

## Oak Bank Residential Home Limited

# Oak Bank Residential Home

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This comprehensive, announced inspection took place on 29 June 2018.

Oak Bank Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Oak Bank Residential Home accommodates nine people within two self-contained flats that have their own front door or in one of seven double bedrooms most with en-suites. There were seven people using the service at the time of the inspection.

The care service is aware of the values that underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. There were currently no plans to reduce the size of the service or amend the current registration at the service but people using the service were living as ordinary a life as any citizen, because each person's individual needs were met flexibility and in line with their preferences and abilities.

At the last inspection in May 2017 the service was rated 'Requires Improvement' overall. You can read the report from our last inspection, by selecting the 'All reports' link for Oak Bank Residential Home, on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

When the service was last inspected we found one breach of the Health and Social Care Act 2008. The breach related to good governance. This breach was followed up as part of our inspection. Where we asked the provider to complete an improvement action plan following the last inspection, this was provided.

There was a registered manager in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our previous inspection there were ineffective auditing systems in place. This meant that areas for improvement were not always identified. At this inspection we found sufficient improvements had been made. The systems and audits showed where improvement was needed and the registered manager ensured these were acted upon.

At our previous inspection we found that some medicines were left unattended which posed a risk. This inspection found some protocols were not in place for 'as necessary' medicines. This was immediately completed, and medicine management is now safe.

At our previous inspection, we found staff did not demonstrate a full understanding of equality and diversity

needs and the Deprivation of Liberty Safeguards (DoLS) in place. At this inspection, we found staff understanding was satisfactory.

People's rights were being upheld in line with the Mental Capacity Act 2005. This is a legal framework to protect people who are unable to make certain decisions themselves. Where people lacked capacity, assessments and best interest decisions were in place.

People's family members felt the service was safe. Staff understood how to identify abuse and discrimination and knew how to report concerns. Staff that had pre-employment checks in place prior to starting work in the service supported people.

There were sufficient numbers of skilled and knowledgeable staff to meet people individual needs.

Staff ensured people's health care needs were met through appropriate contacts with health care professionals.

The premises met people's needs. A professional said, "There is plenty of space. The environment is good for people."

Staff demonstrated a caring and respectful attitude to people. People's family members were very happy with the service, one saying, "It's the very best place he has lived."

People and their family members felt able to complain should there be a need. They said a complaint would be fully investigated.

Staff felt well trained, well supported and that the service was well-led.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff had pre-employment checks in place to ensure their suitability to work with vulnerable adults.

Staff had a good understanding of how to protect people from abuse and discrimination.

Sufficient staff numbers kept people safe and met their individual needs.

The premises were clean, hygienic, and well maintained.

Medicines were managed safely for people.

Individual risk assessments helped to protect people.

### Is the service effective?

Good ●

The service was effective.

Staff received training which equipped them for their role.

People were supported by staff who received regular supervision and support.

People's rights were upheld in line with the Mental Capacity Act 2005.

People's health care needs were met.

People enjoyed a variety of different foods and drinks.

The environment promoted peoples' wellbeing.

### Is the service caring?

Good ●

The service continued to be caring.

Staff demonstrated a kind, caring and respectful approach.

People's dignity and privacy was upheld.

People were supported to maintain relationships with people who were important to them.

People's views were sought and respected.

### **Is the service responsive?**

**Good** ●

The service continued to be responsive.

People had detailed support plans to inform staff how to provide their care and support.

People had access to a complaints policy and knew how to tell staff if they were unhappy. Relatives were happy with the care and felt able to raise any complaints should they need to.

People enjoyed activities of interest to them.

People's methods of communication were understood, so staff could respond to their needs and wishes.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager had effective systems for reviewing the quality of the service and listening to people's views.

Professionals and people's family members were positive about the care and support provided by the service.

Staff enjoyed working at the service and felt fully supported.

The service met its legal obligations.

