Oban House Retirement Care Home

Oban House Residential Care 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

About the service
Oban House Residential Care Home is a care home providing personal care to 24 people aged 65 and over at the time of the inspection. The home is registered for up to 30 older people living with conditions associated with older age, with the majority of people living an active independent lifestyle. Oban House accommodates people in one adapted building

People's experience of using this service and what we found
People and their relatives felt the service was safe. A person said, "I feel very safe, the staffing levels I think mean people get the care they need, and more. They are very responsive to when I call my bell. They are always checking in on me and making sure I have everything I need. It provides me with security." A relative said, "[Person] is very well looked after and they call me if needed."

Staff understood how to recognise and report concerns or abuse. The provider continued to have a robust recruitment programme which meant all new staff were checked to ensure they were suitable to work with vulnerable people. There were sufficient staff to meet people's needs.

There were risk assessments in place to identify any risk to people and staff understood the actions to take to ensure people were safe. There were enough staff to support people with their daily living and activities.

Training and observation of staff practice, as well as supervision, ensured staff were competent in their roles. People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. A person said, "I don't feel discriminated against for being the age I am and needing the help I need. The staff treat me very well. I am included in all the decisions being made in my life. I know that I am getting older, but the girls keep at me for doing the things I can do myself."

People were supported to have enough to eat and drink. People and relatives spoke positively about the quality and choices of food and drinks. Staff contacted medical services promptly for advice if there were concerns about people's health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives said the support provided from staff was kind and caring. A person said, "I think the staff treat me like a member of their family. Very friendly. There is always banter and laughing. It's a nice place to be. No chance of getting lonely. They care about me." People commented on how well staff knew them and supported them in the ways they preferred. People said they felt involved in making decisions about their care.

People received responsive care and support which was personalised to their individual needs and wishes and promoted independence. There was clear guidance for staff on how to support people in line with their personal wishes, likes and dislikes. There were systems to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and complaints and learnt from the issues raised.

People and relatives felt the service was well-led and commented on the pleasant working atmosphere amongst staff. The provider and registered manager provided a visible presence. People were encouraged to be involved in the development of Oban House. Staff said the management team were open to suggestions, approachable and felt supported in their roles.

A system of audits monitored and measured all aspects of the service and were used to drive improvement. The registered manager worked proactively with the NHS and Social Services to meet people's care needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was Requires Improvement (published 19 February 2019). The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.
Details are in our safe findings below.

Is the service effective?

Good

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.
Details are in our well-Led findings below.

Oban House Residential Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by one inspector and an assistant inspector.

Service and service type
Oban House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service, three relatives and a visitor about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, deputy manager, care workers and the chef. We reviewed a range of records. This included five people's care records and five medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We looked at training data and quality assurance records. We sought feedback from Healthwatch, the local authority and two healthcare professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Since the last inspection the registered manager had made improvements to 'as needed' medicine protocols which ensured staff had access to appropriate information to support people safely.
- People said they were happy with the support they received to take their medicines.
- Care plans and risk assessments described the support people required to ensure medicines were administered safely. People who required medicines on an 'as needed' basis had a written plan which described the circumstances and symptoms when the person needed this medicine.
- Five medication administration records were all completed accurately with no missing signatures.
- There were reliable arrangements for ordering, administering and disposing of medicines. There was a sufficient supply of medicines. The temperature of the medicine's storage room was monitored as was the temperature of the fridge used to store medicines. These were within the recommended safe limits.
- Records showed, and staff confirmed, they received training to administer medicines safely. Staff had been assessed as competent to safely administer medicines. This is an observation of how staff safely handle and administer medicines, which is recommended in the Royal Pharmaceutical Society guidance, 'The Handling of Medicines in Social Care.'

Systems and processes to safeguard people from the risk of abuse

- The registered persons and staff understood their responsibilities to safeguard people from abuse. Safeguarding records identified appropriate referrals had been made. Concerns and allegations were acted on to make sure people were protected from harm.
- Records showed staff had received training in how to recognise and report abuse. Staff had a clear understanding of how to report abuse and felt confident that management would act appropriately.
- The service had a whistleblowing policy in place to ensure staff understood how to raise concerns and staff confirmed they were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and managed. A person said, "I need a lot of support. I do need help moving around. Having two staff to help with this, makes me feel safe." A relative said, "I have no worries, all staff are good." A healthcare professional we contacted after the inspection said, "I have heard of no safety incidences, this would be fed back from the district nurses."
- A range of risk assessments were in place which covered aspects of care such as diabetes, moving and handling and falls. People were supported with specialist equipment such as pressure relieving mattresses to reduce the risk of pressure areas developing on their skin. A person had a record to show they were

repositioned at regular intervals to relieve the pressure on their skin due to prolonged immobility. The care plan included instructions of how often this repositioning should take place. We noted suitable equipment such as hoists and wheelchairs were available for staff to use and each sling was for one person's use only. Staff knew how to mitigate risks and took measures to reduce risks to people. Care planning was clear about how people should be supported to move safely, and staff had regular training in this subject.

