

**NATIONAL ASSEMBLY FOR WALES**  
**CARE STANDARDS INSPECTORATE FOR WALES**

**Care Standards Act 2000**

**INSPECTION REPORT**  
**CARE HOMES FOR OLDER PEOPLE**

**The Oaks**

The Oaks  
Cefn Road  
Rogerstone

**DATE OF PUBLICATION – 22<sup>nd</sup> February 2007**

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**CARE STANDARDS INSPECTORATE FOR WALES**

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<b>Home:</b>	The Oaks
<b>Contact telephone number:</b>	01495 893665
<b>Registered provider:</b>	Brooks Healthcare Ltd
<b>Registered manager:</b>	Sallyanne Mealing
<b>Number of places:</b>	27
<b>Category:</b>	Care Home - Older Adults
<b>Dates of this inspection episode from:</b>	27 October 2006 <b>to:</b> 23 January 2007
<b>Dates of other relevant contact since last report:</b>	20 October 2006, The Oaks was purchased by Brooks Healthcare Ltd.
<b>Date of previous report publication:</b>	6 December 2005
<b>Inspected by:</b>	Helen Ford
<b>Lay assessor:</b>	None

## **GUIDELINES ON INSPECTION**

### **INTRODUCTION**

This report has been compiled following an inspection of the home undertaken by the Care Standards Inspectorate for Wales (CSIW) 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 the process of inspection and records its outcomes. The report is divided into eight distinct parts reflecting the broad areas of the National Minimum Standards. An overall conclusion of the home's compliance with Care Homes (Wales) Regulations 2002 is recorded.

CSIW's inspectors are authorised to enter and inspect care homes at any time. At each inspection episode or period there are visit/s to the service in addition to a range of other activities such as discussion groups, self-assessment and the use of questionnaires. CSIW tries to find the best way of capturing service users' and their relatives'/representatives' experiences of using the service.

At any other time throughout the year visits may also be made to the service to investigate complaints and in response to changes in the home. Inspection enables CSIW to satisfy itself that continued registration is justified. It ensures compliance with:

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

Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate. The National Minimum Standards are also very detailed and some are technical in nature and the CSIW does not look in depth at all aspects of these standards on each visit.

The report clearly indicates the requirements that have been made by CSIW. This includes those made by CSIW since the last inspection report which have now been met, requirements which remain outstanding and any new requirements from this recent inspection. Where requirements are made, the provider may develop an action plan to show how they plan to make the necessary changes and you may wish to discuss this with them.

The reader should note that requirements made in last year's report which are not listed as outstanding have been appropriately complied with.

If you have concerns about anything arising from the inspector's findings, you may wish to discuss these with CSIW or with the registered person.

The Care Standards Inspectorate for Wales is required to make reports on registered facilities available to the public. The reports are public documents and will be available on the National Assembly web site:

[www.csiw.wales.gov.uk](http://www.csiw.wales.gov.uk)

## **OVERALL VIEW OF THE CARE HOME**

The Oaks is a large detached house situated in its own grounds on the outskirts of the village of Rogerstone. The home is registered to provide accommodation for twenty-seven older persons requiring personal care.

The home has a peaceful atmosphere and brick arches separate the lounges and dining room.

The home is accessed via a driveway, and there is ample car parking space to front of the building.

The inspection was carried out over one full day and examination of the self-assessment documentation, which had been provided by the Registered Manager and Provider before the inspection.

The home had recently been purchased by Brooks Healthcare Ltd. Mr S Lyons the Registered Provider and Miss Sallyanne Mealing the Registered Manager were present throughout the inspection.

A full tour of the accommodation was undertaken to observe general standards of cleanliness, maintenance and decoration. During the inspection visit a number of service users and their families were interviewed to ascertain their views on the accommodation, their care and treatment at the home and their views on staff attitudes.

A random sample of staff members were also engaged in conversation to gain an understanding of the working environment.

Policies, procedures and other relevant documentation were examined and discussed with the Provider and Manager.

The home provided service users with pleasant communal facilities. Christmas decorations were in evidence and a number of service users and families commented positively on these.