# Oak Bank Residential Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 29 June 2018. We announced the inspection because some people living at Oak Bank Residential Home live with the condition of autism and we wanted the service to have the opportunity to explain about our visit to help them understand.

The team consisted of one adult social care inspector.

Prior to the inspection, we looked at previous inspection reports. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events, which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We met most people using the service and spoke with two about their experience of living at Oak Bank Residential Home. During the inspection, we used different methods to give us an insight into people's experiences. These methods included informal observation throughout the inspection, where we observed staff interacting with people, whilst providing support and activities.

We spoke with five staff and the registered manager. We reviewed three people's care records and two staff records. We saw records of meetings, and looked at quality monitoring information relating to the management of the service. Following the inspection we spoke with two family members and one social care professional.

# Is the service safe?

## Our findings

The service was safe.

At our inspection in May 2017, we found the service was not always safe because some areas of the home were unclean and not well maintained. This inspection found that the upgrading work was completed and the home was clean and well maintained.

At our inspection in May 2017, we found people's medicines were left unattended and a cupboard left unlocked whilst the staff member administered medicines to people. The deputy and registered manager confirmed this was the practice within the home. This meant medicines were not always securely stored and could be accessed by anyone within the home. At this visit, we found medicine management was safer. There were robust systems for ensuring medicines were safely stored, for example.

Medicines Administration Records (MARs) were accurate and up to date and contained important information relating to any allergies. Staff had received medicines training. They had their practice observed to be sure they were competent.

One person told us their medicines were given to them when they expected them. Good practice measures included ensuring stock was in date, opening dates for topical medicines were recorded, and ensuring safe storage temperatures. Staff had correctly signed when administering a medicine and a pictorial pain assessment chart helped staff to give the appropriate pain relief at the right time.

We found that some 'as necessary' medicines did not include a person centred profile. This meant staff might give them in an inconsistent manner. The registered manager has told us that those protocols are now in place, to ensure they are individual to each person.

Adequate staffing numbers ensured people were supported in a safe way. We observed staff flexibly supporting people so they could provide personal care and support, and attend chosen activities. Staff told us, "(Staffing) is alright, to be honest. There are always staff rota'd to provide activities. The rota is well organised." They said they always managed to cover any staffing shortfalls, which had occurred due to sickness. People's family members commented that there was always plenty of staff around when they visited.

People had personal evacuation plans in place in case of an emergency. These included how the person would react in the event of such a stressful situation. The registered manager said that there were arrangements with two local hotels, should removal from the building with short notice, be needed.

The registered manager said that any accidents would be monitored to look for trends, but no accidents had occurred recently.

People were safe because servicing of utilities was up to date. The provider organised the arrangements for

on-going servicing and safety checks, such as gas and electricity. These were within the timescale the service felt was appropriate. The service vehicles were safe for people to use.

People were protected from abuse. One person said they felt safe. Other people in the home were unable to share with us their views. Instead, we spoke to relatives, staff and one professional who felt people were safe. Staff received training in protecting people from abuse. They understood the types of abuse and how they should respond to any concerns. The registered manager understood their responsibilities and worked in line with local authority reporting procedures. For example, they had reported some minor altercations between people using the service.

The registered manager said they used no restraint at the service. Records showed that staff received training in how to respond to challenging behaviour without the use of restraint.

Staff protected people from discrimination. Staff understood how to promote the rights of the people they supported and used good practice to achieve this, whilst addressing any issues in a risk managed way. A social care professional said that the service was "Very good in that they were not afraid to ring and ask for any help, in difficult situations". The service had managed some complex situations in relation to people's freedom to come and go independently, when this was what the person wanted.

Recruitment arrangements protected people. These included pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to make safer recruitment decisions by providing information about a potential staff member's criminal record and whether they are barred from working with certain groups of people. Staff confirmed that they did not work at the service until all checks were completed.

Informative, detailed risk assessments protected people. These included risks from choking and being vulnerable to abuse when accessing the community. Environmental risk assessments identify risk within the premises, wardrobes falling, for example. We saw that large, heavy wardrobes were secured to the wall for safety.