● To ensure the environment for people was kept safe, specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety.

● People had individual Personal Emergency Evacuation Plans (PEEP) in place on how they should be supported to evacuate the building in the event of an emergency. An environmental risk assessment was in place which identified risks to people, staff and visitors.

Staffing and recruitment

● People continued to be supported by enough staff to meet their needs. People told us they felt there were enough staff in the home to respond to their needs in a timely manner, which we observed. During the inspection bells were answered promptly. A relative said, "Always enough staff and I visit every day." Staff told us they felt there were enough staff as they could take time to talk with people and not be task orientated, which our observations supported.

● People continued to be protected by safe recruitment practices. New staff were appointed after robust checks were completed which ensured they were of good character to work with people who had care and support needs. All pre-employment checks had been carried out including criminal record checks and getting references from previous employers. People had developed a good relationship with care staff who knew them well. This supported people to feel safe.

Preventing and controlling infection

● The service was clean and without odours. Housekeeping staff completed a daily cleaning schedule. A relative said, "[Person's] room is always nice and clean."

● Staff used personal protective equipment (PPE) when assisting people with personal care. PPE such as hand wash, gloves and aprons were available in all bathrooms (with visual reminders about washing hands), at the entrance of the building, people's rooms and in the communal areas, to help protect people from risks relating to cross infection.

●There were systems in place to assess and review the cleanliness of the building, and that clinical equipment was cleaned as required.

● Staff had received training in infection prevention and knew what action to take to prevent infections from spreading.

● A Food Standards Agency inspection in December 2019 had awarded the service a rating of four, the highest rating is five. A rating of 4 means the premises was rated as good on assessment. This meant good food hygiene practices and safety systems, with only a few minor areas for improvement, were in place at the time of the inspection.

Learning lessons when things go wrong

● Accidents and incidents were recorded and analysed to identify any emerging trends and patterns. Records showed how analysis of incidents and accidents were shared with staff during handover and team meetings. This learning helped to reduce the likelihood of further incidents occurring.

● Since the last inspection, the registered manager had purchased a second medication trolley to reduce the risk of errors. This meant the medication was shared between two trolleys, causing less clutter. District nurses had been provided with individual boxes which were clearly labelled with the person's name with all of the diabetic resources needed. The registered manager said this had resulted in there being no more

errors in this area since the last inspection.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People confirmed they were offered choices, and their consent was sought before they received personal care.
- People's needs were assessed before they started to receive support from staff. Records showed consideration had been taken to establish what practical assistance each person needed before they had moved into the service. This had been done to make sure the service had the necessary facilities and resources to meet people's needs. The information gathered included people's preferences, backgrounds and personal histories. This enabled staff to know people well.
- A healthcare professional we contacted after the inspection said, "They are welcoming, admissions have gone down in the last year. Meaning [registered manager] is selecting the right residents for the home. There is a better assessment process ensuring the right resident lives in that level of home (regarding skills of staff, compatibility with the other people residing)."
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity. Care plans and assessment tools were in line with guidance from the National Institute for Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff. People felt staff were competent to give them the care they needed, and staff were flexible with the support they provided.
- The provider maintained a record of training staff had completed. This included courses which the provider considered as mandatory to providing effective care. This allowed the provider to monitor when this training needed to be updated. These courses included health and safety, emergency first aid, moving and handling, oral hygiene and food hygiene.
- Additional training was available to staff in specific conditions, to keep people safe. This included end of life care, diabetes, equality and diversity and dementia awareness. Recently staff had been trained in continence awareness. The registered manager said, "An incontinence nurse came in recently and did training. It impacts my residents because it gives them the care and support they deserve."
- New staff had completed a comprehensive induction, which included a competency assessed workbook on equality and diversity, they worked alongside more experienced staff to get to know people. Where staff were new to care, they completed the Care Certificate, a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well.
- Staff told us they were supported by the management team through regular supervision and an annual appraisal. Staff told us this provided them with the opportunity to discuss working practices, what went well

and what did not go well and explore ways of improving the service they provided.