The home was tastefully decorated and comfortably furnished, the majority of service user bedrooms had been personalised to their own tastes, and some service users had brought small items of furniture and personal photographs and mementos into the home.

A clean environment was observed in all areas, and the bathrooms and toilets were appropriately equipped with the necessary aids to enable appropriate moving and handling procedures.

Service users wore their own clothing which appeared to be laundered to a high standard.

The Oaks had a comprehensive Statement of Purpose and Service User Guide, both of which met the required standard and had been reviewed to reflect the changes in the Registered Provider and Registered Manager.

All service users' were assessed by the Manager or her Deputy prior to admission to the home, to ensure that the home was able to meet the needs of the resident. Staff were employed over the 24-hour period with the skills and expertise to plan, direct, supervise and monitor care delivery.

Prospective service users were given information about the home, routines and staff in order for them to make an informed choice of where to live. Service users were encouraged to spend short periods of time in the home in order to determine whether to live in the home on a permanent basis.

Comprehensive assessments and care planning was undertaken and service users have access to all NHS services via GP referral.

Service users are supported to exercise control over their lives. Those who were able were encouraged to maintain independence in relation to their personal finances.

Activities are suited to the needs of the service users. During the inspection a service user's relative led a group of service users in armchair aerobics.

There was an open visiting policy observed within the home, and visitors were welcome at anytime, unless individual service user's requested otherwise.

Service users' were supported in the civic process, and they had the choice to participate in local issues if they wished.

The overall impression of the home was favourable and the inspector would commend the Provider, Manager and staff group at the home for the provision of, what appeared to be, well organised care.

The Inspection Officer would like to thank Mr. S Lyons, Miss S Mealing and the staff involved for making her feel welcome and for their co-operation during the inspection visit.

## CHOICE OF HOME

### **Inspector's findings:**

The home had produced a Statement of Purpose and Service Users Guide. Both documents gave prospective service users the information they needed to make an informed choice of where to live. The documents met the requirements of the Care Homes (Wales) Regulations 2002.

All prospective service users were assessed by the Home Manager or her Deputy prior to admission to the home. The home had developed a template for assessing service user needs. The home had appropriate documentation for those individuals who were self-funding and may not have been placed in the home through statutory agencies. Following assessment, the Manager stated that all service users were issued with letter informing them if the home was able to meet their needs.

The service user records examined within the home were comprehensive and reflected the needs of the service user.

The home was able to evidence a comprehensive admissions policy. The home does not accept emergency admissions. Prospective residents are able to reside at the home for 4 to 6 weeks before finally deciding whether or not to stay.

The home had policies and procedures in place to ensure that the home was able to meet the social/cultural and religious needs of the service users accommodated within the home.

The home was able to evidence that there were referral mechanisms in place to the relevant medical and clinical services to ensure that the home was able to meet each individual need and obtain appropriate advice and support.

The Manager informed the Inspection Officer that all service users were issued with a contract containing the terms and conditions of residency.

### **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

<b>Good practice recommendations:</b>

## PLANNING FOR INDIVIDUAL NEEDS AND PREFERENCES

### **Inspector's findings:**

Each service user had an individual plan of care, which followed on from the assessment documentation, and the social service care plans where appropriate. The care plans of the service users evidenced were comprehensive and covered physical, psychological and social care needs. Ranges of risk assessments were in place including falls and manual handling. Reviews of service user care plans occur on a monthly basis or sooner if there is any change in an individual's care needs.

The risk assessments documented in the service user files showed evidence of being reviewed on a regular basis. Entries, which were written in the daily record sheet, were clear and concise. The entries reflected the type of care that was given and recorded the day to day progress made by the individual service users.

The Manager stated that the home ensures that the service users, or where appropriate their relative, are fully consulted on completion of the care plan documentation.

Service users' and their relatives were able to access their own records on request.

The Manager stated that she had experienced difficulty in obtaining annual social service reviews, although was positive that Social Workers' were available at short notice if there were problems with individual service users.

All records maintained within the home complied with the requirements of schedule 3 and 4 of the Care Homes (Wales) Regulations 2002 and were maintained in line with the Data Protection Act 1998.