People had detailed behaviour support plans in place that identified what support staff should provide to keep them safe. Where staff needed to support the person in a specific way there were guidelines in place for staff to follow. For example, with their nutrition and hydration, smoking and accessing the community. Staff knew people well and knew what support they needed.



# Is the service effective?

## Our findings

At our inspection in May 2017, we found some staff were not always able to demonstrate an understanding of equality and diversity and the Deprivation of Liberty Safeguards (DoLS) in place. At this inspection, we found staff were able to describe how they meet the diverse needs of people they support and they were aware of the deprivation of liberty safeguards and how they protected people. A staff member said, "Every person here has completely different needs. We are aware of their different needs in society."

We found staff worked in accordance with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Decisions made, following assessment, did relate to people's capacity to consent. Where their capacity demonstrated they lacked capacity to consent, records showed people who knew them best did this for them on their behalf. This had included a decision around the need for a dental extraction. A staff member described how they downloaded pictures from the local authority 'easy read' picture library, which helped the person understand the situation. Staff worked to ensure the person was part of the best interest decision-making process, as much as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interest and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). A DoLS application was in place for each person using the service who did not have the capacity to make informed decisions in relation to their care and welfare. This was for their protection. Where people did not have capacity to consent, staff, and people that knew the person best, made decisions on their behalf.

We found staff were knowledgeable and able to support people appropriately. Staff were aware of why an authorisation to deprive somebody of their liberty had been removed, for example. A social care professional involved in that decision said, "On the whole (the service) did a really, really good job. They have accommodated (the person) really well."

One person had left the service in December 2017 to live independently. Prior to leaving, an Independent Mental Capacity Advocate (IMCA) and social worker, had regular review meetings with the service and person to plan how their best interests might best be achieved. The service supported the person to achieve daily living skills, such as shopping and money management. Staff helped them to sign up with community health care professionals, reconnect with family, and gain confidence. The registered manager told us the best moment was when the person said, "Thank you for giving me a voice."

Another person needed advice and information with regard to relationships. They were able to receive easy read information, and confidential, on-going support from a trusted staff member. This enabled the person to explore relationships in a risk managed way.

Staff used various communication methods with the people they supported. They described learning some sign language to communicate with people who understood that method of communication. One person using the service had never been heard to speak. Staff used their new skill of sign language to say to the person who they were. The registered manager described their astonishment when the person replied, verbally telling them their name. This was the first time the person had ever been heard to speak. The registered manager told us, "We had finally been able to tap into him."

Staff completed an induction when they started work at the service. This meant they had the skills to start providing support to people. The nationally recognised Care Certificate was included in induction as required. The Care Certificate is an identified set of induction standards that health and social care workers should adhere to when performing their roles. One staff member said of their induction, "For a few shifts I had to read all the policies and care plans. Staff were allocated to support me with 'shadow shifts'; I was supernumerary for about two weeks. Then there were several one to one meetings to check with me that everything was okay. It was 100%."

People received a service from skilled and knowledgeable staff. Staff said they found their training very useful and liked the training method used. Training included aspects of health and safety, and subjects relevant to people's individual needs, such as challenging behaviour, communication, end of life care and learning disability. One staff member said, "Training has deadlines for completion. This instigates staff talking about the subjects."

Six weekly supervision and support helped staff in their role. This included face-to-face meetings with a line manager and observations when working. One staff member said, "We understand the importance of making sure we're doing everything properly."

People had a variety of food and drink available to them and they had 'take away', or ate out at least once a week. A book with pictures helped people make menu decisions. The day of our inspection, we shared lunchtime BBQ with people, which included a variety of meats, plus new potatoes and salad. People had an opportunity to discuss the menu options at resident meetings. One meeting records that two people said they were happy with the menus and that a member of staff was going to talk to a new person using the service to discuss what foods they want and to make a plan to provide them. The current menus included chilli con carne, omelette, roasts, and salads, demonstrating a wide variety of choice.

