



*Making Social Care
Better for People*

inspection report

CARE HOME ADULTS 18-65

Oakley House

**10 Bushmead Road
Eaton Socon
Cambridgeshire
PE19 8BP**

Lead Inspector
Andy Green

Unannounced Inspection
4th October 2007 10:30

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

Reader Information	
Document Purpose	Inspection Report
Author	CSCI
Audience	General Public
Further copies from	0870 240 7535 (telephone order line)
Copyright	This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI
Internet address	www.csci.org.uk

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 Adults 18-65*. 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

This report is a public document. Extracts may not be used or reproduced without the prior permission of the Commission for Social Care Inspection.

SERVICE INFORMATION

Name of service	Oakley House
Address	10 Bushmead Road Eaton Socon Cambridgeshire PE19 8BP
Telephone number	01480 407010
Fax number	
Email address	
Provider Web address	na
Name of registered provider(s)/company (if applicable)	Brookdale Healthcare Limited
Name of registered manager (if applicable)	Miss Renee E W Hughes
Type of registration	Care Home
No. of places registered (if applicable)	8
Category(ies) of registration, with number of places	Learning disability (8)

SERVICE INFORMATION

Conditions of registration:

1. The home may also accommodate one female service user who is 17 years old until 9th February 2008.

Date of last inspection 31st January 2007

Brief Description of the Service:

Oakley House provides a home for eight service users within the autistic spectrum disorder, and is situated in the village of Eaton Socon, close to St Neots.

The home is particularly well decorated and furnished, and offers a comfortable setting, close to local amenities.

The home is provided by Brookdale Healthcare Ltd, who also operate a number of similar services in the area.

The weekly fees range from £2335 to £3465 depending on the assessed needs of residents.

Residents and their relatives have access to CSCI reports on request.

SUMMARY

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

This unannounced inspection was carried out by Regulation Inspector, Andy Green on 4th October 2007 . The inspector met with the manager, team leader, care staff and residents.

A variety of records were also inspected including care plans, staff files, medication records and fire safety records. A tour of the premises and grounds was also undertaken. The home also completed an Annual Quality Assurance Assessment.

What the service does well:

Oakley House is committed in providing a quality service for residents with a range of complex needs. Residents are fully involved in decision making regarding their care and support needs as much as possible. The home has a person centred approach to care and support and independence is clearly promoted. Care plans are detailed an guidelines to ensure that residents needs are being met.

What has improved since the last inspection?

The home has continued to develop its services through their quality assurance processes and regular contact with the organisation's multi disciplinary team.

What they could do better:

Areas of maintenance in the home need to be attended to.

Arrangements for regular recorded supervision sessions for all staff need to be improved.

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. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

CONTENTS

Choice of Home (Standards 1-5)

Individual Needs and Choices (Standards 6-10)

Lifestyle (Standards 11-17)

Personal and Healthcare Support (Standards 18-21)

Concerns, Complaints and Protection (Standards 22-23)

Environment (Standards 24-30)

Staffing (Standards 31-36)

Conduct and Management of the Home (Standards 37 – 43)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 5 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Prospective users' individual aspirations and needs are assessed.
3. Prospective service users know that the home that they will choose will meet their needs and aspirations.
4. Prospective service users have an opportunity to visit and to "test drive" the home.
5. Each service user has an individual written contract or statement of terms and conditions with the home.

The Commission consider Standard 2 the key standard to be inspected.

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

2,4

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

The needs of residents are fully assessed to ensure that care and support needs will be met.

EVIDENCE:

Brookdale Healthcare's Multi Disciplinary Team along with the manager of the home continue to carry out all assessments of prospective residents. Thorough assessments are made to ensure that the care and support needs will be able to be met by the home

Prospective residents can make a number of visits to the home to 'test drive' the service prior to making a decision about moving in. Relatives can also be involved in visiting the home where appropriate.

Residents usually have a three month settling in period which is followed by a review. This involves the resident, their relatives and all appropriate health and social care professionals to ensure that the placement meets the resident's assessed needs. Detailed person centred care plans are drawn up during this period.

