated in various events. A newsletter was produced periodically.

What has improved since the last inspection?

Since the last inspection the refurbishment programme had continued. Improvements included the provision of en suites to some bedrooms, the installation of a new call system and extra lavatories on the ground floor. Some bedrooms benefitted by new furniture and furnishings. New carpets had been laid in some bedrooms and also on the upstairs corridor.

An activities folder evidenced that all service users had been consulted about their hobbies and types of activities that they would like to enjoy. Action plans were in place to ensure that social needs were being met.

What needs to be done to improve the service?

a.) priorities

No priorities were identified during this inspection.

b.) other areas for improvement

No areas identified during this inspection.

Inspection methods

A proportionate approach was taken towards the inspection, therefore, not all aspects of life at the care home or all records were examined. The inspection process comprised of:

- Consideration of the content of a provider self assessment form, completed by Ms Mealing, and sent to CSSIW prior to the visit to the home, and of documentation which accompanied it.
- Consideration of the content of two inspection checklists completed by Ms Mealing; one indicating technical certificates and testing regimes of equipment within the home and the other for medication.
- Consideration of the content of the last inspection report.
- An unannounced visit to the home lasting approximately five hours.
- Discussion with service users, relatives, Ms Mealing, the Cook and care staff.
- Consideration of the content of professional questionnaires; two sent and both returned.

- Consideration of the content of relative questionnaires; seven sent out with two returned.
- Examination of records.
- A visual inspection of the garden, communal areas of the home and, accompanied by Ms Mealing, some service users' bedrooms.

A thematic inspection on infection control standards was undertaken during this inspection. A separate section for the report on this thematic inspection will be found at the end of the report headed Infection Control.

Choice of home

Inspector`s findings:

There was a statement of purpose in place for the home which was last revised and updated during 2009. The statement included information about the aims and objectives of the home, key values, the facilities, the admission process, arrangements for religious observance and activities available at The Oaks. Information about the number of staff and their qualifications, the fire precautions, confidentiality and the complaint procedure was also included within the statement.

The service user guide was last reviewed during 2009. The guide contained a range of useful information to enable prospective residents to make an informed choice about where to live. Relatives rated the home's brochure as 'good'. Information about the home was also available on the homes own website and in a newsletter.

Service user files evidenced that copies of terms and conditions, signed by both parties, were in place. The terms and conditions indicated what was included in the care home fee, information about how payment should be made and also arrangements to terminate the agreement.

There was an admission policy for the home. Ms Mealing confirmed that an assessment of need was undertaken prior to the admission of any service user to The Oaks. As part of that process, service users would be visited in their own home, or other setting, such as a hospital, and information gathered from the service user, relatives or professionals involved in their care. Ms Mealing confirmed that a local authority care plan was also obtained prior to admission to the care home.

A service user said that they had been invited to visit the home prior to admission to meet residents and staff, partake of lunch, view the facilities and see the bedroom that was on offer.

Mrs Mealing stated that service users were not admitted to the home on either an emergency or respite care basis.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Planning for individual needs and preferences

Inspector`s findings:

Two service user files were viewed during the inspection. Both evidenced that an assessment of need had been undertaken. Care plans indicated how personal care should be delivered and addressed other matters such as dietary, religious and cultural needs and also end of life care.

There were also psychological care plans in place which demonstrated that service user preferences had been established in the way in which they wished to live their lives. There were action plans in place to promote psychological wellbeing.

Risks had been assessed, including those relating to pressure areas, nutrition and falls. Care plans and risk assessments had been reviewed monthly. One falls review recorded that there had been no change although the service user had fallen, whilst a nutrition risk assessment included a control measure no longer practised. Both documents were discussed with Ms Mealing who agreed that they would be revised.

There were written instructions in place indicating the assistance to be provided to the service user by staff throughout the day, evening and night shifts. The Inspector recommended that the instructions should specify in detail the assistance required, rather than rely on terms such as 'a medium amount'.

Records were maintained of visits by health care professionals and also community health services such as those from the chiropodist, dentist and optician.

Requirements made since the last inspection report which have been met:

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Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Specify in detail within plans of care the support to be provided.

Quality of life

Inspector`s findings:

Service users felt that their wishes were respected by care home staff and confirmed that staff upheld their dignity, particularly in relation to personal care giving. Ms Mealing advised that advocates would be accessed if required.

