

## Oak Bank Residential Home Limited

# Oak Bank Residential Home

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on the 15 and 16 May 2017 and was unannounced. When the service was last inspected in January 2016 we found two breaches of the regulations of the Health and Social Care Act 2008. The breaches related to staffing and good governance. The service also failed to submit statutory notifications, when required. These breaches were followed up as part of our inspection.

Oak Bank residential home provides accommodation for up to nine people who could have a learning disability and who require personal care. At the time of our visit there were eight people living at the home. Oak Bank residential home has two self-contained flats that have their own front door and seven double bedrooms most with en-suites, a staff sleeping room, communal kitchen, lounge, dining room, office, hot tub room, garden and patio area.

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 staff had not received sufficient training or annual appraisals. At this inspection we found sufficient improvements had been made. Staff received training to undertake their roles effectively. They were supported through an annual appraisal programme.

At our previous inspection statutory notifications were not being made when required. At this inspection we found sufficient improvements had been made.

At our previous inspection there were ineffective auditing systems in place. At this inspection we found insufficient improvements had been made. The systems and audits in place at the home had not identified areas of concern found during this inspection. Shortfalls identified during this inspection included safe storage of medicines, records relating to water checks, bathroom hygiene, building maintenance and deprivation of liberty safeguards.

Relatives and staff felt people were safe. Staff knew how to identify abuse and knew how to report concerns should they suspect abuse. People were supported by staff who had pre-employment checks in place prior to starting work in the service.

People were supported by staff with their medicines. Staff had received training to enable them to administer medicines safely. However, we did observe that staff left medicines unattended and unlocked whilst they administered medicines. This meant they could be accessed by anyone within the home.

People were supported by suitable staffing arrangements although it was unclear how staffing levels were arranged each day. The service monitored incidents and accidents and analysed these for any trends to

prevent similar incidents from occurring. People were supported by staff to attend medical appointments. Referrals were made if required to specialist health care professionals. Professional's feedback was positive and they felt there was a good working relationship with the home.

People were supported by staff who received training to undertake their role. However, staff did not demonstrate a full understanding of equality and diversity needs and the Deprivation of Liberty Safeguards (DoLS) in place. Staff attended additional training relating to people's individual needs, such as end of life care. Staff had supervision and appraisals and all staff felt well supported and happy in their roles.

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.

Relatives felt positive about the caring attitudes of the care staff. Relatives felt staff treated people with kindness, respect and with dignity. Staff gave compassionate support to people and they spoke appropriately to people respecting their individual needs. Relatives felt there was a good standard of care and all were happy with the service.

People and their relatives had access to a complaints policy. Relatives felt able to complain. They told us they were happy with the care and support provided at the home.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

People had access to bathrooms that were not always clean or that had appropriate fixtures and fittings. The home was not always keeping accurate records relating to safety checks.

Medicines were left unattended whilst staff administered them to people.

People had individual risk assessments in place.

People were supported by staff who had pre-employment checks in place on their suitability to work with vulnerable adults.

### Is the service effective?

**Requires Improvement** 

The service was not always effective.

Although staff received training they were not always able to demonstrate a sound knowledge of the training received.

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

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

People were supported to see health care professionals when required.

### Is the service caring?

**Good** 

The service was caring.

Relatives and professionals were happy with the care provided. Staff demonstrated a kind, caring and respectful approach.

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

Staff demonstrated how they provided people with dignity and

respect.

### Is the service responsive?

Good ●

The service was responsive.

People had detailed support plans that were developed around their life and dislikes.

People had access to a complaints policy. Relatives were happy with the care and felt able to raise any complaints should they need to.

People were supported as required to assess voluntary employment.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

The service was not consistently identifying shortfalls through an effective quality assurance system.

Professionals and relatives were all positive about the care and support provided by the service.

Staff enjoyed working at the service and were positive about the support they received from management.