Individual Needs and Choices

The intended outcomes for Standards 6 – 10 are:

- 6.** Service users know their assessed and changing needs and personal goals are reflected in their individual Plan.
- 7.** Service users make decisions about their lives with assistance as needed.
- 8.** Service users are consulted on, and participate in, all aspects of life in the home.
- 9.** Service users are supported to take risks as part of an independent lifestyle.
- 10.** Service users know that information about them is handled appropriately, and that their confidences are kept.

The Commission considers Standards 6, 7 and 9 the key standards to be inspected.

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

6,7,9

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

Residents are fully involved in the care planning and risk assessment processes to ensure their assessed need can be met safely.

EVIDENCE:

Three of the resident's care plans were inspected and they contained detailed information and guidelines. It is clear that residents are involved in decisions that are being made about their care and support needs.

Detailed personal profiles are in place, mainly in a creative pictorial format, which clearly involved the resident and included a great deal of social background and history. Preferences and dislikes are well recorded and give clear information as to how care and support should be delivered. Programmes of weekly/daily activities are also recorded.

It was very positive to see the full involvement of residents in making decisions about their lives and that care and support is individually tailored to suited to individual residents assessed needs. Residents are clearly able to contribute to decisions affecting them and the interaction between staff and residents appeared very positive.

Risk assessments are in place, ensuring that the residents are able to take part in everyday life with a degree of safety both within the home and when accessing the community.

There was evidence seen in residents files that regular reviews are undertaken by key workers in conjunction with members of the multi disciplinary team. There is continuous and regular input from psychologists and speech and language therapists to update any changes in the individuals care and support needs.

Lifestyle

The intended outcomes for Standards 11 - 17 are:

11. Service users have opportunities for personal development.
12. Service users are able to take part in age, peer and culturally appropriate activities.
13. Service users are part of the local community.
14. Service users engage in appropriate leisure activities.
15. Service users have appropriate personal, family and sexual relationships.
16. Service users' rights are respected and responsibilities recognised in their daily lives.
17. Service users are offered a healthy diet and enjoy their meals and mealtimes.

The Commission considers Standards 12, 13, 15, 16 and 17 the key standards to be inspected.

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

12,13,15,16,17

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

Residents have the opportunity to take part in a variety of educational, work and leisure based activities, and to be part of their local community.

EVIDENCE:

Residents continue to actively take part in a wide variety of activities, both educational and leisure. Activities are recorded within the individual care plans, and include college courses, meals out, visits to a local pub, shopping, cinema and other leisure pursuits. A number of residents continue to attend sessions at local colleges to improve their daily living skills.

One of the residents continues to work part time at Milton Park which is owned by the company.

Residents are encouraged to maintain family contact which and includes trips at weekends and at other special times during the year such as Christmas. Day trips to local towns and resorts are regularly organised throughout the year

and holidays involving four residents to local seaside resorts and activity centres have been undertaken this year.

The residents are fully involved with the planning and preparation of meals with staff assistance including shopping and cooking where required, and each resident continues to have their own cupboard space in the kitchen and space in fridges and freezers to store their food. Healthy eating is promoted by the staff so that residents health and wellbeing is achieved as much as possible.

Personal and Healthcare Support

The intended outcomes for Standards 18 - 21 are:

- 18.** Service users receive personal support in the way they prefer and require.
- 19.** Service users' physical and emotional health needs are met.
- 20.** Service users retain, administer and control their own medication where appropriate, and are protected by the home's policies and procedures for dealing with medicines.
- 21.** The ageing, illness and death of a service user are handled with respect and as the individual would wish.

The Commission considers Standards 18, 19, and 20 the key standards to be inspected.

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

18, 19, 20

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service. A range of professional support is available to ensure both physical and emotional health needs are met

EVIDENCE:

The home has recently dealt with a range of problematic behaviour regarding an individual resident's challenging behaviour and complex needs. A wide range of interventions were used to assist the resident but it was clear that the placement had become unsuitable. Another placement was secured and the resident has subsequently moved on to a service which will meet the resident's needs more appropriately.

