

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



Overall summary

We carried out this unannounced inspection on the 11 and 15 January 2016. At our last inspection in November 2013 no concerns were identified.

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 nine 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. 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present during the inspection.

The building was not always clean and properly maintained to ensure care and treatment was delivered safely to those living there, although people and relatives felt safe. People did not have a personal evacuation plan in place should there be an emergency. Incidents and accidents were not always reviewed so that there was a clear action recorded that demonstrated learning opportunities were being taken to prevent similar situations occurring. There was a safe system in place for the recruitment of new staff.

The service was not ensuring where safeguarding concerns were raised referrals were being made. People were not always supported by staff who had received training to provide them with the skills and knowledge to meet people's individual needs. There was regular meetings and supervision for staff but they had not received an annual appraisal so that they could have any development needs identified.

Staff sought people's consent to care and treatment in line with legislation and appropriate paperwork was in place but staff were not familiar with what depriving someone of their liberty included or that anyone at the home was under restricted practices. A Deprivation of Liberty Safeguard is where people have restrictions placed upon them to keep them safe.

People and relatives were happy about the care they received. Staff demonstrated a kind and caring approach and people were given daily choices so they were involved in decisions about their care and support. People received support from staff who knew them well. People were treated with dignity and respect by staff and were supported to maintain relationships important to them. There was enough staff to ensure people had access to the community and able to have one to one support.

People were involved in their care planning although relatives did not always feel involved. There was a complaints policy in place along with an easy read version and all people we spoke with were happy to make a complaint should the need arise.

Areas of the service were not being monitored to ensure concerns were being identified and action plans implemented to address shortfalls found during this inspection. The provider had failed to notify us of events happening in the service. This is a requirement of their registration. There was no system in place to gain views from people, relatives, staff and professionals as there was no annual survey collated.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service did not always ensure people received safe care.

People's relatives and staff told us they felt people were safe but the building was not always clean and properly maintained to ensure care and treatment was delivered safely to those living there. The service was not ensuring where concerns were raised referrals were being made.

People's files had detailed support plans in place that identified triggers and concerns but risks were not always recorded on a risk assessment.

People did not have a personal evacuation plan in place should there be an emergency.

People did not always have incidents and accidents reviewed so that there was a clear action recorded that demonstrated learning opportunities were being taken to prevent similar situations occurring.

Requires improvement



Is the service effective?

The service was not always effective.

People were not always supported by staff who had received training to provide them with the skills and knowledge to meet people's individual needs.

People were supported by staff who had regular meetings and supervision but who were not being given an opportunity to have an annual appraisal.

Where people were unable to consent to care and treatment this was sought in line with legislation and appropriate paperwork was in place.

Requires improvement



Is the service caring?

The service was caring.

People and relatives were happy about the care they received.

People had daily choices and preferences, and were involved in decisions about their care and support.

Staff worked in a kind and caring manner with people and demonstrated a kind and caring attitude. People had care provided in a dignified manner that met their needs.

People were treated with dignity and respect by staff. Support was provided to maintain relationships important to people.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People where possible were involved in their care planning although relatives did not always feel involved.

The registered manager demonstrated they worked with other services to provide a settled transition into a new service.

There was a complaints policy in place along with an easy read version, no complaints had been received.

Is the service well-led?

The service was not well-led.

The service was not being monitored to ensure areas of concern were being identified and actions plans in place to address shortfalls.

The provider had failed to notify us of events happening in the service.

There was no system in place to gain views from people, relatives, staff and professionals as there was no annual survey collated.

Requires improvement



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 checked 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 was an unannounced inspection that took place over two days on the 11 and 15 January 2016. It was carried out by one inspector.

Not everyone living at Oak bank residential home was able to communicate verbally with us so we used observations. We also spoke with two relatives about their views on the

quality of the care and support provided. We spoke with the registered manager, the provider, one senior and four staff. We also spoke with three 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 three staff files including supervision, training and recruitment records, quality auditing processes and policies and procedures. We looked around the premises, observed care practices and the administration of medicines.

Before this inspection we did not ask for a provider information return (PIR). This is a form that asks the provider to give some key information about the service. We looked at previous inspection records, intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

Is the service safe?