Service users said that they enjoyed living at the home. They said that there was a good range of activities on offer and that they particularly enjoyed armchair aerobics and theme days. Preferences about the interests and types of activity that service users would like to experience had been established and each service user had an action plan in place to address their choices. Risks associated with undertaking activities had been assessed. Themed activities included a pirate day, a joke day and a chocolate day. The most recent themed activity was a bonfire night extravaganza which had included music, a buffet and fireworks; people told the Inspector how much they had enjoyed that event. Karaoke, skittles, quizzes, a newspaper review, flower arranging, indoor gardening and board games were other popular activities. A relative said that they were welcome to join in any events. Two newspapers were available each day and there was also a range of popular fiction at the home. The Inspector noted that there were a number of activities planned for the forthcoming festive season including a religious service, a party, live entertainment, a competition and a gift party. Records were maintained of activities that service users had participated in. One such service user record demonstrated that the individual had participated in a dozen or more activities in September and, again, during October 2010.

A newsletter was produced bi monthly which kept service users and relatives well informed about forthcoming events and resident birthdays. The home also had a website including a password protected 'family and friends' section in which photographs of residents enjoying activities had been posted; enabling people unable to visit the home frequently to view pictures of their relative or friend.

Holy Communion was held each month. A service user said that their own minister visited them at the home.

Visitors confirmed that staff welcomed them whenever they visited the home. There was an area for service users to meet with visitors at the entrance to the main living and dining area if they so chose. There was an alcove equipped with facilities for visitors to make refreshments. A record of visitors was maintained.

Requirements made since the last inspection report which have been met:

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Requirements which remain outstanding:

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New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Quality of care and treatment

Inspector`s findings:

Discussion with Ms Mealing, and from information contained within service user files, demonstrated that the health and welfare of service users was promoted at The Oaks. Relatives rated the way in which staff arranged for the person living there to be seen by health care professionals as 'very good'. Visits by healthcare professionals had been recorded. A record was also kept of any support provided by community health services. A general practitioner, responding to a CSSIW questionnaire, recorded that service user's medical and nursing needs in relation to tissue viability, continence promotion and management of pain were very well met by staff. Ms Mealing confirmed that no service user resident at The Oaks had a pressure area.

As part of the inspection process Ms Mealing completed a provider checklist to enable her to assess compliance with regulations and national minimum standards for medication. The Inspector viewed the completed checklist, the content of which raised no concerns. Medication practices were not examined during this inspection. There was a medication policy in place. Fourteen staff had received medication training; the last training was delivered during August 2010.

Ms Mealing indicated that continence was promoted by care staff prompting and supporting individuals with referrals made to medical professionals as required.

A staff training matrix demonstrated that all staff had received training in moving and handling, first aid, food hygiene, infection control and health and safety. First aid refresher training was scheduled for the two weeks following this inspection.

A service user file indicated that they were assisted with moving and handling needs although there was no moving and handling plan in place. Ms Mealing agreed to remedy this.

Service users said that they enjoyed the quality, quantity and choice of food on offer at The Oaks. A relative confirmed that there was always a choice of food available. Special dietary needs, such as for diabetics, were catered for. Service users were regularly consulted about the food that they would like to eat and their suggestions had been incorporated into the menu. The Inspector saw the lunchtime meal which looked and smelt appetising. Staff confirmed that fresh fruit and squash were always available.

Prior to the inspection Ms Mealing had completed a checklist which demonstrated that technical certificates and testing regimes of equipment within the care home were in date.

Ms Mealing confirmed that there was a fire risk assessment in place for the home; last updated during July 2010. She also stated that the requirements contained within the last Fire Safety Officers report had since been met.

Requirements made since the last inspection report which have been met:

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Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Staffing

Inspector`s findings:

A record of all persons working at the home was maintained. Ms Mealing felt that staffing levels were sufficient to meet the needs of service users accommodated at The Oaks. In addition to managers, the roster demonstrated that there were three care staff on duty during the morning shift [07:30 – 14:00] and two staff on duty in the afternoon [14:00 – 17:00]. During the evening and throughout the night, there were two staff on duty; one nominated as being in charge of the care home. A cook was on duty between 07:00 and 16:30 whilst two members of staff were employed to cover domestic duties between 07:45 and 12:00. In total, twenty five staff supported Ms Mealing to meet the needs of service users at the home. Agency staff were not employed at The Oaks.

No new members of staff had been appointed since the last inspection therefore recruitment practice was not examined on this occasion. Confirmation had been received from Ms Mealing that notices, issued by CSSIW after the last inspection with regard to recruitment practices, had been complied with.

Staff had received a range of training, some delivered via e-learning packages, on subjects such as health and safety, moving and handling, first aid, infection control, fire safety, adult protection, deprivation of liberty safeguards and death and dying. A number of staff had also received training on caring for people with dementia.

Thirteen care staff had achieved a national vocational qualification in care whilst another four members of staff had commenced studying for an award. Both Ms Mealing and the deputy manager had obtained the Registered Managers Award.

Staff records evidenced that staff received supervision every eight weeks. Since the last inspection, a new supervision pro-forma had been introduced which evidenced that discussion was wide ranging and included issues relating to service users, staff, shift patterns and training. The individuals' performance was commented upon as well as their personal attributes. Staff received supervision from the deputy manager whilst Ms Mealing stated that she audited supervision notes periodically. Staff received an annual appraisal.