It was also noted that another of the residents can become fairly loud when he is excited, and although he does not pose a management problem in the home neighbours have made some complaints regarding the noise level. As the home has wood flooring throughout, loud voices tend to echo around the premises quite loudly which may possibly cause concern to neighbours. This was pointed out to the manager who will discuss the matter with her line manager for further action.

This issue is referred to later in this report.

Residents continue to receive appropriate healthcare support which is detailed in care plans. Records of any healthcare visits/hospital appointments are maintained in individual care plans.

Other healthcare professionals are used including chiropody, optician services and dentist as required. All residents are registered with a local GP practice.

Medication is administered by the care staff, who have received the relevant training, and residents would be supported to manage their own medication where this was felt to be appropriate and safe. Currently no residents administer their own medication.

Records of administration were inspected and they were accurate.

Concerns, Complaints and Protection

The intended outcomes for Standards 22 – 23 are:

- 22.** Service users feel their views are listened to and acted on.
- 23.** Service users are protected from abuse, neglect and self-harm.

The Commission considers Standards 22, and 23 the key standards to be inspected.

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

22, 23

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service. Policies and procedures are in place to ensure that any complaint or adult protection issue is properly actioned.

EVIDENCE:

The home has a clear complaints procedure which is explained to all residents. The person in charge stated that all complaints are dealt with in a timely manner and actioned appropriately.

The home has received complaints from some of the neighbours living close to the home regarding concerns over the behaviour of some residents with challenging behaviour. This is being investigated by the home's line manager and the outcome is awaited. CSCI are also aware of the concerns raised and will be copied in to correspondence regarding the investigation and outcome.

All staff also receive training in dealing with adult protection issues which is in line with local authority guidance.

Environment

The intended outcomes for Standards 24 – 30 are:

- 24.** Service users live in a homely, comfortable and safe environment.
- 25.** Service users' bedrooms suit their needs and lifestyles.
- 26.** Service users' bedrooms promote their independence.
- 27.** Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.
- 28.** Shared spaces complement and supplement service users' individual rooms.
- 29.** Service users have the specialist equipment they require to maximise their independence.
- 30.** The home is clean and hygienic.

The Commission considers Standards 24, and 30 the key standards to be inspected.

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

24, 30

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service. The service provides a well equipped and comfortable home to meet the resident's needs.

EVIDENCE:

The communal areas of the home are decorated and equipped to a high standard. Residents can personalise their bedrooms and evidence of this was seen during the day.

The home was clean on the day of the inspection, and residents continue to help keep their home clean and tidy. The rear gardens are attractively landscaped and are well maintained

It was noted however that an area of the wall and ceiling above the stairway has deteriorated and the plaster is either coming off or cracking.

It was also noted that one of the upstairs cupboard doors needs repainting as it has become marked and damaged.

A requirement will be made regarding these maintenance issues

Staffing

The intended outcomes for Standards 31 – 36 are:

- 31.** Service users benefit from clarity of staff roles and responsibilities.
- 32.** Service users are supported by competent and qualified staff.
- 33.** Service users are supported by an effective staff team.
- 34.** Service users are supported and protected by the home's recruitment policy and practices.
- 35.** Service users' individual and joint needs are met by appropriately trained staff.
- 36.** Service users benefit from well supported and supervised staff.

The Commission considers Standards 32, 34 and 35 the key standards to be inspected.

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

32,34,35,36

Quality in this outcome area is adequate. This judgement has been made using available evidence including a visit to this service. A well trained staff team are available to support the residents in meeting their assessed needs but improvements need to be made regarding staff supervision.

EVIDENCE:

The staff team are competent and qualified for their role. The staff are skilled and experienced and many have previously worked in other homes provided by the organisation for residents with autistic spectrum disorders.

Recruitment policies continue to ensure that residents are not placed at risk, and evidence of the required checks was seen on three staff files including two references, CRB disclosures, health declarations, identity proof and interview notes.

Each member of staff has an individual induction and training programme. Training remains priority for staff in the home and wide ranges of in-house courses are provided to meet mandatory health and safety issues and client related topics.

Three members of staff interviewed confirmed that they had received a variety of training including; autistic spectrum awareness, moving & handling, fire

safety, challenging behaviour, first aid, risk assessment, POVA, health & safety, and continuing NVQ training at levels 2 &3.