Supporting people to eat and drink enough to maintain a balanced diet

● People spoke positively about the quality of food and choices. People were provided with a choice based on their individual needs. A person said, "Everything is good, food excellent. I don't like meat and they know that. They look after me."

● We observed lunch which had an informal, social feel. The tables were laid with tablemats, napkins, cutlery and condiments. People were offered drinks regularly throughout the day, in their rooms and in the lounge and dining areas.

● People's weights were monitored, and referrals made to appropriate health professionals where people were at risk of losing weight.

● People were provided with the support they required to reduce the risk of malnutrition and dehydration. Care plans set out the support people required. Kitchen staff were knowledgeable about people's needs and providing healthy diets, such as for people living with diabetes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People had access to healthcare professionals and staff worked in collaboration to ensure their needs were met. Staff monitored people and picked up on changes in their health. Records confirmed people had been supported to meet with a variety of healthcare professionals including the GP, hygienist and chiropodist.

● People had their oral health needs met when required, with specific care plans in place for oral health. Notes on a person's care plan indicated they had been referred to the dentist and were to be encouraged to brush their teeth. The registered manager had ensured all staff were trained in oral health hygiene. Staff said this had helped them understand the risks associated with this area of need in people who were frailer.

● The service worked well with external healthcare professionals and advice obtained was transferred into care planning. The management team met with the district nursing team to discuss people's nursing needs and how the care staff could best assist them.

● We received positive feedback from a health professional we contacted after the inspection. They said, "With regards to my visits I have always found that staff will listen to my comments and act upon them as and when necessary."

● Staff told us they provided verbal and written handovers to their colleagues. Documentation included detailed updates about people's health and emotional wellbeing which meant care workers were able to provide continuity of care.

Adapting service, design, decoration to meet people's needs

● The home was adapted to meet the needs of the people. For example, there were raised toilet seats in the bathrooms to provide additional comfort and pressure relief.

● The home was undergoing décor improvements. The dining room was in the process of being painted during our visit. Carpets had been purchased and were ready to lay. During the process of redecoration, the home still felt warm and was a welcoming environment. A relative said, "When I first came here I thought it disgusting. They have spent money and now it is 10 times better. Home is being painted up." A healthcare professional we contacted after the inspection said, "The home has a warm, welcoming, cosiness with residents appearing content."

● Homely touches were evident, including photographs and art work. People's bedrooms were personalised with items they had brought with them and pictures they had chosen.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Most people who lived at the home were able to make decisions about their day to day care and support. During the inspection we heard staff seeking permission from people and respecting people's choices.
- Where there were concerns about people's capacity to make decisions, the registered manager consulted with other professionals and family members to ensure any decisions made were in the person's best interests. Staff received training in the principles of the MCA and understood their role and responsibility in upholding those principles.
- The registered manager had made applications for people to be legally deprived of their liberty where they required this level of protection to keep them safe. The registered manager had a record of any conditions that had been placed on an authorisation and whether the conditions were being met. These were reviewed regularly.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who developed positive, caring and compassionate relationships with them. A person said, "The staff are so friendly. I couldn't be happier. They treat me very well."
- People were treated with kindness by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. We saw there was a strong rapport with staff which was evident when they were talking and laughing with people. A staff member said, "It's important to talk to them like adults, be pleasant, be careful, smile when talking to them."
- We observed unrushed, caring interactions. For example, a staff member noticed a hole in a person's cardigan. They offered to replace it with a different one which was appreciated by the person. In the process of swapping over cardigans, the persons hair become ruffled. The carer got a comb and the person let the carer redo their hair. It was a sensitive interaction where the staff member was generally concerned for how the person looked, and knowing the person would want their hair in place and not wearing clothes with holes in. Another person required their blood sugar levels tested. The staff member brought in a privacy screen before they helped the person. The person was smiling and told us this was normal practice, telling us, the staff really cared about her privacy and dignity. Another person had taken their slippers off. The carer asked them if their feet were cold, person indicated they were, and they supported the person to put their slippers back on.
- The provider had an equality and diversity policy. People's preference on whether they wanted a male or female carer were documented in their care files. Peoples preferences had been respected. The staff we spoke to understood what equality and diversity meant.
- People's religious beliefs were recorded in care plans and people were supported to follow their faith if they chose to do so. People enjoyed Holy Communion from their local clergy, who visited two weekly. A person had chosen to see a Vicar from a different Church and this had been arranged.
- The service had received a number of compliments and comments including; a person wrote, 'To the catering staff and servers and anyone else involved, I would like to thank them all for the most wonderful lunch served today. Deserves a medal.' Another person sent a card thanking staff for their kindness. A relative thanked the staff for taking good care of their loved one. Another relative thanked staff for making the last 10 months of their loved one's life happy.