# 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 inspection took place on 15 and 16 May 2017 and was unannounced. The inspection was carried out by one inspector over the two days.

Many of the people were unable to communicate verbally. We observed interactions between staff and people. We spoke with four relatives about their views on the quality of the care and support provided. We spoke with the registered manager, the deputy manager and four staff. We also spoke with two health care professionals to gain their views of the service.

We looked at three people's care records and documentation in relation to the management of the home. This included four staff files including supervision, training and recruitment records, quality processes and policies and procedures. We looked around the premises, observed care practices and the administration of medicines.

We reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. 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.

# Is the service safe?

## Our findings

The service was not always safe because some areas of the home were unclean and not well maintained.

Some areas of the home had recently been decorated. For example, the entrance and hall way along with the dining area. Communal areas such as the kitchen, hall ways, lounge and dining area were clean and well presented. However during the inspection we found communal bathrooms missing important fixtures. The grout and sealant needed cleaning or replacing due to being in poor condition. Missing fixtures included items such as, peddle bins, a missing shower plug and a shower curtain. Both baths had mouldy areas where the tiles joined the bath and some skirting boards were dirty. We also found in one person's bedroom blind cords had not been fixed to the wall. We showed the registered manager the concerns during the inspection. They confirmed following the inspection the blinds had been fixed, new peddle bins had arrived along with a new plug and shower curtain. They also confirmed there were plans to update all bathrooms which were awaiting approval from the provider.

People received medicines from support staff. We observed the administration of medicines and found medicines were left unattended and 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 being securely stored and could be accessed by anyone within the home. They confirmed on the second day of the inspection that medicines are now locked away whilst the staff member is administering them.

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 prior to being signed off as being competent.

People were supported by adequate staffing numbers to meet people's needs. During the inspection we observed people going out and receiving individual support within the home. The registered manager and staff confirmed that staffing levels were adjusted and reviewed to meet people's individual needs and activities. One staff member told us, "We do the best we can to support people. A lot of juggling goes on we flex our working days if needed." The rota showed staffing levels for each day. There was no individual plan or overview that gave what staffing levels were required each day. The registered manager told us during the week there were times when people required additional support with their activities. They said they were going to review people's individual needs so that there was a clear overview of the staffing requirements within the home.

People had personal evacuation plans in place in case of an emergency. Evacuations plans confirmed what support the person required in the event of an emergency.

The service had completed gas and electric certificates in place. We reviewed the records of when water checks and emergency lighting had been undertaken. No record of checks had been recorded since November 2016. The registered manager confirmed following the inspection the maintenance man had

undertaken the checks but had not completed records to confirm this.

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. One member of staff told us, "Yes I have no reason to think people are unsafe." One health professional felt they had "No" concerns regarding the care people received. All but two staff had received training in safeguarding adults. Records confirmed this. The registered manager confirmed they were in the process of arranging outstanding safeguarding training for the two staff requiring this training.

Staff were able to demonstrate their understanding of abuse and how to report concerns. One staff member told us, "Different types of abuse are, sexual, physical, financial, and emotional. I would go to [Name] first then, care connect and CQC."

People's care plans included detailed and informative risk assessments. These included guidelines for staff to follow. The service had environmental risk assessments. These covered the use of the mini bus, accessing the garden, basement area and annex. Some risk assessments were old and had not been reviewed for a while. We raised this with the registered manager who confirmed they would review the environmental risk assessments.

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 the person had guidelines in place for staff to follow. For example, with their nutrition and hydration, smoking and accessing the community. Staff knew people well and were able to confirm details of people's support plans.

The service had a system for logging incidents and accidents. Records confirmed the incident and what had occurred. These were reviewed by the registered manager and any actions were recorded to prevent similar incidents from occurring.

Recruitment practices were safe. The staff files included evidence that pre-employment checks had been made including police checks (Disclosure and Barring Service or DBS), health screening and proof of their identity. Staff files we reviewed all had pre-employment checks in place.