The registered manager said, "We don't rush people. People have time to enjoy their food." One person told us they did not like salad but they liked baked beans. One person's family member said, "He really likes his food." Staff monitored people's dietary intake and contacted appropriate health care professions where there was any concern.

Staff supported people to maintain good health. External health care professionals were consulted in line with people's health needs, according to records. These included speech and language therapists, hospice nurses, GP and dental, eye and foot care services. People received a yearly health check with their GP. One person's family member said, "They seem to look after (the person) very well." They described recent dental treatment and how much the person had liked the result.

The premises was suitable for the needs of people using the service. Bathrooms were fully refurbished. They included a walk in shower, for example. People's rooms were decorated in accordance with their preferences. One person had always liked the seaside and so their room was decorated with a seaside scene.

## Is the service caring?

### Our findings

The service continued to be caring.

People's family members said, "(The person) is very happy. There are good relationships, good communication. Bless them" and "It's the very best place he's been. They don't talk down to people. I always get the impression that staff care. They seem to like (the person) and he likes them."

Staff demonstrated a caring attitude through the way they spoke about people, their knowledge of people's needs and examples of a caring attitude. For example, one person loved to go swimming. In case the staff member due to take them could not, for some reason, other staff would bring in their swimming things so they would be able to take the person instead.

We observed that all interactions between staff and people using the service were respectful. People were supported to present themselves, as they would wish. On the very hot day of our visit, people were reminded about hats, extra liquid, and sun protection cream, so they would remain safe.

Staff had supported people using the service and their family members through difficult times, such as bereavement. Pictures, used to explain to the person why their life had changed, had helped them through the loss. The person's family member said, "I have been very happy with the way staff helped."

Staff sought peoples' views, predominantly through their understanding of people's individual communication methods or non-verbal cues, such as changes in behaviour. People also attended resident's meetings, contributing to varying degrees. People came confidently to staff, asking their opinion and getting information. A health care professional said that people seemed very happy. A family member said the service was "Very homely." The atmosphere in the home was warm and welcoming. Positive, friendly relationships were evident.

Staff treated people with dignity and respect in each engagement with them. Staff checked that people would allow us to see their room. Some people were pleased and personally showed us their room, or flat. Each private space was very individual to the person, reflecting what mattered to them.

The registered manager said how the service respected differences between people and how that presented, for example, one person liked to eat their meals separately. We observed staff making sure this happened.

Visitors were welcomed to Oak Bank Residential Home but, due to people disturbing others when arriving late at night, the registered manager had amended the visiting policy, so that people using the service were less likely to be disturbed.

## Is the service responsive?

### Our findings

The service continued to be responsive to people's needs. One person's family member said, "They're very flexible with routines. They listen to (the person), the body language."

Individual support needs were detailed in people's support plans. This provided staff with guidance on each person's individual needs. The plans contained important information relating to the person's life history, for example. People's likes, and dislikes, medical histories and how the person communicated, were described in detail. Staff and the registered manager knew people well and were able to confirm how people should be supported. Support plans were personalised and contained important information individual to that person's support needs. Each person had a key worker. They helped people develop their support plans over time.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People receiving support had a learning disability and varying communication abilities. Staff were able to communicate with, and understand each person's requests and changing moods, as they were aware of people's known communication preferences. Care records contained clear communication plans explaining how people expressed themselves. The service used a variety of communication tools to support people's communication. For example, using pictures and sign language to give people information from which they could make choices.

People had opportunities to engage in activities in accordance with their abilities and interests. Staff provided people with information about activities; these were discussed in resident meetings. At a meeting in April 2018, one person said they wanted to visit an airport. Another said they liked churches and Wells Cathedral, followed by a pub lunch was suggested. One said they wanted to visit Bristol, in particular the SS Great Britain. People told us how much they liked making pizza.