Our findings

Although people's relatives and staff told us they felt people were safe, we found referrals were not being made to the local authority when safeguarding concerns had been raised. For example one person had raised a concern relating to a member of staff's conduct. The manager had investigated the concern but had not made a referral to the local safeguarding team. Allegations of abuse are required to be reported to the local authority safeguarding team and to the Care Quality Commission. The registered manager confirmed they had spoken with the person's social worker but had not raised the concern through the referral process or to the Commission. This meant the home was not ensuring referrals were made when safeguarding concerns were raised.

One person told us, "Yes I feel safe". All staff we spoke with felt people were safe. They told us, "Yes I do feel people are safe" and "Yes I think people are safe" and "Yes I have no concerns, it is good here. I would certainly say if it wasn't". Relatives also told us, "Yes, [Name] is safe" and "Yes people are safe". Staff were able to demonstrate they had an understanding of the types of abuse and who they would alert concerns to within the organisation and the external agencies should there be a problem.

The building was not always clean and properly maintained to ensure care was delivered safely to those living there. We also found people and staff could be at risk due to poor infection control procedures. For example on the first day of the inspection we found areas throughout the home where walls and ceilings had holes exposing plaster and pipes, one radiator cover was broken, missing skirting board, a broken toilet cistern, dirty bathrooms, no toilet rolls in all three of the communal toilets, no hand towels, soap or bins in the bathrooms for people and staff so they could wash their hands.

We raised our concerns with the registered manager on the first day of the inspection. They took immediate action before our second day to ensure areas of the home were clean. The toilet was replaced, holes were fixed in one room and the radiator cover in a hallway, bathrooms were deep cleaned and had toilet rolls, hand towels, soap and bins so people and staff could wash their hands. The registered manager, following our findings, confirmed they were going to implement a cleaning schedule and a building maintenance book as well as a walk around audit

so that areas of concern are identified and an action plan implemented to ensure work gets actioned. They also showed us a recent letter sent to staff with how they were addressing people not having access to toilet rolls.

There was a disaster recovery plan in place should there be an emergency however people did not have an individual emergency plan. Individual emergency plans cover individual support and equipment required, any visual or hearing needs and what staff should do to support the person. We fed this back to the registered manager who confirmed they would action this.

People had their medicines administered safely and in a timely manner and staff responsible for administering medicines had all received training. Medicines were stored safely in a lockable cupboard although the key was left unsecured when not in use and could be accessed by staff and others in the building. Medicines administration records checked were accurate and up to date, apart from one person who did not have an up to date medicines administration record for their medicated toothpaste. The senior in charge, searched for the up to date record but was unable to find it. We fed the missing record and the accessibility of the medication key back to the registered manager so they could address our findings.

The registered manager reviewed the incidents and accidents log in an incident book however there was not always a record of actions taken so that there was an opportunity for learning. The registered manager confirmed two people had an individual behaviour chart in place that recorded daily changes. Those two people's files had support plans that confirmed triggers and guidelines for staff to follow. We found not all of these incidents had been reviewed so that learning and discussions could take place. For example there had been some incidents where staff had been verbally and physically threatened. The registered manager confirmed staff had received training on how to support and respond to physical incidents however there had been no specific training sought where one person had been physically and verbally threatening to staff a number of times. This meant although incidents and accidents were being logged the service could be missing learning opportunities that could prevent situations reoccurring.

People had detailed behaviour support plans in place that identified triggers and what support staff should provide if there was a problem but there was not always a risk

Is the service safe?

assessment in place. Staff knew people well and were able to confirm the details of people's support plans. Staff also confirmed what might upset someone and how they would adapt their approach to supporting the person whilst out in the community. We fed back to the registered manager the missing risk assessments relating to these specific concerns. They took action and during the second day we saw the risk assessments had been updated to record the concerns.

People were supported by staff who had received satisfactory checks prior to starting their employment. For example, we saw three new staff had all received the necessary checks including references, identification documents and the registered manager had obtained a satisfactory pre-employment check to the Disclosure and Barring Service (DBS) before the staff member started. A DBS is a check on the member of staff's suitability to work

with vulnerable people. This meant there was a safe recruitment procedure in place that ensured people employed were of good character and had satisfactory checks prior to starting their employment.