# Is the service effective?

## Our findings

The service was not always effective.

At our last inspection on the 11 January 2016, we found people were being supported by staff who had not received training or an annual appraisal. At this inspection we found improvements had been made. However some staff were not always able to demonstrate an understanding of equality and diversity and the Deprivation of Liberty Safeguards (DoLS) in place.

People were supported by staff who received regular supervision. Supervisions were an opportunity for staff to review their working practices and to discuss any areas for improvement or training required. Staff told us, "Yes I get regular supervision. I can always go to [staff member's name] if I need to" and "I have had quite a few supervisions." The registered manager confirmed staff were due their yearly appraisals. Staff files confirmed staff had received an appraisal in 2016.

People were supported by staff who had received training but were not always able to demonstrate a good understanding and knowledge of all training undertaken. For example, staff had completed training in safe administration of medicines, infection control, safeguarding adults, moving and handling, first aid, mental capacity and deprivation of liberty, equality and diversity and food safety. Staff were unable to demonstrate a clear understanding around depriving people of their liberty and practices in place. This was because some people in the home had authorised restrictions in place. All staff we spoke with were unable to directly confirm what restrictions people were under. One staff member replied, "Make sure people can access their living space not forced." Another replied it is about "Allowing people to have their wants and needs". Both people required specific interventions from staff.

Although staff had received equality and diversity training they were unable to demonstrate a clear understanding of what this meant for people. One member of staff told us, "It is around people's own space and what they like." The registered manager following the inspection told us that some staff had failed their equality and diversity training. They were aware of those staff who had failed and confirmed they were addressing this shortfall. They also said they were in the process of reviewing staff's knowledge relating to safeguarding, mental capacity, equality and diversity and confidentiality.

Staff who were new undertook an induction programme. This included shadowing existing staff so they could become familiar with people staff supported. The registered manager confirmed new staff undertook the Care Certificate. The Care Certificate is a nationally recognised set of standards that give staff an induction to their roles and responsibilities within a care setting.

This meant staff had received training to ensure they were competent and had the knowledge to undertake their new role.

Some staff had received additional training to support people within their individual needs. For example, staff had received training in, end of life care and dysphagia. Dysphagia is the medical term for the symptom of difficulty in swallowing. Staff were positive about the additional training they had received. One staff

member told us, "Yesterday I went on dysphagia training. It was very good." During the inspection the registered manager confirmed staff were also due to attend epilepsy training over the next few months. This was because staff needed to be familiar with how to support people with epilepsy.

People's consent to care and treatment was sought in line with legislation. The provider was following the principles of the Mental Capacity Act 2005 (MCA) and care plans reflected people's capacity or best interest decisions. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We reviewed people's mental capacity assessments and best interest decisions. These are required when it is established that the person lacks capacity. Some people living in the home lacked capacity in certain areas of their life. They had a mental capacity assessment and if required a best interest decisions in place. Records confirmed this although some required the registered manager's signature. We raised this with the manager who confirmed they would take the necessary action.

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. The application procedures for this in care homes are 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 were being met. At the time of our inspection two people had restrictions placed upon them. The registered manager confirmed six other applications had been made. There was no system in place that monitored applications made or if they have been authorised. We raise this with the registered manager. Following the inspection they confirmed that a new monitoring system had been implemented to check the progress of all applications and authorisations.

People were supported by staff with their meals. Some staff had undertaken additional training in 'healthy eating.' They had started to implement this training within new menu options. That incorporated what people also enjoyed eating. For example, adding fresh fruit and vegetables into the menu choices. The registered manager confirmed they were looking to have picture choices of menu options. This was to enable people to make a choice based on their visual preference. Where people were at risk of choking this had been identified and documented in their support plan and risk assessment. A member of staff was always available in the dining or kitchen area should anyone require assistance.