Supporting people to express their views and be involved in making decisions about their care

- People said they were involved in day to day decisions and care records showed they participated in reviews of their care. Their views were reflected in care records. Where people needed support with decision

making, family members, or other representatives were involved in their reviews. A person said, "They (staff) talk to me. I am not ignored. Throughout the care given to me, they involve me. And encourage me to do what I can for myself."

● Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care a person could manage for themselves and what they needed help with. A staff member said, "I talk with them about what they need and want. Just be there to make sure they are happy and comfortable."

Respecting and promoting people's privacy, dignity and independence

● Staff told us how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care. People's dignity was respected during moving and handling transfers. We observed staff knocking on people's doors to seek consent before entering.

● People's confidentiality was supported and information about people was held securely. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.

● People were enabled to be as independent as possible and care records made clear the parts of tasks people could complete by themselves. For example, people were encouraged with their mobility by the use of walking frames. Two people were supported using a walking aid by a member of staff with a second member of staff walking behind with a wheelchair, in case the person needed to sit. This reduced the risk of people being over supported and losing the skills they still retained.

● Room checks had been introduced since the last inspection. These included visual checks on bedrooms to ensure people were comfortable, call bells were within reach of the person, curtains adjusted to the person's choice, each person had a clean jug of fluids of their choice and to check safety aspects of the room to prevent any accidents. We checked five bedrooms and people told us, they appreciated these interactions. A person said, "I don't like socialising all that much. It's nice to know I can spend time in my room and not be forgotten about. The staff go above and beyond to make sure I am ok, comfortable and happy."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans included clear information about the support they required to meet both their physical and emotional needs. They included information about what was important to the person and their likes and dislikes. People told us they had been involved in developing their care plan and were kept involved during reviews and when updates were required.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with their care plans. A staff member said, "We need to understand they are individuals and each individual 's needs are different, not treating them the same. Everything about them is in the care plan which is so informative."
- Important information about changes in people's care needs were communicated at staff handover meetings each day.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and recorded in care plans. These needs were shared with others including professionals. Staff knew people well and responded to their individual communication needs.
- Written information was available in bigger print for people who needed it.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service at any time. People greeted their own relatives at the door and we observed people walking to the front door to let their visitors out. This demonstrated people were empowered to lead independent lives.
- A person spoke English and German. German was the person's preferred language. A staff member was employed who could speak English and German. They were available to support the person on alternative weekends, over four days one week and six days the following week. This had meant the person was able to fully engage in their care provision in their preferred language.
- Activities were co-ordinated by an activity team every day, which included care staff. The programme was varied and inclusive of all, as people were supported to participate as much as they wanted and were able.

People told us there was enough to keep them occupied and they did not get bored.

● People had access to a range of meaningful activities that met their individual social and emotional needs. A person registered blind had been supported to be a member of a local charity supporting the visually impaired community in West Sussex. The persons hobbies included reading, the staff had arranged via the charity for the person to receive talking books. Another person's hobbies were following sport. The staff had supported them to have a satellite dish for their bedroom, resulting in the person being able to have access to a 24-hour sports channel. This enabled them to keep up to date with their known interests. Where people chose not to participate in group activities, staff spent one-to-one time with them, talking about topics of interest to them, which helped people avoid becoming isolated.

● A relative said, "I am happy with service. [Person] does some activities, singing, tea parties and they encourage him to join in." A staff member said, "I try when I have days off to come in and do activities (I like to do this), some like painting and arts and crafts i.e. cookie decorating, knitting, others like to dance. [Person] loves quizzes."

Improving care quality in response to complaints or concerns

● Complaints were managed in line with the provider's policy. There had been one complaint since the last inspection. People told us they were confident any issues they raised would be listened to and acted upon. Records reflected this. None of the people we spoke with said they had raised any formal complaints. A healthcare professional we contacted after the inspection said, "I haven't experienced any resident complaining to me about their care."