Comments from service users, relatives and those contained within questionnaires available at the home indicated that staff were appreciated for their professionalism, friendliness, understanding and care.

Requirements made since the last inspection report which have been met:

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Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Conduct and management of the home

Inspector's findings:

The certificate of registration was displayed in the care home and the conditions of registration remained appropriate to the needs of service users accommodated there.

Ms Mealing confirmed that the home remained viable. Insurance was in place to cover the operation of the care home. A visitor's book was maintained.

Both Ms Mealing and the deputy manager had obtained the Registered Managers Award. Since the last inspection Ms Mealing had received training on the deprivation of liberty safeguards, medication, protection of vulnerable adults, moving and handling, food hygiene and fire safety.

In compliance with Regulation 27, Ms Mealing's employer had visited the home for the purpose of obtaining the views of service users and staff, inspecting the premises and examining records and had formulated a report of his findings about the way in which the home was conducted. A copy of the last report was available to view.

An annual development plan for the home was also in place. The plan demonstrated anticipated progress throughout the year in relation to activities for service users, staff training and the environment. Both staff and service user meetings were held periodically.

The Inspector was advised that this year's quality review had been postponed as service users, relatives and staff had recently completed questionnaires as part of a local authority process. The Inspector saw that respondents had been very positive about the home. Staff had confirmed that there was a family friendly atmosphere at The Oaks, they felt valued by management and were able to take regular breaks.

As part of the inspection two questionnaires were sent out to professionals. Both respondents were positive about the home and the care and support provided to service users. One respondent described the home as 'well run' and said that staff were 'friendly, courteous and nothing is too much trouble'; it was evident that they rated the home very highly.

No money was held at the home for service users. In cases where relatives managed service user finances, invoices were sent out each month for services such as hairdressing or podiatry.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Concerns, complaints and protection

Inspector`s findings:

There was a complaint procedure in place for the home. Details about the complaint procedure were contained within the service user guide. The Inspector was advised that no complaints had been received since the last inspection.

The Inspector was advised that there was an adult protection policy in place for the home but did not view this. No adult protection concerns had been reported to CSSIW. All staff had received protection of vulnerable adults training [October 2010] and training on the deprivation of liberty safeguards [August 2010]. Ms Mealing confirmed that no service user accommodated at The Oaks experienced deprivation of liberty nor was any form of restraint used at the home.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

The physical environment

Inspector`s findings:

The Oaks is situated in the Rogerstone area of Newport. The home is near to a main bus route and there is a good road link to the nearby M4 motorway. Externally there was a shrubbery, areas laid to lawn and also car parking space. The communal space on the ground floor of the home was open plan and included lounge areas, a visitor area, dining space and a sun room. Bedrooms were located on the ground and first floors. A stair lift was in place to facilitate access to the first floor. There were bathroom and lavatory facilities on each floor.

The refurbishment of the home had continued since the last inspection. Improvements included the provision of en suites to some bedrooms, the installation of a new call system and extra lavatories on the ground floor. A new kitchen and laundry was provided. Some bedrooms benefitted by having new furniture and furnishings. The upstairs corridor had been re-carpeted. Parts of the home had been re-decorated. A new fire alarm system and also a new boiler were installed during January 2010. The Inspector was aware that service users were fully consulted before each stage of the building work. Service users confirmed that they felt that disruption had been kept to a minimum.

Ms Mealing stated that it was also planned to refurbish existing bathrooms. Building work for an extension, to include two additional bedrooms and a bathroom, was scheduled to commence during Spring 2011. When the building work is complete, up to thirty people will be accommodated at The Oaks with two bedrooms offered on a shared basis.

Although the home was visited on an unannounced basis, the home was found to be clean and tidy. No odours were noted in the parts of the home visited by the Inspector. The home was well decorated and furniture and furnishings presented as comfortable and homely.

Requirements made since the last inspection report which have been met:

Action required	When completed	Regulation number

Requirements which remain outstanding:

Action required (previous outstanding requirements)	Original timescale for completion	Regulation number

New requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

A note on CSSIW's inspection and report process

This report has been compiled following an inspection of the service undertaken by Care and Social Services Inspectorate for Wales (CSSIW) under the provisions of the Care Standards Act 2000 and associated Regulations.

The primary focus of the report is to comment on the quality of life and quality of care experienced by service users.

The report contains information on how we inspect and what we find. It is divided into distinct parts mirroring the broad areas of the National Minimum Standards.

CSSIW's inspectors are authorised to enter and inspect regulated services at any time. Inspection enables CSSIW to satisfy itself that continued registration is justified. It also ensures compliance with:

- Care Standards Act 2000 and associated Regulations whilst taking into account the National Minimum Standards.
- The service's own statement of purpose.