People had hospital passports which contained information relating to their individual support needs. Referrals were made to other health care professionals if required. We received positive comments from two health professionals. Comments included; "Excellent, always very forthcoming with the best interest of their clients at the fore front."; and "Oakbank are good at submitting referrals to the Learning Disability Team if they require any support. They will usually phone to discuss the issue first, and will then submit a referral if it is felt to be appropriate. The home is also good at phoning or emailing if they have any questions even if a person is not open to us at the time."

# Is the service caring?

## Our findings

The service was caring.

People living at the home were unable to share their views with us on the care they received. We observed positive interactions from staff and the registered manager during the inspection. People were relaxed and were spoken to in a kind and respectfully manner.

Relatives and professionals were happy with the care provided. Relatives described the home as a happy and settled place. One relative told us, "I am very happy with care, yes. Very satisfied." Another relative told us, "I couldn't be happier because of the quality of the care. [Person's name] loves the quietness and that is down to the quality of the care provided." Another relative told us, "It is the happiest home that [person's name] has been in. They settled as soon as they lived there." One health professional confirmed how all staff including the manager had supported someone with care and compassion. They told us, "I have observed interactions between the care manager, carer and client. All appeared very well managed with care and compassion".

People's privacy and dignity was respected. During the inspection people were provided with compassionate care. Staff treated people with dignity and respect. For example, people were asked by staff, "How are you today?" and "Would you like a drink. What would you like, tea or coffee?" Staff discreetly closed toilet doors whilst telling the person they were closing it to give them some privacy. Staff were able to give examples of how they promoted people's dignity and respect. One member of staff told us, "We shut toilet doors to give dignity and shut curtains." Another member of staff told us, "We shut doors when providing personal care, make sure toilet doors are shut and use towels and robes whilst people walk to the bedroom. We make sure people are covered up." One person also had partly obscured glass as their window overlooked the road below.

People made daily choices about how they wished to spend their day. During the inspection we observed people choose how they wished to spend their time. Some people preferred to spend time in their flats or in the communal areas of the home, where they spent time watching TV or sitting in each other's company.

Where people were unable to make choices about their care and treatment, people's care plans confirmed they involved interested parties. For example, family, advocates and health care professionals. One person's care plan confirmed the views and wishes of all those involved in the person's end of life care. This included the hospice team, GP, care team, family, and included what the person's spiritual and emotional wishes were.

People were supported to maintain relationships with people who were important to them. One relative told us, "I can't visit the home any longer, but [Person's name] comes to me." Another relative told us, "[Manager's name] lets me know any changes, my daughter also pops in, they are always welcoming." Another relatives told us, "We visit they are always there when we arrive, ready for us." Staff confirmed that relatives called the home to keep in touch with people. This was an opportunity for relatives to stay

connected to how people were.

## Is the service responsive?

### Our findings

The service was responsive.

People had detailed care plans which provided staff with guidance on each person's individual needs. For example, care plans contained important information relating to the person's life history. They also included persons' likes and dislikes, medical histories and how the person communicated. Staff and the registered manager knew people well and were able to confirm how people should be supported. Care plans were personalised and contained important information individual to that person's support needs.

People's care plans were reviewed every six months and people had an allocated key worker. People's care plans had developed over time. They were reflective of people's like and dislikes and daily routines. Relatives felt this worked well for people. They told us, "As [person's name] eldest brother, I have input into the family history. The choice is offered, it is up to [person's name] what they do. I couldn't be happier with the quality of the care." Another relative told us, "I can't get down there now like I used to. I am very happy with the care. They call me if they need me".

People had choice about what activities were important to them. During the inspection people went to the shops and out for coffee, horse riding and baked cakes. Care plans contained hobbies and social interests that were important to people. For example, one person's care plan had recorded they enjoyed walking, buying books, cooking and swimming. Another person's care plan confirmed they enjoyed, watching TV and listening to music.

