



Making Social Care  
Better for People

# inspection report

Care Home For Older People

## **Oasis House**

19, Arundel Drive West

Saltdean

Brighton

East Sussex

BN2 8SJ

*Unannounced Inspection*

8th July 2004

## Commission for Social Care Inspection

Launched in April 2004, the Commission for Social Care Inspection (CSCI) is the single inspectorate for social care in England.

The Commission combines the work formerly done by the Social Services Inspectorate (SSI), the SSI/Audit Commission Joint Review Team and the National Care Standards Commission.

### The role of CSCI is to:

- Promote improvement in social care
- Inspect all social care - for adults and children - in the public, private and voluntary sectors
- Publish annual reports to Parliament on the performance of social care and on the state of the social care market
- Inspect and assess 'Value for Money' of council social services
- Hold performance statistics on social care
- Publish the 'star ratings' for council social services
- Register and inspect services against national standards
- Host the Children's Rights Director role.

## Inspection Methods & Findings

SECTION B of this report summarises key findings and evidence from this inspection. The following 4-point scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

### The 4-point scale ranges from:

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

'O' or blank in the 'Standard met?' box denotes standard not assessed on this occasion.

'9' in the 'Standard met?' box denotes standard not applicable.

'X' is used where a percentage value or numerical value is not applicable.

|                                  |
|----------------------------------|
| <b>ESTABLISHMENT INFORMATION</b> |
|----------------------------------|

**Name of establishment**

Oasis House

**Tel No:**

01273 279683

**Address**Oasis House, 19, Arundel Drive West, Saltdean, Brighton,  
East Sussex, BN2 8SJ**Fax No:****Email address****Name of registered provider(s)/company (if applicable)**

Sunrise Apartments Limited

**Name of registered manager (if applicable)**

Mr John Mark Ghazal

**Type of registration****No. of places registered (if applicable)**

Care Home

3

**Category(ies) of registration, with (number of places)**

Old age, not falling within any other category (3)

**Registration number**

H100000502

**Date first registered****Date of latest registration certificate**

30th July 2002

**Was the home registered under the  
Registered Homes Act 1984?****Do additional conditions of registration  
apply ?**

If Yes refer to Part C

**Date of last inspection**

|   |          |                                   |                |
|---|----------|-----------------------------------|----------------|
| <b>Date of inspection visit</b>                                       |          | 8th July 2004                     | <b>ID Code</b> |
| <b>Time of inspection visit</b>                                       |          | 11.00 am                          |                |
| <b>Name of inspector</b>  | <b>1</b> | Penny Bailey                      | 153662         |
| <b>Name of inspector</b>  | <b>2</b> |                                   |                |
| <b>Name of inspector</b>  | <b>3</b> |                                   |                |
| <b>Name of inspector</b>  | <b>4</b> |                                   |                |
| <b>Name of specialist (e.g. Interpreter/Signer) (if applicable)</b>   |          |                                   |                |
| <b>Name of establishment representative at the time of inspection</b> |          | Mr J. Ghazal, Registered Manager. |                |

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## INTRODUCTION TO REPORT AND INSPECTION

Every establishment that falls within the jurisdiction of the Commission for Social Care Inspection (CSCI), is subject to inspection, to establish if the establishment is meeting the National Minimum Standards relevant to that setting and the requirements of the Care Standards Act 2000.

This document summarises the inspection findings of the CSCI in respect of Oasis House.

The inspection findings relate to the National Minimum Standards (NMS) for Care Homes for Older People published by the Secretary of State under the Care Standards Act 2000.

The Regulations applicable to the inspected service are secondary legislation, with which a service provider must comply. Service providers are expected to comply fully with the National Minimum Standards. The National Minimum Standards will form the basis for judgements by the CSCI regarding registration, the imposition and variation of registration conditions and any enforcement action.

The report follows the format of the NMS and the numbering shown in the report corresponds to that of the Standards.

The report will show the following:

- Inspection methods used
- Key findings and evidence
- Overall ratings in relation to the standards
- Compliance with the Regulations
- Required actions on the part of the provider
- Recommended good practice
- Summary of the findings
- Provider's response and proposed action plan to address findings

This report is a public document.

## INSPECTION VISITS

Inspections are undertaken in line with the agreed regulatory framework with additional visits as required. This is in accordance with the provisions of the Care Standards Act 2000. The report is based on the findings of the specified inspection dates.

### BRIEF DESCRIPTION OF THE SERVICES PROVIDED.

Oasis House provides personal care and accommodation for up to three older people. The home is owned by Sunrise Apartments Limited.

The home is a detached residence, situated in Saltdean, East Sussex. It is opposite a Park that has a bowling green, pitch and putt and tennis courts. Oasis House is a short distance from the local community centre, library and shops, with a bus route to Brighton and other coastal towns nearby.

Accommodation is provided in three single rooms on the ground floor. There is a garden area at the front and rear of the property that is accessible to service users. The home has a communal lounge and dining area.

## PART A SUMMARY OF INSPECTION FINDINGS

### INSPECTOR'S SUMMARY

(This is an overview of the inspector's findings, which includes good practice, quality issues, areas to be addressed or developed and any other concerns.)

This unannounced inspection was carried out over one day in July 2004. It was found that many of the National Minimum Standards were met or almost met. Not all standards contained within the National Minimum Standards for older people were covered during this inspection. The standards not covered are listed within the body of this report. In order that a balanced and thorough view of the home is maintained, this inspection report should be read in conjunction with previous announced inspection conducted on the 13/01/04. The Inspector would like to thank the management, service users and staff for their cooperation throughout the inspection.

#### **Choice of Home (Standards 1 – 6 )**

**4 of the 5 standards assessed were met.**

Service users and their relatives are encouraged to visit the home prior to admission. A Statement of Purpose and Service User Guide are provided by the home to all prospective service users and their representatives. The home does not provide intermediate care facilities. It is recommended that a tool for recording the information gathered at pre-admission assessments of prospective service users is developed.

#### **Health and Personal Care (Standards 7 – 11)**

**5 of the 5 standards assessed were met.**

A service user plan of care is drawn up based on information gathered at the pre-admission assessment. Arrangements are in place for meeting the health and personal care needs of the service users. Staff use the term of address preferred by service user, and were observed to treat service users with respect and dignity.

#### **Daily Life and Social Activities (Standards 12 – 15)**

**4 of the 4 standards assessed were met.**

The home maintains an open visiting policy for service users' relatives and representatives. Service users are encouraged to personalise their living space. There was evidence that independence and choice are promoted throughout the daily routine

#### **Complaints and Protection (Standards 16 – 18)**

**2 of the 3 standards assessed were met.**

Whilst it is recognised that informal, in-house training has been provided for staff regarding the protection of vulnerable adults, it is recommended that staff undertake formal training on the recognition of abuse and their roles and responsibilities in relation to the protection of vulnerable adults.

#### **Environment (Standards 19 - 26)**

**7 of the 8 standards assessed were met.**

The home was generally clean and tidy on the day of inspection, however, it is

recommended that when the home's washing machine is in need of replacement, a model is obtained that enables fouled laundry to be washed at the appropriate temperatures (minimum 65°C for not less than ten minutes) and has the specified programming ability to meet disinfection standards.

**Staffing (Standards 27 – 30 )**

**0 of the 3 standards assessed were met.**

Evidence was seen at the inspection that the Manager has made some progress in relation to recruitment policies and procedures, however, some work is still required to ensure that all of the information required when recruiting new staff is obtained.

**Management and Administration (Standards 31 – 38)**

**7 of the 8 standards assessed were met.**

The Manager and staff were open and helpful in their approach to inspection. It is required that care staff receive formal supervision at least six times per year.

Requirements from last Inspection visit fully actioned?

|    |
|----|
| NO |
|----|

**If No please list below**

| <b>STATUTORY REQUIREMENTS</b>  |            |          |   |          |
|--|------------|----------|---|----------|
| Identified below are areas not addressed from the last inspection report which indicate a non-compliance with the Care Standards Act 2000 and accompanying Regulations. The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings". |            |          |   |          |
| No.  | Regulation | Standard | Required actions  |          |
| 10   | 18 (2)     | OP36     | That all staff receive formal documented supervision at least six times a year. | 01/03/04 |
|  |            |          |   |          |
|  |            |          |   |          |
|  |            |          |   |          |

**Action is being taken by the Commission for Social Care Inspection to ensure compliance in regard to the above requirements.**

| <b>RECOMMENDATIONS</b>   |                   |                               |
|--|-------------------|-------------------------------|
| Identified below are recommendations from the last inspection that have not been implemented |                   |                               |
| No.  | Refer to Standard | Good Practice Recommendations |
|  |                   |                               |
|  |                   |                               |
|  |                   |                               |
|  |                   |                               |

| <b>CONDITIONS OF REGISTRATION THAT APPLY (OTHER THAN NUMBERS AND CATEGORY OF SERVICE USERS).</b> | <b>Met (Yes / No)</b> |
|--|-----------------------|
|  |                       |

## STATUTORY REQUIREMENTS IDENTIFIED DURING THE INSPECTION

Action Plan: The Registered Person is requested to provide the Commission with an Action Plan, which indicates how requirements are to be addressed with the time scale within which such actions will be taken. This action plan will be made available on request to the Area Office.

### STATUTORY REQUIREMENTS

Identified below are areas addressed in the main body of the report, which indicate non-compliance with the Care Standards Act 2000, and accompanying Regulations 2001 and the National Minimum Standards. The Registered Provider(s) is/are required to comply within the given time scales. The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".

| No. | Regulation          | Standard * | Requirement   |          |
|-----|---------------------|------------|---|----------|
| 1   | 7, 9, 19, Sched. 2. | OP29       | That all of the information required under schedule 2 is obtained for all new staff and included in the staff file. That staff currently working at the home undergo a CRB check. | 08/01/05 |
| 2   | 18 (1) (c)          | OP30       | That a staff training and development programme that meets the National Training Organisation (NTO) Workforce Training Targets is developed.                                      | 08/01/05 |
| 3   | 18 (2)              | OP36       | That all staff receive formal documented supervision at least six times a year. <i>This is a requirement from a previous inspection.</i>  | 08/01/05 |
|     |                     |            |   |          |

### RECOMMENDATIONS

Identified below are areas addressed in the main body of the report, which relate to National Minimum Standards and are seen as good practice issues, which should be considered for implementation by the registered Provider(s). The code in "Standard" is a cross-reference to the Standards described in full in the section "Inspection Findings".

| No. | Refer to Standard * | Good Practice Recommendations  |
|-----|---------------------|--|
| 1   | OP3                 | That a detailed pre-admission assessment is recorded for each prospective service user that includes the information specified under standard 3.3. |

|   |      |   |
|---|------|---|
| 2 | OP18 | That staff receive formal training on the recognition of abuse and protection of vulnerable adults.   |
| 3 | OP26 | That when the home's washing machine is in need of replacement, a model is obtained that enables fouled laundry to be washed at the appropriate temperatures (minimum 65°C for not less than ten minutes) and has the specified programming ability to meet disinfection standards. |
| 4 | OP28 | That by 2005 a minimum ratio of 50% trained members of care staff (NVQ Level 2 or equivalent) is achieved.  |
| 5 | OP35 | That a more robust method of recording transactions involving service users monies is developed.  |

\* Note: You may refer to the relevant standard in the remainder of the report by omitting the 2-letter prefix e.g. OP10 refers to Standard 10.

**PART B****INSPECTION METHODS & FINDINGS**

The following inspection methods have been used in the production of this report

|   |          |
|---|----------|
| Direct observation  | YES      |
| Indirect observation  | YES      |
| Sampling  | NO       |
| • Pre-inspection questionnaire  | YES      |
| • Records   | YES      |
| • Care plans / Care pathways  | YES      |
| • Meals   | YES      |
| • Activities  | NO       |
| • Other (Specify)   | NO       |
| 'Tracking' care and support   | YES      |
| Group discussion with service users   | NO       |
| Individual discussion with service users  | YES      |
| Group discussion with staff   | NO       |
| Individual discussion with staff  | YES      |
| Discussion with management  | YES      |
| Service user survey   | NO       |
| Relatives/significant others survey/feedback  | NO       |
| Visiting professionals survey / feedback  | NO       |
| Tour of premises  | YES      |
| Formal interviews   | NO       |
| Document reading  | YES      |
| Additional inspection information:  |          |
| Number of service users spoken to at time of inspection   | 3        |
| Number of relatives/significant others the inspectors had contact with                                  | 0        |
| Number of letters received in respect of the service  | 0        |
| CRB check for the responsible individual seen   | NO       |
| CRB check for the manager seen  | NO       |
| Certificate of registration was displayed at the time of the inspection                                 | YES      |
| Certificate of registration accurately reflected the situation in the service at the time of inspection | YES      |
| Total number of care staff employed (excluding managers)  | X        |
| Total number of staff with nursing qualifications employed  | 0        |
| Date of inspection  | 08/07/04 |
| Time of inspection  | 11.00    |
| Duration of inspection (hrs)  | 2.5      |

The following pages summarise the key findings and evidence from this inspection, together with the CSCI assessment of the extent to which the National Minimum Standards for Care homes for older people have been met. The following scale is used to indicate the extent to which standards have been met or not met by placing the assessed level alongside the phrase "Standard met?"

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) |

"0" or blank in the "Standard met?" box denotes standard not assessed on this occasion.

"9" in the "Standard met?" box denotes standard not applicable.

"X" is used where a percentage value or numerical value is not applicable.

## Choice of Home

The intended outcomes for the following set of standards are:

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

### Standard 1 (1.1 – 1.3)

The registered person produces and makes available to service users an up to date statement of purpose setting out the aims, objectives, philosophy of care, services and facilities, and terms and conditions of the home; and provides a service users' guide to the home for current and prospective residents. The statement of purpose clearly sets out the physical environmental standards met by a home in relation to standards 20.1, 20.4, 21.3, 21.4, 22.2, 22.5, 23.3 and 23.10: a summary of this information appears in the home's service user's guide.

Range of fees charged      From (£)       To (£)

Any charges for extras     

|  |  |
|--|--|
| If yes, please state what the extra's are: | HAIRDRESSING, CHIROPODY,<br>NEWSPAPERS |
|--|--|

|                       |               |   |
|-----------------------|---------------|---|
| Key findings/Evidence | Standard met? | 3 |
|-----------------------|---------------|---|

The home has an up-to-date Statement of Purpose and Service User guide, copies of which are kept in the home and provided to service users. Both of these documents provide the information required within the National Minimum Standards.

|   |                      |          |
|---|----------------------|----------|
| <b>Standard 2 (2.1 – 2.2)</b><br>Each service user is provided with a statement of terms and conditions at the point of moving into the home (or contract if purchasing their care privately).                          |                      |          |
| <b>Key findings/Evidence</b>  | <b>Standard met?</b> | <b>3</b> |
| Service users are provided with a statement of terms and conditions on admission. A contract of terms and conditions for private service users has been developed by the Manager, as required at a previous inspection. |                      |          |

|  |                      |          |
|--|----------------------|----------|
| <b>Standard 3 (3.1 – 3.5)</b><br>New service users are admitted only on the basis of a full assessment undertaken by people trained to do so, and to which the prospective service user, his/her representatives (if any) and relevant professionals have been party.  |                      |          |
| <b>Key findings/Evidence</b>   | <b>Standard met?</b> | <b>2</b> |
| The Manager visits prospective service users at their current place of residence, and a pre-admission assessment is completed. The home does not currently fully record the details of the pre-admission assessment. The need to develop a tool for recording this information that includes all of the information required under standard 3.3, was discussed with the Manager. The information gathered by the Deputy Manager from discussion with the service user, their representatives and health care professionals, forms the basis of subsequent care planning. Copies of health and social care assessments are obtained, where available. |                      |          |

|   |                      |          |
|---|----------------------|----------|
| <b>Standard 4 (4.1 - 4.4)</b><br>The registered person is able to demonstrate the home's capacity to meet the assessed needs (including specialist needs) of individuals admitted to the home.  |                      |          |
| <b>Key findings/Evidence</b>  | <b>Standard met?</b> | <b>3</b> |
| The Inspector directly observed much good practice in the way that staff provided care and support to service users. The Manager demonstrated an in-depth knowledge of the individual needs of service users, and staff were seen to relate well to service users. Service users speak of a contented life at the home. |                      |          |

|   |                      |          |
|---|----------------------|----------|
| <b>Standard 5 (5.1 – 5.3)</b><br>The registered person ensures that prospective service users are invited to visit the home and to move in on a trial basis, before they and / or their representatives make a decision to stay; unplanned admissions are avoided where possible. |                      |          |
| <b>Key findings/Evidence</b>  | <b>Standard met?</b> | <b>3</b> |
| The home The home has a planned introduction process for prospective service users. The Manager reports that a trial period is stipulated in the contract of terms and conditions, to ensure that the placement is suitable for both parties. Unplanned admissions are not taken. |                      |          |

**Standard 6 (6.1 - 6.5)**

Where service users are admitted only for intermediate care, dedicated accommodation is provided together with specialised facilities, equipment and staff, to deliver short term intensive rehabilitation and enable service users to return home.

**Key findings/Evidence**

**Standard met?**

9

The home does not provide this service.

## Health and Personal Care

The intended outcomes for the following set of standards are:

- The service user's health, personal and social care needs are set out in an individual plan of care.
- Service users make decisions about their lives with assistance as needed.
- Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
- Service users feel they are treated with respect and their right to privacy is upheld.
- Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

### Standard 7 (7.1 – 7.6)

A service user plan of care generated from a comprehensive assessment (see Standard 3) is drawn up with each service user and provides the basis for the care to be delivered.

#### Key findings/Evidence

#### Standard met?

3

An individual, person-centred care plan is drawn up with the involvement of the service user. The plan includes an assessment of risks, and all aspects of personal and social support and healthcare needs. Service users have access to their care plans and participate in reviews of their care.

### Standard 8 (8.1 – 8.13)

The registered person promotes and maintains service users' health and ensures access to health care services to meet assessed needs.

No. of incidents where service users have been taken to Accident and Emergency during last 12 months

0

No. of service users with pressure sores at time of inspection (from information taken from care notes)

0

#### Key findings/Evidence

#### Standard met?

3

Service users are encouraged to maintain independence in respect of their personal care needs, with the support of staff where required. Specialist care support is provided as required on an individual needs basis. The service users are supported by the home to access external health care professionals who contribute their well-being.

|  |                      |   |
|--|----------------------|---|
| <b>Standard 9 (9.1 – 9.11)</b>   |                      |   |
| The registered person ensures that there is a policy and staff adhere to the procedures for the receipt, recording, storage, handling administration and disposal of medicines, and service users are able to take responsibility for their own medication if they wish, within a risk management framework.   |                      |   |
| <b>Key findings/Evidence</b>   | <b>Standard Met?</b> | 3 |
| The home uses a monitored dosage system for the administration of medication. Oasis House has an established relationship with the pharmacy used, and is able to obtain advice and support where needed. Written guidance is available on the management of medication within the home, which includes the guidance required at the last inspection. Medicine records were viewed by the Inspector and found to be up-to-date and in good order. |                      |   |

|   |                      |   |
|---|----------------------|---|
| <b>Standard 10 (10.1 – 10.7)</b>  |                      |   |
| The arrangements for health and personal care ensure that service users' privacy and dignity are respected at all times, and with particular regard to: personal care giving, including nursing, bathing, washing, using the toilet or commode, consultation with, and examination by, health and social care professionals, consultation with legal and financial advisors, maintaining social contacts with relatives and friends, entering bedrooms, toilets and bathrooms, and following death. |                      |   |
| <b>Key findings/Evidence</b>  | <b>Standard met?</b> | 3 |
| All rooms provide single accommodation. Staff use the term of address preferred by the service user, and were observed to treat the service user with respect and dignity.  |                      |   |

|   |                      |   |
|---|----------------------|---|
| <b>Standard 11 (11.1 – 11.12).</b>  |                      |   |
| Care and comfort are given to service users who are dying, their death is handled with dignity and propriety, and their spiritual needs, rites and functions observed.  |                      |   |
| <b>Key findings/Evidence</b>  | <b>Standard met?</b> | 3 |
| Service users are supported, where possible, to remain in the home until their death. Care staff are supported in providing care by District nurses and the General Practitioner. Relatives are able to stay at the home if desired. Procedures are in place for staff to follow in the event of the death of a service user. |                      |   |

## Daily Life and Social Activities

The intended outcomes for the following set of standards are:

- 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.
- Service users maintain contact with family/ friends/ representatives and the local community as they wish.
- Service users are helped to exercise choice and control over their lives.
- Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

### Standard 12 (12.1 – 12.4)

The routines of daily living and activities made available are flexible and varied to suit service users' expectations, preferences and capacities.

| Key findings/Evidence  | Standard met? | 3 |
|--|---------------|---|
| Service users who spoke with the Inspector confirmed that their choices are respected throughout the daily routine. Service users are supported to maintain links within the local community, for example one service user attends a senior citizens club at the community centre, and a monthly cream tea is held within the home for service users and their relatives to which prospective service users are invited. |               |   |

### Standard 13 (13.1 – 13.6)

Service users are able to have visitors at any reasonable time and links with the local community are developed and/or maintained in accordance with service users' preferences.

| Key findings/Evidence   | Standard met? | 3 |
|---|---------------|---|
| Details of local activities and places of interest are displayed within the home. The home maintains an open visiting policy for service users relatives and representatives. |               |   |

### Standard 14 (14.1 – 14.5)

The registered person conducts the home so as to maximise service users' capacity to exercise personal autonomy and choice.

| Key findings/Evidence  | Standard met? | 3 |
|--|---------------|---|
| Service users are supported to maintain their own financial affairs where possible. Service users and their representatives are able to access their personal records on request, in line with the Data Protection Act (1998). Service users are encouraged to personalise their living space. |               |   |

**Standard 15 (15.1 – 15.9)**

The registered person ensures that service users receive a varied, appealing, wholesome and nutritious diet, which is suited to individual, assessed and recorded requirements, and that meals are taken in a congenial setting and at flexible times.

**Key findings/Evidence**

**Standard met?**

3

The food was noted by the Inspector to be attractively presented, and was nutritious. Menus demonstrated one main choice at meal times. Service users confirmed that a choice was offered if they did not wish to have the main meal.

There is a small dining area in the main lounge, however, it was noted that service users took their meals in their rooms. A record is maintained by the home of all food served. There is good evidence that home is complying with recommendations of the Environmental Health Officer. Meal times were noted to be unhurried, and staff were available to assist service users where required. Fresh fruit and vegetables were noted to be available.

## Complaints and Protection

The intended outcomes for the following set of standards are:

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

### Standard 16 (16.1 – 16.4)

The registered person ensures that there is a simple, clear and accessible complaints procedure which includes the stages and time-scales for the process, and that complaints are dealt with promptly and effectively.

|  |                                  |
|--|----------------------------------|
| No. of complaints made to the home during last 12 months | <input type="text" value="0"/>   |
| No. of these complaints fully substantiated              | <input type="text" value="0"/>   |
| No. of these complaints partly substantiated             | <input type="text" value="0"/>   |
| No. of these complaints not substantiated                | <input type="text" value="0"/>   |
| No. of these complaints not yet resolved                 | <input type="text" value="0"/>   |
| No. of complaints sent direct to CSCI                    | <input type="text" value="0"/>   |
| Percentage of complaints responded to within 28 days     | <input type="text" value="0"/> % |

### Key findings/Evidence

### Standard met?

3

The home's complaints policy is presented within the Statement of Purpose and Service User Guide. Details on how to contact the Commission for Social Care Inspection are provided. The home keeps a log of complaints from service users and their relatives, however, there are no complaints recorded since 2002. Oasis House is a small home, in which the service user's live with the Provider, Manager and their family.

|   |                      |          |
|---|----------------------|----------|
| <b>Standard 17 (17.1 – 17.3)</b><br>Service users have their legal rights protected, are enabled to exercise their legal rights directly and participate in the civic process if they wish.     |                      |          |
| <b>Key findings/Evidence</b>  | <b>Standard met?</b> | <b>3</b> |
| Arrangements are in place to enable service users to participate in the political process. This is mainly facilitated through postal voting, and advocacy services can be accessed if required. |                      |          |

|   |                          |                                     |
|---|--------------------------|-------------------------------------|
| <b>Standard 18 (18.1 – 18.6)</b><br>The registered person ensures that service users are safeguarded from physical, financial or material, psychological or sexual abuse, neglect, discriminatory abuse or self harm, inhuman or degrading treatment, through deliberate intent, negligence or ignorance, in accordance with written policies.  |                          |                                     |
| <b>The home has an Adult Protection procedure (including Whistle Blowing) which complies with the Public Disclosure Act 1998 and the Department of Health Guidance <i>No Secrets</i></b>  | <input type="checkbox"/> | <input type="checkbox"/>            |
| <b>No. of staff referred for inclusion on POVA lists</b>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>Key findings/Evidence</b>  | <b>Standard met?</b>     | <b>2</b>                            |
| The home keeps a copy of the East Sussex /Brighton & Hove Multi-agency Policy and Procedures for the Protection of Vulnerable Adults, and this is available to staff. Staff are also encouraged to read the home's policies and procedures as part of their induction. The Manager reports that training on recognising abuse has taken place informally in the home, and details of how to contact the Elder Abuse Line are contained within the Service User Guide. It is recommended that staff receive formal training on the recognition of abuse and protection of vulnerable adults. |                          |                                     |

## Environment

The intended outcomes for the following set of standards are:

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

### Standard 19 (19.1 – 19.6)

The location and layout of the home is suitable for its stated purpose; it is accessible, safe and well maintained; meets service users' individual and collective needs in a comfortable and homely way and has been designed with reference to relevant guidance.

| Key findings/Evidence | Standard met? | 3 |
|-----------------------|---------------|---|
|-----------------------|---------------|---|

Oasis House is situated within close proximity of the local library, Community Centre and Park. One service user currently accesses these amenities. The home was warm and comfortable, with good ventilation. The home has a programme for ongoing maintenance and is accessible and well maintained. Oasis house is a bungalow, with a large loft area. Plans are in place to develop the home, with the Provider and their family moving to accommodation in the loft area creating a further two bedrooms for service users on the ground floor.

### Standard 20. (20.1 – 20.7)

In all newly built homes and first time registrations the home provides sitting, recreational and dining space (referred to collectively as communal space) apart from service users' private accommodation and excluding corridors and entrance hall amounting to at least 4.1 sq. metres for each service user.

| Key findings/Evidence | Standard met? | 3 |
|-----------------------|---------------|---|
|-----------------------|---------------|---|

Communal space is provided in a sitting room and dining area. These are decorated in a homely way, with furniture that is domestic in character. The Manager is in the process of developing plans for a second phase of refurbishment in order to create a sun lounge/conservatory off the main lounge.

|   |                      |          |
|---|----------------------|----------|
| <b>Standard 21 (21.1 – 21.8)</b>  |                      |          |
| <b>Toilet, washing and bathing facilities are provided to meet the needs of service users.</b>  |                      |          |
| <b>Key findings/Evidence</b>  | <b>Standard met?</b> | <b>3</b> |
| The home has two walk-in showers and two toilets. The Manager reports that a third walk-in shower may be created as part of the development plans for the home. |                      |          |

|   |                      |          |
|---|----------------------|----------|
| <b>Standard 22 (22.1 – 22.8)</b>  |                      |          |
| <b>The registered person demonstrates that an assessment of the premises and facilities has been made by suitably qualified persons, including a qualified occupational therapist, with specialist knowledge of the client groups catered for, and provides evidence that the recommended disability equipment has been secured or provided and environmental adaptations made to meet the needs of service users.</b>  |                      |          |
| <b>Key findings/Evidence</b>  | <b>Standard met?</b> | <b>3</b> |
| Oasis House has been assessed by a qualified Occupational Therapist, and the Inspector viewed a copy of her report. One concern was identified that wheelchair users would have difficulty in accessing the rear garden due to a raised 'lip' at the base of the doorway. No wheelchair users are currently accommodated at the home, but the Manager reports that this issue would be addressed if the need arose. Zimmer frames and raised toilet seats are available for the use of service users, and grab rails are provided in bathrooms. |                      |          |

**Standard 23 (23.1 – 23.11)**

The home provides accommodation for each service user which meets minimum space as prescribed

**Total number of single bedrooms with at least 10 sq.m usable space or additional compensatory space**

**Pre-existing homes only (1 April 2003) - single bedrooms below 10 sq.m usable space or additional compensatory space**

**Total number of wheelchair users accommodated for in rooms at least 12sq.m**

**Total number of wheelchair users accommodated for in rooms at less than 12sq.m**

**Total number of shared rooms at least 16 sq.m**

**Total number shared rooms less than 16 sq.m**

**Percentage of places within single rooms:**

**100%**

**80% - 99%**

**Less than 80%**

**Total number of single bedrooms**

**Total number of single rooms with en suite**

**Total number of double rooms**

**Total number of double rooms with en suite**

**Key findings/Evidence****Standard met?**

3

The home meets the individual space requirements for homes existing prior to transfer to the National Care Standards Commission on the 1st April 2002. One room does not meet the size requirements under the current standards, however the Manager reports that this room is to be extended as part of the development plans for the home.

**Standard 24 (24.1 – 24.8)**

The home provides private accommodation for each service user which is furnished and equipped to assure comfort and privacy, and meets the assessed needs of the service user.

**Key findings/Evidence****Standard met?**

3

Service users are encouraged to bring their own possessions into the home. Furniture and fittings that are domestic in character are provided in line with this standard.

**Standard 25 (25.1 – 25 8)**

The heating, lighting, water supply and ventilation of service users' accommodation meet the relevant environmental health and safety requirements and the needs of individual service users.

**Key findings/Evidence****Standard met?**

3

The home was warm and comfortable, with adequate ventilation. Hot water delivery pipes and radiators are guarded based on a risk assessment framework. Water storage and delivery temperatures are checked by the Manager and recorded monthly.

**Standard 26 (26.1 – 26.9)**

The premises are kept clean, hygienic and free from offensive odours throughout and systems are in place to control the spread of infection, in accordance with relevant legislation and published professional guidance.

**Key findings/Evidence****Standard met?**

2

The home was noted to be clean and generally free from unpleasant odours. An appropriate control of infection policy is maintained. Laundry facilities are situated within the home and found to be sufficient for the needs of the service users accommodated. The Manager reports that the washing machine does not have a sluicing facility, however a sink for sluicing infected materials is situated in the laundry room. It is recommended that when the washing machine is in need of replacement, that a model with a sluicing facility is obtained to ensure that foul laundry is washed at appropriate temperatures.

## Staffing

The intended outcomes for the following set of standards are:

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

### Standard 27 (27.1 – 27.7)

Staffing numbers and skill mix of qualified/unqualified staff are appropriate to the assessed need of the service users, the size, the layout and purpose of the home, at all times.

Number of staff /hours in respect of service user needs based on guidance recommended by Department of Health.

|   |                                     | Personal Care               | Nursing                             |
|---|-------------------------------------|-----------------------------|-------------------------------------|
| No. service users <i>High</i> needs                       | <input checked="" type="checkbox"/> | No. staff hours allocated   | <input checked="" type="checkbox"/> |
| No. service users <i>Medium</i> needs                     | <input checked="" type="checkbox"/> | No. staff hours allocated   | <input checked="" type="checkbox"/> |
| No. service users <i>Low</i> needs                        | <input checked="" type="checkbox"/> | No. staff hours allocated   | <input checked="" type="checkbox"/> |
| No. of staff hours required                               | <input checked="" type="checkbox"/> | No. of staff hours provided | <input checked="" type="checkbox"/> |
| No. of full time equivalent first level registered nurses | <input checked="" type="checkbox"/> |                             |                                     |
| No. of care staff   | <input checked="" type="checkbox"/> |                             |                                     |
| No. of ancillary staff                                    | <input checked="" type="checkbox"/> |                             |                                     |

**Key findings/Evidence**

**Standard met?**

0

Not assessed at this inspection.

**Standard 28 (28.1 – 28.3)**

A minimum ratio of 50% trained members of care staff (NVQ Level 2 or equivalent) is achieved by 2005, excluding the registered manager and/or care manager, and in care homes providing nursing, excluding those members of the care staff who are registered nurses.

No. care staff (excluding registered nurses) with NVQ level 2 or equivalent

0

% of care staff with NVQ level 2

0

%

**Key findings/Evidence****Standard met?**

2

The Manager has accessed four NVQ 2 Level placements for staff with a local college to commence in the near future. The home has demonstrated a commitment to ensuring that this standard will be met.

**Standard 29 (29.1 – 29.6)**

The registered person operates a thorough recruitment procedure based on equal opportunities and ensuring the protection of service users.

**Key findings/Evidence****Standard met?**

2

Although progress has been made since the last inspection, staff files did not contain all the information required under Schedule 2 of the Care Standards Act 2000. Current photographs and identity documentation were not present for the staff member whose file was viewed. A CRB check had been completed for this staff member. The home is currently family run, however, the Manager should ensure that evidence is provided to CSCI that all staff have undergone a screening process that ensures the protection of service users.

**Standard 30 (30.1 – 30.4)**

The registered person ensures that there is a staff training and development programme which meets the National Training Organisation (NTO) workforce training targets and ensures staff fulfil the aims of the home and meet the changing needs of service users.

**Key findings/Evidence****Standard met?**

2

Staff have undertaken training in Diabetes, Lifting and Handling, Fire Safety and Basic Hygiene. The Manager is currently in discussion with a local training provider regarding the ongoing training requirements of the home. The home does not currently have a formal training plan in place, the need for this to be addressed in light of the planned expansion of the home was discussed with the Manager.

## Management and Administration

The intended outcomes for the following set of standards are:

- 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.
- Service users benefit from the ethos, leadership and management approach of the home.
- The home is run in the best interests of service users.
- Service users are safeguarded by the accounting and financial procedures of the home.
- Service users' financial interests are safeguarded.
- Staff are appropriately supervised.
- Service users' rights and best interests are safeguarded by the home's record keeping policies and procedures.
- The health, safety and welfare of service users and staff are promoted and protected.

### Standard 31 (31.1 – 31.8)

The registered manager is qualified, competent and experienced to run the home and meet its stated purpose, aims and objectives.

#### Key findings/Evidence

Standard met?

3

The Registered Manager has been in place for over eight years. He has completed a Certificate in Management and is planning to complete the Registered Managers Award.

### Standard 32 (32.1 – 32.7)

The registered manager ensures that the management approach of the home creates an open, positive and inclusive atmosphere.

#### Key findings/Evidence

Standard met?

3

The home is currently staffed by family members of the Registered Manager and Provider. Service users who spoke with the Inspector reported that they felt comfortable approaching the Manager with any concerns.

### Standard 33 (33.1 – 33.10)

Effective quality assurance and quality monitoring systems, based on seeking the views of service users, are in place to measure success in meeting the aims, objectives and the statement of purpose of the home.

#### Key findings/Evidence

Standard met?

3

The Manager has implemented a "Keys to Quality" monitoring system. The Manager has a very "hands on" approach, and visits with the service users daily to discuss any concerns or requests. The possibility of introducing a form of quality assurance survey for service users, their representatives and visiting professionals was discussed.

|  |                      |   |
|--|----------------------|---|
| <b>Standard 34 (34.1 – 34.5)</b><br>Suitable accounting and financial procedures are adopted to demonstrate current financial viability and to ensure there is effective and efficient management of the business. |                      |   |
| <b>Key findings/Evidence</b>   | <b>Standard met?</b> | 3 |
| The home has systems in place to monitor the financial viability of the service including having appropriate insurance cover.  |                      |   |

|   |                      |   |
|---|----------------------|---|
| <b>Standard 35 (35.1 – 35.6)</b><br>The registered manager ensures that service users control their own money except where they state that they do not wish to or they lack capacity and that safeguards are in place to protect the interests of the service user.   |                      |   |
| <b>Number of service users subject to Power of Attorney processes</b>   |                      | 1 |
| <b>Number of service users subject to Enduring Power of Attorney processes</b>  |                      | 0 |
| <b>Number of service users subject to Guardianship Orders</b>   |                      | 0 |
| <b>Key findings/Evidence</b>  | <b>Standard met?</b> | 3 |
| Service users are supported, where possible, to maintain their own financial affairs. Where this is not possible relatives and allocated solicitors deal with service users affairs. Records are kept of where the home handles the personal allowance of service users, however, the need for a more robust and permanent method of recording transactions was discussed with the Manager. |                      |   |

|   |                      |   |
|---|----------------------|---|
| <b>Standard 36 (36.1 – 36.5)</b><br>The registered person ensures that the employment policies and procedures adopted by the home and its induction, training and supervision arrangements are put into practice.   |                      |   |
| <b>Key findings/Evidence</b>  | <b>Standard met?</b> | 2 |
| The Manager reports that he is in discussion with a local training provider regarding the provision of induction and foundation training for staff that is in line with National Training Organisation specifications. The need for all members of staff to have formal, documented supervision at least six times per year was discussed with the Manager. |                      |   |

**Standard 37 (37.1 – 37.3)**

Records required by regulation for the protection of service users and for the effective and efficient running of the business are maintained, up to date and accurate.

**Key findings/Evidence****Standard met?**

3

A sample of records were viewed, and found to be up to date and in good order, with the exception of some information required to be included in staff files. Appropriate policies and procedures are in place, and are available to staff. The home stores all service users records appropriately and securely.

**Standard 38 (38.1 – 38.9)**

The registered manager ensures so far as is reasonably practicable the health, safety and welfare of service users and staff.

**Key findings/Evidence****Standard met?**

3

Systems to support fire safety are in place. Fire alarms and emergency lighting checks were recorded and up to date. Service contracts are in place for the fire detection and fighting equipment and regular fire drills are recorded. There are policies and procedures in place that promote the health and safety of service users, staff and visitors.

**PART C****COMPLIANCE WITH CONDITIONS****(where applicable)**

| Condition       | Compliance |  |
|-----------------|------------|--|
|                 |            |  |
| <b>Comments</b> |            |  |

| Condition       | Compliance |  |
|-----------------|------------|--|
|                 |            |  |
| <b>Comments</b> |            |  |

| Condition       | Compliance |  |
|-----------------|------------|--|
|                 |            |  |
| <b>Comments</b> |            |  |

| Condition       | Compliance |  |
|-----------------|------------|--|
|                 |            |  |
| <b>Comments</b> |            |  |

**Regulation  
Inspector  
Second Inspector**

**Penny Bailey**

**Signature**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Regulation  
Manager  
Date**

**Julie Ivey**

**Signature**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Public reports**

It should be noted that all CSCI inspection reports are public documents.

**PART D**

**PROVIDER'S RESPONSE TO IDENTIFIED  
STATUTORY REQUIREMENTS**

**D.1 Registered Person's comments/confirmation relating to the content and accuracy of the report for the above inspection.**

We would welcome comments on the content of this report relating to the Inspection conducted on 8<sup>th</sup> July 2004 and any factual inaccuracies:

Please limit your comments to one side of A4 if possible

**Action taken by the CSCI in response to provider comments:**

|  |                              |
|--|------------------------------|
| Amendments to the report were necessary  | <input type="checkbox"/> NO  |
| Comments were received from the provider   | <input type="checkbox"/> YES |
| Provider comments/factual amendments were incorporated into the final inspection report  | <input type="checkbox"/> NO  |
| Provider comments are available on file at the Area Office but have not been incorporated into the final inspection report. The inspector believes the report to be factually accurate | <input type="checkbox"/> YES |

**Note:**

In instances where there is a major difference of view between the Inspector and the Registered Provider both views will be made available on request to the Area Office.

**D.2 Please provide the Commission with a written Action Plan , which indicates how requirements are to be addressed and stating a clear timescale for completion. This will be kept on file and made available on request.**

You will also note that the Commission has identified in the inspection report good practice recommendations and it would be useful to have some indication as to whether you intend to take any action to progress these.

**Status of the Provider's Action Plan at time of publication of the final inspection report:**

|  |                              |
|--|------------------------------|
| Action plan was required   | <input type="checkbox"/> YES |
| Action plan was received at the point of publication                                     | <input type="checkbox"/> YES |
| Action plan covers all the statutory requirements in a timely fashion                    | <input type="checkbox"/> YES |
| Action plan did not cover all the statutory requirements and required further discussion | <input type="checkbox"/> NO  |
| Provider has declined to provide an action plan  | <input type="checkbox"/> NO  |
| Other: <enter details here>  | <input type="checkbox"/>     |

**D.3 PROVIDER'S AGREEMENT**

**Registered Person's statement of agreement/comments: Please complete the relevant section that applies.**

**D.3.1 I \_\_\_\_\_ of \_\_\_\_\_ confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) and that I agree with the requirements made and will seek to comply with these.**

**Print Name** \_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Designation** \_\_\_\_\_  
**Date** \_\_\_\_\_

**Or**

**D.3.2 I \_\_\_\_\_ of \_\_\_\_\_ am unable to confirm that the contents of this report are a fair and accurate representation of the facts relating to the inspection conducted on the above date(s) for the following reasons:**

**Print Name** \_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Designation** \_\_\_\_\_  
**Date** \_\_\_\_\_

**Note:** In instance where there is a profound difference of view between the Inspector and the Registered Provider both views will be reported. Please attach any extra pages, as applicable.