It was evident that the Manager had taken proactive measures to address the good practice recommendations indicated in the previous report.

### **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:**

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## QUALITY OF LIFE

### **Inspector's findings:**

The Inspection Officer was informed that the service users were helped and encouraged to maintain independence in relation to personal finances however, when service users were unable to perform this function families/advocates undertook this role.

The home's daily routine of daily activities is flexible. Service users confirmed in conversations that they have the choice of mealtimes and the time they wished to rise in the morning and retire at night.

The home encouraged service users to bring personal possessions and items of furniture into the home if desired. This was evidenced on the day of the inspection, as the rooms appeared personal and homely.

There were no restrictions placed on the service users daily activities. Service users were able to 'come and go' as they pleased, provided that a member of staff had been informed.

The home had a full recreational programme, which was open to each service user to participate in if they wish to. There was a different activity every afternoon.

The home had produced a regular monthly newsletter for service users, which highlighted the monthly activities and individual service users' birthday etc. This letter was informative and should be commended.

The home operates an open door policy and visitors were welcomed at any time.

Service users were able to receive visitors in private as they wish.

Service users spoken to during the inspection made comments, which were very positive about the care provided.

Service users were provided with a choice of meals, and they were able to choose where they ate. Although the majority of service users chose to eat in the dining room.

Representatives from local Churches and Chapels visited the home on a regular basis.

The home had policies and procedures in place in relation to protecting the civil and legal rights of service users.

The Manager stated that service users were supported in maintaining their civic rights by postal vote, proxy or by visiting the polling station.

Information in relation to an Advocacy Service was available within the home.

The home has a robust confidentiality statement, which is contained, with the Statement of Purpose and the Service Users Guide.

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

<b>Action required</b>	<b>When completed</b>	<b>Regulation number</b>

**Requirements which remain outstanding:**

<b>Action required (previous outstanding requirements)</b>	<b>Original timescale for completion</b>	<b>Regulation number</b>

**New requirements from this inspection:**

<b>Action required</b>	<b>Timescale for completion</b>	<b>Regulation number</b>

**Good practice recommendations:**

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## QUALITY OF CARE AND TREATMENT

### **Inspector's findings:**

Standard 13 Intermediate care is not applicable to The Oaks.

The home had specific policies and procedures in place in relation to maintaining privacy and dignity.

The Inspection Officer observed that the staff delivered care in a discreet, courteous and calm manner, showing compassion and respect for the individuals in their care. Service users were very positive regarding the care they received at the home. Relatives spoken to on the day of the inspection and comments received via the relative's questionnaire were positive and complimentary about the care given at the home.

Service users were enabled to have their own telephones or could use the home's office telephone for personal /private calls.

All service users receive their mail unopened.

Service users were addressed according to their wishes. This was recorded in the service user care plans.

Medical examinations are undertaken in the privacy of individual's own rooms.

All NHS services are available to service users via GP referral.

The staff had a good relationship with the specialist services and could access advice and request visits as requested.

The home had a private podiatrist who called every eight weeks, to provide foot and nail care.

The home had access to an optician and dentist who visit upon request.

The home provided a choice of menu for the service users. It was evidenced that menus were planned over a four-week cycle and were changed on a seasonal basis.

Service users spoken to expressed positive feelings about the standard of the food and confirmed that the food was well cooked and tasty.

The kitchen was not inspected on this occasion.

Service users wore their own clothing, which was clean and well laundered. Comments received from service user relatives acknowledged that the residents' clothing was well laundered.

The home had policies and procedures in place regarding the receipt, storage and administration and return of medicines within the home. Only those staff who are in receipt of the Boots Medication Handling Certificate were authorised to administer medication.

Medication is provided in blister pack form. The two staff signing the CD book also signs the medication chart to evidence administration of the drug.

A random sample of controlled drugs were checked and found to be correct.

The Manager stated that one service user currently self medicates, this has been risk assessed and the resident is supervised on a regular basis by senior care staff.

Standard 18 was not fully audited on this occasion.

The Oaks is considered a 'home for life' and it is therefore considered that some deaths will occur.