Additional input regarding resident's individual clinical issues are delivered by members of the multi disciplinary team throughout the year.

The organisation's training coordinator is developing training across the whole organisation in liaison with the home managers so that staff remain up to date with current practices and requirements. Refreshers and updates are organised throughout the year.

However, it is recommended that an additional sheet is incorporated in each staff file which details the training that the staff member has received throughout the year including the date when a refresher/update would be due.

Staff confirmed that they felt supported by the management team in the home. However, it was noted that formal recorded supervision of staff has been infrequent during the year. This was discussed with the home's manager who stated that this was an area that she will be improving.

A requirement will be made regarding supervision arrangements.

Conduct and Management of the Home

The intended outcomes for Standards 37 – 43 are:

- 37.** Service users benefit from a well run home.
- 38.** Service users benefit from the ethos, leadership and management approach of the home.
- 39.** Service users are confident their views underpin all self-monitoring, review and development by the home.
- 40.** Service users' rights and best interests are safeguarded by the home's policies and procedures.
- 41.** Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- 42.** The health, safety and welfare of service users are promoted and protected.
- 43.** Service users benefit from competent and accountable management of the service.

The Commission considers Standards 37, 39, and 42 the key standards to be inspected.

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

37, 39, 42

Quality in this outcome area is good. This judgement has been made using available evidence including a visit to this service. The home is well run, and residents views and opinions taken into account at all times.

EVIDENCE:

Since the last inspection the registered manager has moved to another post. A new manager has been confirmed in post in September 2007. She is in the process of completing an application to register with CSCI. The manager has relevant skills and experience and she also receives ongoing training throughout the year.

The outgoing manager has provided support and induction during this time. A new team leader was also appointed in June 2007.

Staff spoken to were complimentary about the management support they had received. Senior members of staff also provide management and support to the support workers. Members of staff stated that they were able to raise issues

and concerns at any time and that they felt involved in all aspects of the care and support provided for residents in the home.

Regular health and safety audits continue to be made on a weekly and monthly basis. Records of fire safety checks were inspected and they are recorded accurately.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Adults 18-65 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	
<i>Standard No</i>	<i>Score</i>
1	X
2	3
3	X
4	3
5	X

INDIVIDUAL NEEDS AND CHOICES	
<i>Standard No</i>	<i>Score</i>
6	4
7	4
8	X
9	3
10	X

LIFESTYLES	
<i>Standard No</i>	<i>Score</i>
11	X
12	3
13	3
14	X
15	3
16	3
17	3

PERSONAL AND HEALTHCARE SUPPORT	
<i>Standard No</i>	<i>Score</i>
18	3
19	3
20	3
21	X

CONCERNS AND COMPLAINTS	
<i>Standard No</i>	<i>Score</i>
22	3
23	3

ENVIRONMENT	
<i>Standard No</i>	<i>Score</i>
24	2
25	X
26	X
27	X
28	X
29	X
30	3

STAFFING	
<i>Standard No</i>	<i>Score</i>
31	X
32	3
33	X
34	3
35	3
36	2

CONDUCT AND MANAGEMENT OF THE HOME	
<i>Standard No</i>	<i>Score</i>
37	3
38	X
39	3
40	X
41	X
42	3
43	X

Are there any outstanding requirements from the last inspection?

No

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
1	YA24	23 (2) (b)	The provider must ensure that the premises are kept in a good state of repair throughout.	30/11/07
2	YA36	18 (2)	The registered person must ensure that staff receive regular recorded supervision throughout the year	30/11/07

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

Commission for Social Care Inspection

Cambridgeshire and Peterborough Area Team

CPC1

Capital Park

Fulbourn

Cambridge

CB21 5XE

National Enquiry Line:

Telephone: 0845 015 0120 or 0191 233 3323

Textphone: 0845 015 2255 or 0191 233 3588

Email: enquiries@csci.gsi.gov.uk

Web: www.csci.org.uk

© This report is copyright Commission for Social Care Inspection (CSCI) and may only be used in its entirety. Extracts may not be used or reproduced without the express permission of CSCI