There were enough staff to meet people's needs. The registered manager confirmed that staffing levels were reviewed and adjusted to meet people's needs and activities. They confirmed how additional staff were working at the weekend so that a planned activity could go ahead and people had the support they required. We reviewed the rota which confirmed days where the registered manager had identified additional staff had been needed. People and relatives we spoke with were all happy with the support they received. They told us "[Name] is always out and whenever I go to visit most people are out in the day there is always plenty of staff to speak to" and "There is always staff around, [Name] is always going out for walks and into the community".

Is the service effective?

Our findings

The service was not always effective. People were supported by staff who had not all received training or an annual appraisal. For example the training matrix confirmed 11 staff required training in safeguarding and four required Mental Capacity and Deprivation of Liberty (DoLS) training out of the 18 employed. Some staff were unable to demonstrate they were competent and had knowledge necessary to carry out their role. For example, one member of staff confirmed they had not attended any safeguarding, infection control or positive behaviour support training. They were unable to demonstrate they had an understanding of these subjects when asked and at times were on shift working alone. We spoke with three other staff regarding their understanding of DoLS. All were unable to demonstrate they had an understanding of what depriving someone of their liberty was or if there was anyone living at the home who had restrictive practices in place. This meant people were not always being supported by staff who had received training or who were knowledgeable in their role.

Staff had not received an annual appraisal. The registered manager confirmed that staff were not up to date with having an annual appraisal. They told us, “Staff did not have an annual appraisal last year, and in October 2015 I sent out a copy of the appraisal form”. They confirmed they would be chasing staff up at the end of January 2016 so that they could complete their appraisals.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

We spoke with three supporting professionals; one felt communication in the home was good and two felt communication could be better especially when people’s needs changed. For example incidents relating to one person had started to increase. Although a referral had been made to request a review from health professionals the bespoke training offered to the registered manager had not taken up. This training was being offered to all the staff so they would have the skills and knowledge with how best to respond and support this person. The registered manager confirmed staff had attended some training relating to understanding behaviour but that there had been no individual training provided. The incidents had

started to escalate over a period of the last two months. This meant staff were missing out on opportunities to receive training so that they had the skills and knowledge to meet people’s individual needs effectively.

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). We found the MCA was being followed for those who did not have capacity to make their own decisions. Staff were able to confirm how they gave people daily choices but they were unable to demonstrate a clear understanding of the meaning of Deprivation of Liberty Safeguards (DoLS).

For example three staff we spoke with were all unable to accurately confirm if people had a DoLS in place and all answered, “No” to the question. Six applications had been made and the registered manager confirmed a following three would be completed in the next week. Care plans contained mental capacity assessments and best interest decisions relating to people’s care and treatment and where there were restrictive practices in place. The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. This meant the service ensured applications were being made but staff were unaware that people were being deprived of their liberty.

People were supported by staff who demonstrated they knew people’s communications needs well. One person was unable to verbalise what they might want throughout the day. Staff were able to confirm how they interpreted non-verbal communication and body language for this person. They told us, “They will hold my hand and lead me to where or what they want” and “[Name] will take you to where they want to go”. This meant staff knew people well and were able to interpret non-verbal communication and body language.

Staff confirmed there were daily handover meetings where a person in charge was allocated. The meetings went through any updates relating to people’s care and planned activities. One member of staff told us, “We have meetings in the morning where work is discussed, we allocate the red dot (person in charge) and who is going out and how people are in themselves, this works well”.

Is the service effective?

The registered manager confirmed staff meetings were held every three months. Minutes of meetings confirmed it was an opportunity for staff to be updated with any up and coming changes and plans. The registered manager confirmed they would be holding a staff meeting with staff in the next week to feedback issues from the inspection. This meant staff had an opportunity to discuss any issues or concerns.

There was a formal induction programme for new staff who started with the service. All three staff were happy with their induction. Staff felt well supported by the registered manager. There was regular supervision available for staff. Three files we reviewed all had up to date supervision records. Staff we spoke with all felt there was adequate supervision and they felt comfortable going to the registered manager or management if they had a problem. Staff told us “[name] is very supportive” and “I feel well supported” and “[Name] has been great”. This meant people were supported by staff who had regular support and supervision to discuss any areas of concern.

People were supported at mealtimes to access food and drink. The support people received depended on people’s individual circumstances. Some people chose to have meals in their rooms and others chose to have them in the

main dining area. 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. There were no set menus, but staff confirmed what people liked which had been developed over time with what people had enjoyed eating. One member of staff told us, “There isn’t a set menu, we review the meals to see what people have had”. During the inspection they told us they were doing, “Sausage and chips” on reviewing the meals provided that week they confirmed, “They have eaten this already a few times this week, I will do, “Pie and Chips”. This meant choices to meals were developed over time taking into account people preferences although a set menu could help ensure a balanced diet.

People had hospital passports which contained information relating to their individual support needs. People had referrals made when required to physiotherapists, doctors, speech and language therapists, social workers and there were regular visits from the podiatrist. One relative we spoke with felt they hadn’t been updated for a while regarding any changes to their loved ones care. We fed this back to the registered manager.

Is the service caring?

Our findings

The service was caring. People and staff were happy at Oak Bank residential home. Staff supported people in a kind and caring way and spent time talking to people in a relaxed manner.

People and relatives were happy with their care. One person told us, "I am happy here" and two relatives we spoke with told us, "The care is amazing" and "The care is good and [Name] is very happy". All relatives felt staff were friendly and helpful they told us, "Staff are very helpful and friendly" and "Staff are wonderful, all is good".

Staff interacted with people in a kind and caring manner. They took time to listen to people responding to the person at appropriate intervals during conversations. Staff paced their responses according to the person they were talking to and they repeated themselves when they felt someone might not have understood their reply. One relative confirmed how caring staff had been when they had been unable to visit one weekend. They told us, "Staff drove to see me at the weekend so that I could spend time with [Name]. This meant people were supported by staff who had a kind and caring approach.

Staff treated people with dignity and respect and were able to confirm their knowledge of how people were treated with equality and diversity. Staff demonstrated how they supported people with their dignity by providing support and assistance when required behind closed doors. Staff showed respect and gave people time to respond when talking to them. Staff confirmed all people are equal. They

told us, "Everyone is equal" and "We make sure people have their needs meet whatever this is". Staff were able to confirm what they looked for when talking about equality and diversity and care plans confirmed this. Staff told us, "For one person we cut their food up due to their disability and for another person we give them a knife and fork so they can do it themselves" and "We support one person with attending an evening activity they take it very seriously we encourage and support this with risk assessments.

Care plans included a section on life histories of people. They also contained information relating to the person's likes and dislikes ranging from what people liked to eat, what time they liked to go to bed and sleep routines, their family, social activities and how they preferred to communicate. It also included detailed what meals and drinks people liked. Staff were able to tell us about these preferences and we observed this in practice. For example one person enjoyed reading. Staff confirmed how important this was and the person had a large collection of books in their room all relating to their chosen subjects.

People were supported to maintain relationships with people who were important to them, such as their parents. Relatives felt able to visit when they wished and confirmed they had regular phone calls to their relative mostly once a week. Staff also confirmed this support, they told us, "[Name's] father visits once a week" and "They always call, speaking most weeks to their family member". Two relatives told us, "I phone once a week and visit fortnightly" and "I am due another visit to the home soon".

Is the service responsive?

Our findings

Each person was well supported and had one to one support when required. Some people had structured days attending a local day care facility and other people had support from staff to plan a day that was individual to their wishes. Activities were personalised and included what people liked to do.

During our inspection people undertook their regular planned activities for example they went to their local day centre and other people went out to the shops, for walks and accessed their local community. People had choice around their activities and also spent time relaxing in their room's or in the lounge and using the outside patio area. Staff asked people what they would like to do that day. People then made their own decisions. Some people had structured activities they undertook daily however there was no weekly activity rota that confirmed what these arrangements were. Care plans included information relating to the person's likes and dislikes. Support plans confirmed guidelines with how staff supported people with the activities they enjoyed. Staff had access to a vehicle to take people out in. One relative told us "[Name] is always out they enjoy walks and visiting café's".

People participated in the assessment and planning of their care as much as they were able to. Care plans contained important information that related to that person. People confirmed they felt involved in their care and care planning. Not all people we spoke with were able to comment. Relatives were happy with the care and

support people received but did not always feel involved. Two relatives told us, "The home doesn't talk much about this" and "I would like to know more about what is going on with [Name] care. We fed this back to the registered manager following this inspection.

Transition onto to new services included people's professionals having time to undertake a current review so that their care needs were identified before moving. The registered manager confirmed how important this was so that people's transitions to new services could be managed. They told us, "I am meeting [Name] today so that we can review what care needs [Name] requires. The professional also confirmed that the service was working with them and had given them some time to find a new place to live.

There was a complaints easy read version in people's care files. The registered manager confirmed there had been no complaints. People and relatives we spoke with felt they had no reason to complain. Relatives we spoke with were unsure how to make a complaint if they needed to but all felt happy to raise any concerns with the manager and or staff.

Care files contained information relating to various aspects of the individual's life and social circumstances. Each care plan was individualised to that person. For example one person enjoyed yoga, another enjoyed using their hot tube and another person enjoyed their books. Staff confirmed they knew what was important to people. This meant care provided was centred on the individual's choice.

Is the service well-led?

Our findings

The service was not always well-led. A registered manager was responsible for the service and they were supported by a senior support worker.

There was a lack of audits which identified areas of concern found during this inspection. For example there was no building or infection control audit in place. Although the registered manager confirmed they had a weekly walk around the building this had failed to identify areas of concern such as a broken toilet, holes in walls, missing skirting boards and a broken radiator cover as well as no toilet rolls, hand towels, soap and bins. The registered manager confirmed they would review how they audit the building and infection control following this inspection and will implement an action plan to address the shortfalls.

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

Prior to this inspection we had not received many notifications, these inform us of certain events that occurred at the service. We reviewed incidents and accidents and found that the service was not always notifying us when required. We spoke with the registered manager who confirmed, "I haven't been so good at reporting notifications since the changes a while back". We found at least four notifications that should have been made between September 2015 and the end of December 2015 relating to incidents and safeguarding concerns. This meant notifications were not being made as required.

This was a breach of regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

Staff felt happy and supported by the registered manager. They found it a positive experience working for the provider and felt able to approach the registered manager. They told us "I would have no problems going to [Name]" and "I like working here" and "Very supportive" and "There is always help and support available. It is a good place to work".

Relatives confirmed how approachable staff are and that they would go to the registered manager if there was a problem. This meant relatives and staff felt supported and able to discuss concerns with the registered manager.

There was no system in place to gain views from people, relatives, staff or professionals on their experience of care provided. The registered manager confirmed they had not completed any questionnaires in the last 12 months. There was no other system to gain compliments or issues within the service for example a suggestions box. They confirmed they would address this following this inspection. This meant any trends and themes were not being identified so that the registered manager could make improvements to people's care experience.

The provider and registered manager confirmed their vision and values for the service was to maintain the building, change the kitchen and ensure people had their care needs met. They confirmed what improvements had been made to the basement area of the building where the manager's office was and the completion of a new hot tub for one person. This area had new carpets and décor and the person was able to enjoy their hot tub whilst not leaving the building. The provider confirmed improvements had been made to some of the windows at the front of the building and that these improvements are ongoing. Staff we spoke with felt improvements where one person had access to a new hot tube had been very beneficial to them. They told us, "[Name] really loves their hot tub" and "The new hot tub has been great".

People were supported to access their local community. Staff we spoke with confirmed how they enabled people to access this. They told us, "I support [Name] to go to the shops and we often go into the charity shops and cafes. [Name] really likes this and knows the shops well. and "[Name] goes to the local disco. We support them. They really enjoy it". This meant people were supported to maintain links with their local community.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 registered person/provider was not ensuring there was a system or process established that effectively identified risks relating to the building and infection control.</p> <p>Regulation 17 (1) (2)(b)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>The registered person/provider was not ensuring that notifications were being made as required.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered person/provider was not ensuring staff were competent and had received training relevant to their role.</p> <p>Regulation 18 (1) (2) a</p>