Unnecessary admissions to hospital are avoided where possible with full involvement of all professionals and involved parties. Service users can be cared for until the end of their days at the home. The Manager had developed an approach that allowed for service users and their relatives to feel that they were being treated with sensitivity and respect at emotionally difficult times.

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

Action required	When completed	Regulation number
Medication should always be safely and securely stored. Medication refrigerators must be locked.	11/12/06	13 (2)

#### 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:

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## STAFFING

### **Inspector's findings:**

The staff rotas were examined and evidenced that the home met the minimum staffing requirements, in relation to the provision of care within the home.

The staff rotas examined clearly identified the number of care staff on duty and in the absence of the Manager and Deputy Manager, who was nominated person in charge of the home.

The home employed sufficient ancillary staff to maintain the cleanliness and catering services within the home.

The Manager and the Deputy Manager both hold NVQ Level 4 (Managers Award) and, are additionally qualified to assess NVQ candidates. The Manager stated that she had enrolled to complete the NVQ verifier's award.

A random sample of staff files were reviewed. All contained the required documentation including a contract and two references, and a valid enhanced CRB disclosure. The files were stored in accordance with the Data Protection Act 1998.

The home is registered with the Criminal Records Bureau as a registered body. The Provider stated that they will be contacting the CRB to alter the designated signatories due to the change in ownership of the home.

Staff training within the home is given important emphasis. The home had an annual training matrix for statutory and developmental training. Staff files seen contained individual training and developmental plans. The files also contained certificates evidencing the training had taken place.

The home had developed and implemented a comprehensive system of regular supervision for staff, which included recordings and reviews. A template had also been developed to meet the requirements of staff appraisals.

The home had one volunteer working at the home. This was a relative of one the service user, and provided armchair aerobic sessions.

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

<b>Action required</b>	<b>When completed</b>	<b>Regulation number</b>
The home should be staffed in such a way as to ensure that at all times there is a suitably qualified, competent, skilled and experienced person in charge.	11/12/06	18 (1) (a) 18 (2)

### **Requirements which remain outstanding:**

<b>Action required (previous outstanding requirements)</b>	<b>Original timescale for completion</b>	<b>Regulation number</b>

**New requirements from this inspection:**

<b>Action required</b>	<b>Timescale for completion</b>	<b>Regulation number</b>

**Good practice recommendations:**

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## CONDUCT AND MANAGEMENT OF THE HOME

### **Inspector's findings:**

The Manager had extensive experience of working within the care industry. Working as a member of care staff Deputy Manager and more recently as Manager.

The Manager had a job description, which reflected her duties and responsibilities.

It was noted that the Management style within the home is proactive, and the majority of the requirements identified in the last inspection report have been addressed.

The Management culture of the home appeared open and transparent.

The staff spoken to during the inspection visit acknowledged that they felt valued within the home and were able to contribute to the running of the home.

The accounts and business information had been presented to the Care Standards Inspectorate for Wales to ensure the continued viability of the home.

The home had recently been purchased by Brooks Healthcare Ltd. There appeared to be good working relationship developed between the new Provider and Manager. There appeared to be clearly identified roles for the Provider and Manager.

The Manager and Provider had conducted a Regulation 27 quality assurance audit within the home. Future audit dates had been set aside for further visits. A copy of the audit was included within the self-assessment documentation.

Service users who were able to manage their own affairs were encouraged to do so. The home does not act as agent/appointee for any service accommodated at the home.

The Inspection Officer examined a small number of service user accounts within the home. All incoming and outgoing transactions were recorded, indicating what the money had been used for; receipts were available to support this. The monies were locked in a safe in individual wallets, only the certain staff had access to these. It was recommended that a second signature be obtained for all financial transactions.

### **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:**

It is recommended that a second signature be obtained for all financial transactions, relating to service users monies held within the home.

## CONCERNS, COMPLAINTS AND PROTECTION

### **Inspector's findings:**

The home had a comprehensive policy and procedure in place for handling complaints and concerns, which were made by service users and their families. This included how complaints could be made as well as who dealt with them and the time scales, which allowed for them to be dealt with promptly. A full copy of the procedure is included in the service users' guide.