People had choice about what community activities were important to them. People told us how they went shopping and out for coffee. A diary showed that people visited a "Friendship" group, the theatre and participated in a walking group.

Support plans contained hobbies and social interests that were important to people. For example, one person's support plan had recorded they enjoyed buying books. Another person's support plan confirmed they enjoyed watching TV and listening to music. They were listening to music when we visited their room. In-house activity suggestions included a bat and ball for the garden. This was purchased and available in the garden for people's use. Everybody said they wanted to bake cakes.

The service promoted people's independence. For example, staff supported one person to attend college. They showed us items of furniture they had made. Another had completed a 10-week work experience placement in a local café. The registered manager and staff said how they were constantly looking for way

to involve people in the local community.

We asked people whom they would tell if they were unhappy. One said, "I'd tell you (registered manager)." People's family members said they were happy with the service and knew how to complain should they need to. The service had an easy read complaints policy in place, which was located in people's care plans and on a notice board. People's family members confirmed they were happy with the service and had no complaints. Comments included, "Very happy with the service." The registered manager said that during residents meetings they reminded people how they could make a complaint or take any concern to a staff member.

There had been no formal complaints received at the service in the previous 12 months and the Care Quality Commission had received no complaints about the service.

The service provided end of life care, working with a local hospice and community health care professionals to provide appropriate health care. Staff received training in end of life care so they had the necessary knowledge to support people appropriately. In recognition of one person's changing needs, they had moved to a ground floor, larger room. The person's family member said they had complete confidence in the care provided and appreciated having been involved in important decisions, around appropriate levels of intervention, for example.

## Is the service well-led?

### Our findings

At our inspection in May 2017, we found the systems and audits relating to health and safety, the environment and storage of medicines were not effective at identifying shortfalls. This inspection found that systems were more effective and shortfalls were identified. The registered manager said of their relationship with the provider, "We have a good relationship, open and transparent. I feel confident that needed improvement is now recognised and dealt with."

The registered manager and deputy manager held a monthly review meeting. Records of the meetings showed consideration of each aspect of the service. For example, a review of staffing numbers, and training. Information gathered from daily shift reports, a diary, communication book, and care plans provided information about people using the service, included in the review. The registered manager said, "We have found this works extremely well for several reasons - it gives us the opportunity to look at what the service as a whole has achieved, make necessary changes, and to celebrate what has been achieved."

Different aspects of the service were included in quality monitoring arrangements. We saw an action plan relating to maintenance, for example. Once completed, a task would be signed-off, so it was clear what tasks remained.

The registered manager looked for ways to improve the service, including through observation and talking to people using the service. They had recognised that mealtimes were "chaotic", for example. They asked people about this, identified changes and produced a plan, which they then monitored. We saw a document called, 'Protocol for person centred mealtimes'. This included people's choice, seating arrangements, and staffing over the mealtime.

Views about the service were gained through resident and staff meetings and quality monitoring questionnaires, which we suggested they revisit to broaden the information requested to be more person focused.

One person, asked if staff were kind said, "She's one of the best managers, and (the deputy)." People's family said of the management, "They seem very good. There is always one of the managers there, they always know who I am, and they have asked my views about the service."

There was a programme of on-going improvement, windows being upgraded one by one, for example. Action was quickly taken where an outside agency identified need for improvement. For example, the need for a dedicated hand washing sink in the kitchen.

The registered manager was supported by a deputy manager and a team of support staff. Staff were happy and positive about working at Oak Bank Residential Home. Staff comments included, "The (registered manager) is excellent. You can talk to her about anything" and "I don't actually feel I am coming to work I enjoy it so much here." There was a strong ethos of working together as a team for the good of the people using the service, and for staff. The registered manager said, "The team have become a strong, open,

confident team" and "The Management are proactive to ensure that diversity is respected and built upon and staff have a good understanding of the culture of the service." This is what we found.

The registered manager was meeting their regularly responsibilities. These included displaying their inspection rating and notifying the Care Quality Commission of important events.