The service enabled people's independence. One person was supported by staff to undertake voluntary work within the community. They told us they helped out at a local coffee shop once a week. They looked forward to this each week.

Relatives felt 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. Relatives confirmed they were happy with the care provided and had no complaints. Comments included, "Very satisfied, wonderful," and "No, no complaints at all. I would contact the home if I did" and "No, reason to complain; I would call [managers name] if needed".

Positive compliments had been received. Compliments included, "Very welcoming staff. Always ensure you are well taken care of very caring and approachable at all times" and "Despite illness this has been my [person's name] happiest calmest period in adulthood".

## Is the service well-led?

### Our findings

The service was not always well-led.

At our last inspection on the 11 and 15 January 2016 we found there was a lack of audits which identified areas of concern relating to the environment. We also found notifications were not being made when required.

At this inspection we found notifications were now being made when required. However, systems and audits relating to health and safety, the environmental and storage of medicines were not robust at identifying shortfalls found during the inspection.

The registered manager undertook a monthly walk around the home. This checked areas, including bedrooms and bathrooms. The monthly walk around identified shortfalls relating to faulty door handles, toilets being blocked and new light bulbs needed. However it had failed to identify missing fixtures and fittings in the bathrooms, incomplete records relating to water checks and emergency lighting. We highlighted these shortfalls with the registered manager. Following the inspection they confirmed new peddle bins, shower curtain and plug had been purchased. They were also hoping both bathrooms could be refurbished but were awaiting an update from the provider. The provider told us two new communal bathrooms are going to be fitted following the inspection.

We also found the service had failed to identify shortfalls with medicines practice. As medicines were being left unlocked whenever staff administered medicines to people. There was also no system in place that identified shortfalls relative to mental capacity assessments and best interest paperwork being signed.

The provider confirmed they visited twice a week. They undertook walk around and checked areas of the home but there was no record of what they checked and any shortfalls they identified. Following the inspection they told us they would implement an additional check list that would help the service identify their own internal shortfalls.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was supported by a deputy manager and a team of support staff. Staff were happy and positive about the support they received from the management. Staff comments included, "It is like a family here. I have a good relationship with management" and "Can always go to [manager's name], we support each other." This meant staff were happy and felt well supported.

Relatives were all positive about the care provided at Oakbank residential home. Relatives felt the staff and management team were all approachable. Comments included, "Carers are very helpful and provide excellent care. It's well managed as far as we can see" and "We are quite happy, it's very good. We can call [manager's name] anytime".

The providers statement of purpose confirmed, 'Our aim is to provide a service which; considers each resident as an individual and valued member of society. Encourages each resident to make choices and be heard and to encourage individuals to participate in decision making.' One member of staff that we spoke with told us, "We encourage and give choice." This meant staff demonstrated they were working in line with the aims of the service.

The service worked in partnership with other health and social care professionals. During the inspection paperwork confirmed how the service had worked in partnership with other agencies such as people's social workers, GP's and nursing care staff. The provider's information return confirmed, 'We have built strong relationships with hospital staff and the service user's next of kin. We have been in regular contact with the Learning Disabilities and Safeguarding Sister who has been a valuable contact".

Relatives and professionals feedback was sought. Feedback received was positive about the service. Comments from relatives included, "Despite illness, This has been my [Name] happiest calmest period in adulthood" and "Very welcoming staff, always ensure you are well taken care of very caring and approachable at all times." One professional's comments included, "Very good care." This meant the provider sought feedback from relatives and professionals so that they could improve their service.

Staff meetings were an opportunity for staff to make suggestions about the service and give their feedback. For example minutes confirmed staff discussed, training, policies, communication and changes to people's needs and any actions required.

Resident meetings were held. The meetings ensured that residents had an opportunity to comment on the service and make suggestions. Meetings covered menu choices, days out, complaints, holidays, help with anything and any questions. Records confirmed this.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not ensuring effective systems were in place that identified shortfalls found during this inspection.</p>