The complaint book was viewed; there were no recorded complaints or concerns.

The home had policies and procedures in place in relation to the Protection of Vulnerable Adults.

There was ongoing training available for staff in relation to the Protection of Vulnerable Adults.

The home had access to the South-east Wales policy on the Protection of Vulnerable Adults.

A 'Whistle Blowing Policy' was in place to ensure staff were comfortable with reporting incidents of abuse to the Manager and/or senior staff.

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

<b>Action required</b>	<b>When completed</b>	<b>Regulation number</b>
POVA training must be provided for all staff.	11/12/06	18 (1) (a)

### **Requirements which remain outstanding:**

<b>Action required (previous outstanding requirements)</b>	<b>Original timescale for completion</b>	<b>Regulation number</b>

### **New requirements from this inspection:**

<b>Action required</b>	<b>Timescale for completion</b>	<b>Regulation number</b>

### **Good practice recommendations:**

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## **THE PHYSICAL ENVIRONMENT**

### **Inspector's findings:**

The Oaks Residential Home is located on the outskirts of the village of Rogerstone. It is a large two-storey building providing accommodation for up to twenty-seven service users who require personal care.

The home is both comfortable and well maintained with a homely atmosphere. In addition, the grounds are attractive and accessible to the service users living there.

Brooks Healthcare Ltd has recently purchased the home, the Provider had a programme for capital expenditure and maintenance. This programme included the proposal for the possible expansion to the home, to enable the home to comply with the 85% of bedrooms with single occupancy by April 2010.

The home is accessed via a short drive, there is a car park to the front of the building. Entry to the home is by ringing the doorbell and signing the visitor's book.

The home provided a pleasant and homely environment for service users. The sitting and recreational space within the home are suitable and accessible.

The furnishings and decoration are tasteful and create a positive, communal environment.

The lighting was domestic and sufficiently bright.

There were suitable numbers of toilet and bathing facilities provided to meet the needs of the service users.

All service user areas of the home were fitted with a nurse call system, test call on the days of inspection evidenced that the system was working effectively

An adequate number of hoists with appropriate slings were available to meet the moving and handling needs of the service users.

A stair lift gave access to the first floor of the home.

The home had provided mobile screens in order to facilitate privacy for service users in shared rooms. It was recommended in the previous inspection that these be replaced with ceiling mounted screens.

Many service users had bought personal items including furniture and ornaments. All rooms had a lockable facility for service user valuables. Service users were also able to lock their rooms if they so wished.

The heating, lighting, water supply and ventilation in the home were satisfactory. Service users could adjust the heating in their rooms and the radiators were protected to minimise the risk of accidents.

Emergency lighting is provided throughout the home and is tested on a regular basis.

The temperature of the water was not tested on this inspection.

The kitchen was not inspected on this occasion; the home had recently had an Environmental Health Inspection, which was satisfactory.

The laundry facilities and controls were found to be satisfactory.

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

<b>Action required</b>	<b>When completed</b>	<b>Regulation number</b>
All electrical goods brought into the home by service users must be PAT tested to ensure its safety. Miniature refrigerator in room 7.	11/12/06	13 (4) (c)
1 <sup>st</sup> floor corridor carpet has rucks and the folds present a hazard to service users. One low-level step in this corridor should be highlighted so that service users' attention is drawn to the potential trip danger.	11/12/06	13 (4) (a)
Re-position furniture in room 28 giving unfettered access to the wardrobe	11/12/06	16 (2) (c)
Repair wardrobe and chest of drawer handles in room 28. Replace cabinet in room 12	11/12/06	24 (2) (c)

**Requirements which remain outstanding:**

<b>Action required (previous outstanding requirements)</b>	<b>Original timescale for completion</b>	<b>Regulation Number</b>
Provide adequate and safe screening in shared rooms to ensure service users' privacy. Rooms 8, 12, 21 and 28.	30/03/06	12 (4) (a) 16 (2) (c)

**New requirements from this inspection:**

<b>Action required</b>	<b>Timescale for completion</b>	<b>Regulation number</b>

**Good practice recommendations:**

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