End of life care and support

● The service was not supporting anyone who was receiving end of life care at the time of our inspection. Documents to record the arrangements, choices and wishes people may have for the end of their lives were made available to people and their families for completion, should they choose to do so. Where known, people's wishes were recorded, and families were involved as appropriate.

● Systems provided clear guidance for staff when people had a DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation) form in place. Care staff were aware which people had a DNACPR and understood their responsibilities with regard to this.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had made improvements to the quality assurance system to protect people's safety. This included the oversight of medicines management at the home. Medication audits had been reviewed and updated, which were completed on a weekly and monthly basis. The management team reviewed and analysed the findings of the audits to ensure they took action that may be required to safeguard people.
- There were a range of systems to measure and monitor the quality of the service overall. This included observations of staff practice, care planning, infection control, recruitment, incidents and accidents, training and risk assessment. Systems were effective in identifying shortfalls. Senior staff and the registered manager undertook daily, weekly and monthly checks with evidence of actions taken in response. For example, making improvements to the environment. The audit had identified batteries needed replacing in some of the call bells kept in people's bedrooms. This was completed as well as the bells being renumbered to ensure they were correct, ensuring staff were able to respond to people more efficiently. December's audit had identified a shortage in medication delivered. Evidence was included in the audit, of the pharmacy being contacted to ensure medication arrived on time and in the right quantity.
- Staff at all levels were aware of their role and responsibilities. An on-call system was available, so all staff could contact a manager at any time of the day or night for advice and support.
- The management team was aware of their responsibilities to notify CQC about safeguarding concerns, and accidents resulting in injuries. The rating awarded at the last inspection was on display at the service entrance and on the provider's website.
- The management team promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. The registered manager said, "We are very transparent, we do not hide anything. I have told my staff if you make a mistake just own it and we can work through it. My door is always open for anyone who wants to come and see me." This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives told us they knew the management team well and our observations confirmed this.

The deputy manager said, "If you have made someone smile or laugh, you have done your job. You have fulfilled something and done something good. We are not acting any differently because you are here. This is us. We are more bothered about the type of day a person experiences. It's very much a home from home."

● People, relatives and staff were consulted and involved in day-to-day decisions about the running of the home through resident meetings and monthly newsletters. Areas included activities people would like to do, menu planning and updates about the décor of the home.

● Staff consistently told us there was a positive management structure in place that was open, transparent and supportive. Staff felt able to bring any matters to the attention of the registered manager. A staff member said, "[Registered manager] is very approachable which is nice. We all work well together. To carry out the job professionally, know what to do and when." We observed the management team, being visible in the service, spending time engaging with people and helping staff with delivering support to people where needed.

● Staff were consulted and involved in decision making through monthly staff meetings. They were encouraged to raise issues, and records showed action was taken in response.

A staff member said, I am able to say things (suggestions to the management team) all the time. I have asked for new stand aid and they get it, lap tables and these have been given. [Registered manager] listens to me and staff definitely care about this place." A healthcare professional we contacted after the inspection said, "They (staff and management team) have worked hard. It's a little home from home."

Continuous learning and improving care

● The management team kept up to date with developments in practice through working with local health and social care professionals. The registered manager said, "West Sussex provide training, we are linked to their page and all my staff are enrolled on that. It's a learning and development gateway. My staff can get the additional training and it gives them more knowledge. I encourage them to do as much as possible. This was to enable the sharing of experiences, tools and good practice ideas.

● The provider issued satisfaction surveys annually to gain people's feedback. We reviewed the outcome of a survey completed in October 2019. People had expressed a high level of satisfaction with all aspects of the service. The provider had acted in response to one negative comment, regarding how quick laundry was returned to them.

Working in partnership with others

● The registered manager and staff worked in partnership with other services, for example their GP, community pharmacist, community nurses and occupational therapists to ensure people's needs were met in a timely way. The provider worked professionally with the local authority. This demonstrated how the management of the service conducted themselves in an open and transparent way.

● A healthcare professional we contacted after the inspection said, "I have noticed that Oban House has improved in the service it provides to residents. This appears to me, as a visitor, as staff having greater purpose because they are better led." Another healthcare professional said, "The home went through a period of change prior to new manager starting. [Registered manager] has taken things on board, new care plans, she is present, she asks if she needs help and so do the team."