At each inspection episode or period there are visit/s to the service during which CSSIW may adopt a range of different methods in its attempt to capture service users' and their relatives'/representatives' experiences. Such methods may for example include self-assessment, discussion groups, and the use of questionnaires. At any other time throughout the year visits may also be made to the service to investigate complaints and to respond to any changes in the service.

Readers must be aware that a CSSIW report is intended to reflect the findings of the inspector at a specific period in time. Readers should not conclude that the circumstances of the service will be the same at all times.

The registered person(s) is responsible for ensuring that the service operates in a way which complies with the regulations. CSSIW will comment in the general text of the inspection report on their compliance. Those Regulations which CSSIW believes to be key in bringing about change in the particular service will be separately and clearly identified in the requirement section.

As well as listing these key requirements from the current inspection, requirements made by CSSIW during the year, since the last inspection, which have been met and those which remain outstanding are included in this report. The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

Where key requirements have been identified, the provider is required under Regulation 25B (Compliance Notification) to advise CSSIW of the completion of any action that they have been required to take in order to remedy a breach of the regulations.

The regulated service is also responsible for having in place a clear, effective and fair complaints procedure which promotes local resolution between the parties in a swift and satisfactory manner, wherever possible. The annual inspection report will include a summary of the numbers of complaints dealt with locally and their outcome.

CSSIW may also be involved in the investigation of a complaint. Where this is the case CSSIW makes publicly available a summary of that complaint. CSSIW will also include within the annual inspection report a summary of any matters it has been involved in together with any action taken by CSSIW.

Should you have concerns about anything arising from the inspector`s findings, you may discuss these with CSSIW or with the registered person.

Care and Social Services Inspectorate Wales is required to make reports on regulated services available to the public. The reports are public documents and will be available on the CSSIW web site: www.cssiw.org.uk

Thematic Inspection: Infection Control

Summary of inspection of infection control findings

- There was a control of infection policy in place.
- Staff had received training on infection control.
- The home was found to be visually clean.
- No odours were noted.
- There had been no outbreaks of infection since the last inspection.
- The home had been extensively refurbished with the provision of a new kitchen, new sluice, new lavatories and a new bathroom. Work on a planned extension will re-commence in Spring 2011 when two existing bathrooms will be refurbished.

What does the service do well?

The home was being extensively refurbished.

Staff had received a range of training, including infection control, which was regularly refreshed.

What needs to be done to improve the service?

a.) priorities

Given that the home was being refurbished, no priority areas were identified.

b.) other areas for improvement

None identified.

Inspection methods

Information for this report was gathered from:

- Consideration of the content of a provider self assessment form, completed by Ms Mealing
- Examination of the infection control policy.
- Discussion with Ms Mealing.
- A visual inspection of all communal areas of the home including bathrooms and lavatories, the laundry/sluice and some service user bedrooms.

Quality of care and treatment

Inspector`s findings:

Service users' hair, clothing and nails appeared well kempt at the time of the visit.

Personal protective equipment such as aprons and gloves were available.

Alcohol gel was available at various points throughout the home. A strategically placed notice requested visitors to use the alcohol gel upon entry to The Oaks.

Liquid soap and paper towels were contained within dispensers. Food operated bins had been provided in bathrooms and lavatories.

There were processes in place for the transportation, emptying and cleaning of commode pots.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Staffing

Inspector`s findings:

A training matrix evidenced that staff had received infection control training. Infection control policies were accessible to staff.

Each day, two staff were rostered in the morning to undertake domestic duties.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Conduct and management of the home

Inspector`s findings:

Ms Mealing stated that she ensured that infection control policies were followed by staff by observation and monitoring their practice.

No outbreaks of infection had been reported to CSSIW.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

Concerns, complaints and protection**Inspector`s findings:**

Since the last inspection, Ms Mealing confirmed that no concerns, complaints or protection issues in relation to infection control had arisen.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations:

The physical environment

Inspector`s findings:

All communal areas, the laundry/slucice and some bedrooms were examined during the course of the inspection visit.

The environment, furniture and furnishings were visually clean.

A colour coded cleaning regime was in operation.

The laundry was recently updated. There were systems in place to ensure the separation of clean and unwashed items of laundry. A separate sink, complete with lever taps had been provided. Ms Mealing advised that the sluice, contained within a separate alcove within the laundry, would also be provided with lever taps. There was soap and handtowels contained within dispensers available in this area. Foot operated lidded bins were in place.

One bathroom had already been refurbished. The other two bathrooms required some updating and the Inspector was advised that there were plans in place to refurbish them.

Requirements from this inspection:

Action required	Timescale for completion	Regulation number

Good practice recommendations: