



Making Social Care  
Better for People

# inspection report

## CARE HOMES FOR OLDER PEOPLE

### Oldfield House

**Oldfield House**  
**15 Hawkshaw Avenue**  
**Darwen**  
**Lancs**  
**BB3 1QY**

*Lead Inspector*  
Mrs Jennifer M Turner

*Key Unannounced Inspection*  
21st November 2007      10:00

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at [www.dh.gov.uk](http://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](http://www.tso.co.uk/bookshop)

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# SERVICE INFORMATION

<b>Name of service</b>	Oldfield House
<b>Address</b>	Oldfield House 15 Hawkshaw Avenue Darwen Lancs BB3 1QY
<b>Telephone number</b>	01254 702920
<b>Fax number</b>	01254 707418
<b>Email address</b>	K.Kumar985@btinternet.com
<b>Provider Web address</b>	
<b>Name of registered provider(s)/company (if applicable)</b>	Dr Govindon Asoka Kumar Mrs Kathleen Kumar
<b>Name of registered manager (if applicable)</b>	Mrs Tracy Brown
<b>Type of registration</b>	Care Home
<b>No. of places registered (if applicable)</b>	19
<b>Category(ies) of registration, with number of places</b>	Old age, not falling within any other category (19)

# SERVICE INFORMATION

## Conditions of registration:

1. The home is registered for a maximum of 19 residents to include:  
Up to 19 service users in the category of OP (over 65 years of age, not falling into any other category).

**Date of last inspection**      11th May 2006

## Brief Description of the Service:

Oldfield House is part of a small local group of three homes. It is a converted two-story building set within its own grounds. There is car parking space at the front of the building. At the time of the inspection it provided personal care for 19 older people.

The home is situated about 200 metres from the main Blackburn to Darwen road where there are a variety of shops and retail premises. Darwen town centre is approximately one mile away.

Accommodation is provided on two floors. There are 17 single bedrooms and 1 double bedroom that is presently used for single occupancy. There are bathrooms and toilet facilities upon each floor.

The home has one lounge and a separate dining room. Both are situated on the ground floor. Both stairs and a passenger lift are available for access to the first floor. Gardens are accessible to residents via a ramp.

The fees at the time of the inspection were a standard £368.00p per week. There were additional charges for hairdressing.

Information about Oldfield House can be obtained from the home in the form of the Statement of Purpose and the Service Users Guide.

# SUMMARY

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

A key unannounced inspection, which included a visit to the home, was conducted at Oldfield House on 21st November 2007 over an eleven and a quarter hour period.

During the course of the inspection, the manager, care staff, the cook, a number of residents and relatives were spoken to. A number of residents and staff files were examined, procedures and records were also examined, lunch was taken with the residents, activities were observed and the premises were viewed. Feedback was offered to the manager at the end of the inspection.

The inspector was also accompanied by an "expert by experience". This person was able to understand and empathize with the needs of older people. The expert spent time talking to residents, staff and the manager and looking around the home. The person's views of life in the home on the day of the inspection are incorporated throughout the report.

Information from an Annual Quality Assurance Assessment document, three questionnaires received from residents and three from relatives, contributed towards the findings.

Requirements and recommendations made following the previous inspection were looked at for progress made. The home was assessed against the National Minimum Standards for Older People.

A questionnaire relating to a document "Equality and Diversity – A Guide For Providers" which had been forwarded by the Commission was also completed.

A review of the conditions of registration also took place.

## **What the service does well:**

Prior to people moving into the home, their needs were assessed. They were consulted about the level and type of care they required and could visit the home to look for themselves at the facilities offered. Important information needed to support people in every day living was recorded and used to plan the care they required. This helped to personalise care and show staff what they should do to achieve this.

The diverse healthcare needs of the residents were monitored. Staff worked with visiting health professionals for the benefit of residents who felt that they

received the care and support they needed. Comments made in questionnaires indicated that medical support was available if it were needed.

The service offered a range of activities that met most peoples' needs and meant that they could enjoy a full and stimulating lifestyle with a variety of options to choose from. They were able to have some say in what activities were provided through the forum of the residents meetings and questionnaires. A variety of activities took place both in the home and within the community.

The service was good at making visitors feel welcome. Residents said that their visitors were "made welcome" and they could "speak with them in private".

Meals were well balanced and nutritional, catering for a wide variety of dietary needs of the residents. Those spoken to said, "the food is good and they give you a choice", "the food's fine" and "there is always a choice at mealtimes". Breakfast was served throughout the morning to suit the wishes of the residents.

The routines in the home were well established and residents had a choice in the times they went to bed and got up in the morning. The staff were observed to seek the views of residents throughout the inspection and residents said they felt comfortable to comment on life in the home.

Residents and other people associated with the home said they were satisfied with the service, felt safe and supported. All staff working in the home knew the importance of taking the views of residents seriously and listening and responding to issues raised. The complaints procedure was clearly displayed and most residents and visitors had a clear understanding of the procedure.

The service had a highly developed recruitment procedure with staffing levels being sufficient to meet the diverse needs of the current residents. The manager had a good understanding of equality and diversity throughout the recruitment, induction and training process.

Quality Assurance processes were continually used.

## **What has improved since the last inspection?**

Doors leading to and from the lounge and dining room had been fitted with "self release mechanisms". This ensures that people can move around the home independently but the doors would be released to close if the fire alarm system was activated.

All information relating to the recruitment of staff was retained in the home. Proper pre-employment checks were carried out and recorded. This ensures that residents are protected by a thorough and robust recruitment procedure.

Flaking paintwork in the laundry had been attended to.

Staff induction was in line with the Skills for Care organisation. This ensures that staff are trained to a minimum national standard.

The manager has completed her training. This ensures that she is confident to run the home.

### **What they could do better:**

All meals eaten by residents should be recorded. This ensures that if there is an infectious outbreak relating to food, then residents diets and food intake can be traced.

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](mailto: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 1-6)

Health and Personal Care (Standards 7-11)

Daily Life and Social Activities (Standards 12-15)

Complaints and Protection (Standards 16-18)

Environment (Standards 19-26)

Staffing (Standards 27-30)

Management and Administration (Standards 31-38)

Scoring of Outcomes

Statutory Requirements Identified During the Inspection

## Choice of Home

### The intended outcomes for Standards 1 – 6 are:

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

**The Commission considers Standards 3 and 6 the key standards to be inspected.**

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

3:6

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

A comprehensive assessment procedure was carried out prior to people moving into the home. This meant that their diverse needs were known and met.

### **EVIDENCE:**

Three case files were examined. One was for the most recent admission to the home. Referring social workers provided pre admission assessments. The manager always visited prospective residents and then she, or Senior Care staff on duty, completed an assessment on arrival that covered all areas of the standard. The assessments were signed and dated by both the member of staff and resident concerned. Information was also obtained from family members. All information gained was used for the basis for the care plan. Assessments provided by District Nurses were recorded separately but the information was

included within the main assessment. Prospective residents received a letter indicating that staff at the home could provide the care they required. Copies were retained on their files.

The home does not provide Intermediate Care.

# Health and Personal Care

## The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

**The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.**

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

7;8;9;10

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

Residents' diverse healthcare needs were identified and met. Personal care was delivered in a way that promoted residents' privacy and dignity.

## **EVIDENCE:**

Three people's care plans were examined. A variety of risk assessments were completed in response to individual needs and circumstances, and information was included in the care plan. Records showed that care plans were reviewed on a monthly basis or more frequently if required. The manager and key worker signed these. Residents/relatives signed an accumulative sheet at the beginning of the care plan, which related to the overall assessments.

Residents, relatives and staff spoken with indicated that people received appropriate medical and health support when required. Records showed that moving and handling assessments were carried out as appropriate and that people received attention from a variety of health care professionals. All contact was recorded in residents' files. Various health care policies and procedures were available.

The medication and records were checked for three residents. All were correct. Policies and procedures were available to cover all aspects of managing medication in the home. Appropriate records were in place to record the receipt, administration and disposal of medication. Systems were in place for the management of controlled drugs. Records showed that all the staff designated to administer medication had received accredited training. People completed and signed an agreement upon admission stating who they wished to be responsible for administering their medication. Medication records were reviewed monthly. The Medical Device Alert relating to Lancing Devices was discussed. According to staff, District Nurses would carry out such practices.

The residents spoken to felt the staff respected their right to privacy and all made complimentary remarks about the staff. One said, "I'm alright. "I'm looked after well". Staff were observed to interact with the residents in a positive manner and they referred to the residents in their preferred term of address. A "pay telephone" was sited at the far end of the hallway near to the lift. A mobile phone was available for phone calls to be taken in private. Telephone sockets were seen in some bedrooms.

## Daily Life and Social Activities

### The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

**The Commission considers all of the above key standards to be inspected.**

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

12;13;14;15

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

Residents' dietary, social, cultural and spiritual needs were being met. They were able to make choices and decisions about their life at the home so that their lifestyle met their preferences.

### EVIDENCE:

There were some very good details in the care plans about residents' individual routines and social activity. Residents spoken to said that they were able to make choices and were happy with the way that their lives were lived. Residents were seen to use their rooms as and when they liked. Activities that took place were seen recorded in the resident's daily records. Of the three resident's questionnaires returned to the Commission, one said that "there were always activities arranged that they could take part in", one said that "there were usually activities arranged that they could take part in" and the third said "there were never activities arranged that they could take part in". However those people spoken with were positive about activities provided. Some people also went out with relatives. Spiritual Leaders visited the home on a regular basis to offer the Sacrament and two ladies attended Church with friends.

People said that their visitors were made welcome at any reasonable time. They could speak with them in the privacy of their room or in the lounge areas. Visitors confirmed this. Information relating to the visiting policy was written in the Statement of Purpose and Service Users Guide.

Those residents who were able were encouraged to handle their own personal allowance. Some relatives were involved with the payment of fees. Information relating to advocacy was available.

Menus and records of meals served, showed that a balanced diet was being offered. There was a hot meal offered at both lunch and teatime. Residents could have their meals in their rooms if they wished but were encouraged to eat in the dining room for the social interaction. Drinks were served with every meal and also in-between times. The meal on the day of inspection was nicely presented. All people spoken with commented very highly of the standard and variety of meals. The menu was displayed on each table and staff said that this encouraged interaction between the residents. In general, staff recorded what people had to eat for lunch and tea, although not all food served at teatime was recorded. Neither was a record kept of what people ate at breakfast and suppertime. Kitchen cleaning schedules were examined.

## Complaints and Protection

### The intended outcomes for Standards 16 - 18 are:

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

**The Commission considers Standards 16 and 18 the key standards to be.**

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

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

People were protected from abuse and had access to the homes complaints procedure.

### EVIDENCE:

A copy of the complaints procedure was included in the homes Statement of Purpose and Service Users Guide. The complaints book, along with a copy of the procedure, was kept in the entrance hall and had one further entry since the last inspection. The manager had dealt with it satisfactorily. Relatives spoken with were aware of the complaints procedure and that it was available in the entrance hall. Although some residents appeared "vague" about the complaints procedure, two of the three people who returned questionnaires to the Commission knew how to make a complaint. Those people spoken with said they "were very happy at Oldfield House" There were many complimentary cards and letters received from relatives. A suggestion box was available to encourage people to make comments about the home.

A copy of the Department of Health document "No Secrets" and Blackburn with Darwen's Safeguarding Policy were readily available along with the homes "Whistle Blowing" policy. Staff were aware of their responsibilities toward residents and said that appropriate training was available. Records showed that "Protection Of Vulnerable Adult" (POVA) training took place. POVA training was also included in Induction training. The manager understood the referral system for the Protection Of Vulnerable Adults register but had never had to refer anyone.

## Environment

### The intended outcomes for Standards 19 – 26 are:

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

**The Commission considers Standards 19 and 26 the key standards to be inspected.**

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

19;26

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

Equipment provided meant that the diverse needs of the client group were met. The home was warm, clean and comfortable with a good standard of hygiene being achieved and residents lived in a safe environment.

### **EVIDENCE:**

The residents had access to the enclosed garden areas. There was a small parking area at the front of the home. Bedrooms were found to be safe and comfortable. People were encouraged to personalise their rooms with ornaments, photographs etc. All bedroom doors were fitted with a door lock. The Fire Risk assessment had been reviewed and all main doorways downstairs had been fitted with self-release devices attached to the fire system. Maintenance and refurbishment throughout the home was noticeable and a record of routine maintenance was seen.

Equipment in the laundry was sufficient to meet the needs of the home. From information received prior to the inspection and from documentation seen, policies and procedures were in place in respect of the control of infection. The home was clean and hygienic in all areas seen, during the inspection.

## Staffing

**The intended outcomes for Standards 27 – 30 are:**

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

**The Commission consider all the above are key standards to be inspected.**

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

27;28;29;30

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

Staff were recruited using current guidance and received appropriate training. This meant that the diverse needs of the residents were met.

### **EVIDENCE:**

Records showed that there were sufficient numbers of staff on duty to meet the diverse needs of the residents. Staffing levels were increased if it was felt that residents required more support. There was a duty rota, which showed the names of staff and the hours they worked each day.

Of the eleven care staff, records showed that eight had completed the National Vocational Qualification (NVQ) at level 2 or above (72%) with a further one care staff undertaking the qualification.

The files of two staff members recruited since the previous inspection were viewed. Records showed that a robust recruiting procedure was in place. Staff confirmed that they had received job descriptions, terms and conditions of employment and a copy of the General Social Care Council Code of Conduct.

Equality and Diversity issues were addressed throughout the recruitment procedure.

From reading records and talking with staff, induction training, based on the Skills for Care Standards was offered. Training records were available to examine and showed a variety of training being offered both "in house" and external. Staff said that training needs were identified during their supervision periods.

## Management and Administration

### The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

### The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

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

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

The home was run in an open and transparent way and was run in the best interests of the people who lived there.

### EVIDENCE:

The manager had achieved a National Vocational Qualification at level 4 and the Registered Managers Award. She had a job description and reference to lines of accountability appeared in the Statement of Purpose. Records also showed that she undertook periodic training.

Records showed that the management team were committed to Quality Assurance. The home holds the Blackburn with Darwen Quality Assurance

award. From discussion with residents, their comments were sought in respect of the development of services within the home via residents meetings. Questionnaires showed feedback from residents in respect of standards within the home. The information was retained on resident's files and was seen referred to in the Statement of Purpose and Service Users Guide. Regulation 26 reports were completed. Residents said that they had meetings with the staff. Minutes showed that these were held every two months. Staff meetings agenda's and minutes were made available.

The manager said that she did not administer any monies on behalf of residents. This was undertaken by themselves or their relatives.

Training records showed that staff members had participated in training relating to safe working practices. Infection control procedures were available. Records showed that regular servicing of equipment takes place by authorised and qualified contractors. Cleaning materials were stored safely. The reporting of accidents was accurately recorded. The manager felt that the home complied with relevant legislation.

# SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

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

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

<b>CHOICE OF HOME</b>	
<b>Standard No</b>	<b>Score</b>
<b>1</b>	X
<b>2</b>	X
<b>3</b>	4
<b>4</b>	X
<b>5</b>	X
<b>6</b>	N/A

<b>HEALTH AND PERSONAL CARE</b>	
<b>Standard No</b>	<b>Score</b>
<b>7</b>	3
<b>8</b>	3
<b>9</b>	3
<b>10</b>	3
<b>11</b>	X

<b>DAILY LIFE AND SOCIAL ACTIVITIES</b>	
<b>Standard No</b>	<b>Score</b>
<b>12</b>	3
<b>13</b>	3
<b>14</b>	3
<b>15</b>	2

<b>COMPLAINTS AND PROTECTION</b>	
<b>Standard No</b>	<b>Score</b>
<b>16</b>	3
<b>17</b>	X
<b>18</b>	3

<b>ENVIRONMENT</b>	
<b>Standard No</b>	<b>Score</b>
<b>19</b>	3
<b>20</b>	X
<b>21</b>	X
<b>22</b>	X
<b>23</b>	X
<b>24</b>	X
<b>25</b>	X
<b>26</b>	3

<b>STAFFING</b>	
<b>Standard No</b>	<b>Score</b>
<b>27</b>	3
<b>28</b>	4
<b>29</b>	3
<b>30</b>	3

<b>MANAGEMENT AND ADMINISTRATION</b>	
<b>Standard No</b>	<b>Score</b>
<b>31</b>	4
<b>32</b>	X
<b>33</b>	3
<b>34</b>	X
<b>35</b>	3
<b>36</b>	X
<b>37</b>	X
<b>38</b>	3

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

**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
1	OP15	A record should be kept of all meals eaten by residents.

## **Commission for Social Care Inspection**

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