

Unity Homes Limited







Oakbank Care Home

Inspection report

Oakbank
off Rochdale Road
Manchester
Greater Manchester
M9 5YA
Tel: 0161 205 8848

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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?		Requires Improvement	

Overall summary

We carried out this unannounced 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, and to provide a rating for the service under the Care Act 2014. We inspected the service on the 19 and 21 November 2014.

Oakbank Care Home is owned by Unity Homes Limited and is in the Harpurhey area of Manchester. The home is

registered to provide accommodation for up to 58 people including those who need nursing care. The home has two floors and has gardens at the rear of the home. Car parking is at the front of the home.

At the time of the inspection there had been no Registered Manager in post who was registered with the Care Quality Commission (CQC) since 2012. 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. We did not speak with the manager as they were not present due to unplanned leave.

Care records contained up to date and accurate information to guide staff on the care people needed and had agreed to. We also saw a variety of health assessments were in place to ensure any changes in people's needs were identified and referrals to other health professionals were made as appropriate. Staff we spoke with were knowledgeable of the needs and preferences of the people they cared for. We spoke with people who lived at the home and their relatives. We were told they were happy with the service the home provided. Comments we received included; "Oh I'm well looked after here I can assure you" and "Staff are great."

We spoke with one visiting health professional who told us they found the home to be responsive to their instructions and they were happy with the way the home met people's needs.

Our observations during the inspection showed us that people were supported by sufficient numbers of staff. We saw staff responded to people's needs and wishes promptly and we viewed documentation that showed us staff were enabled to maintain and develop their skills

through training and development activities. The staff we spoke with confirmed they attended training and development activities to maintain their skills and that further training was planned. We also viewed documentation that showed us there were recruitment processes in place and staff confirmed these had been carried out when they had been employed.

During the inspection we saw staff were attentive and patient when supporting people and people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered choice and if people required assistance to eat their meal, this was done in a dignified manner.

We saw that there were procedures in place to instruct staff in the action to take if they were concerned that someone was at risk of harm and abuse and the staff we spoke to were knowledgeable of these.

We discussed the quality assurance systems in place with the training and development manager, and the owner of the home. We were told audits of accidents, incidents and falls were carried out and these were investigated by the manager to ensure risks were identified and improvements made. We saw documentation that showed us this took place.

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 was safe.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

Recruitment records showed there were systems in place to help ensure suitable staff were recruited to work with people who lived at the home and staffing was arranged to ensure people's needs and wishes were met promptly.

There were arrangements in place to ensure people received medication in a safe way.

Good



Is the service effective?

The service was effective.

Staff received training and development and supervision and support from senior staff to ensure people were cared for by knowledgeable and competent staff.

People were enabled to make choices in relation to their food and drink and were supported to eat and drink sufficient amounts to meet their needs.

People's needs were regularly assessed and referrals were made to other health professionals to ensure people received care and support that met their needs.

Good



Is the service caring?

The service was caring.

We saw staff provided support to people with empathy and respect. Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support was individualised to meet people's needs.

Staff encouraged people to maintain their independence and offered support when people needed help to do so.

Good



Is the service responsive?

The service was responsive.

Relatives told us they were involved in their family members care and we saw documentation reflected individual needs and wishes.

Good



Summary of findings

There were systems in place to enable people to express their comments, concerns and complaints to improve the service offered.

Is the service well-led?

This service was not well led because the manager had not registered with the Care Quality Commission.

There were systems in place to ensure any shortfalls were identified and improvements made.

There was evidence of team working and staff spoke positively of the management team at the home.

Requires Improvement



Oakbank Care Home

Detailed findings

Background to this inspection

This inspection took place on the 19 and 21 of November 2014 and was unannounced. We last visited the home on the 12 November 2013 and found there were no breaches in the regulations we looked at.

Before this inspection, the provider completed a Provider Information Return (PIR). This 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 previous inspection reports and notifications that we had received. In addition we contacted health professionals who visited the service. The health professionals we contacted included two general medical practices, a Speech and Language Therapist, a Tissue Viability Nurse, a Community Psychiatric Nurse and two care managers. We received positive feedback about the home.

On the first day of the inspection, two adult social care inspectors were present and on the second day of the inspection one adult social care inspector revisited the home to look at further documentation. 46 people were living at the home at the time of our inspection.

During the inspection we spoke with eight people who lived at Oakbank Care Home and one external health professional who visited the home on a regular basis. There were no relatives who wished to speak with us while we were at the home; therefore we contacted two by phone. We did this to gain their views of the service provided.

Because the people who lived at the home could not always tell us their experiences of living at Oakbank Care Home, we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During this inspection we spoke with six members of staff. These included two care staff, the deputy manager of the residential provision, the catering consultant, the maintenance person and a qualified nurse. We also spoke with the operations director, the training manager and the owner of Oakbank Care home.

We looked at three care records and also looked at four staff files. We looked at all areas of the home, for example we viewed lounges, people's rooms and communal bathrooms.

Is the service safe?

Our findings

People told us they felt safe. We asked six people who lived at the home if they felt safe and they told us they did. Comments we received included; "Of course I'm safe here." "No-one would hurt me here.", "I would consider myself safe." and "Safer than houses." Relatives we spoke with told us; "(My family member) is safer now than before (My family member) went in and I can sleep at night knowing (My family member) is safe." and "(My family member) is really well cared for and I know they're safe."

We asked staff what systems were in place to ensure people were protected from the risk of harm and abuse. Staff told us that risk assessments were carried out to ensure people's needs were identified and care and treatment was planned to meet those needs. We viewed care records which contained risk assessments in areas such as skin integrity, nutrition and falls. We saw that if a risk had been identified, the care records contained information for staff on how to support people safely. During the inspection we saw staff identified risks and responded to these appropriately. For example one person told a member of staff they wanted to eat their lunch lying down in their room. We saw staff explain to them that this was not safe as it increased the risk of choking. This was accepted by the person and we observed staff carrying out discreet checks to ensure the person was not at risk whilst they ate their lunch. We also observed staff checking that floors and passageways were free of obstruction prior to supporting people to mobilise and staff encouraged people to wear suitable footwear to minimise the risk of falling. Our observations showed us staff identified and responded to risk to ensure people's safety was maintained.

We were also told there was a safeguarding policy in place and that staff received training in this area to ensure they were knowledgeable of the action to take if they had any concerns. The staff we spoke with confirmed they had received training in this and were able to describe signs and symptoms of abuse, and the action they would take to ensure people remained safe. They told us they would raise concerns with the management team, or contact the local authority safe guarding team if required. One member of staff told us; "Protecting people is paramount here." Another staff member said; "I wouldn't hesitate to report

abuse, people here matter." The procedures in place helped ensure people could report concerns to the appropriate agencies to enable investigations to be carried out as required.

We saw documentation that showed us a process was in place to ensure safe recruitment checks were carried out before a person started to work at the home and we asked three staff to describe the recruitment process to us. All the staff we asked told us that prior to being employed by the service new staff had to complete an interview and satisfactory references and disclosure and barring checks had to be obtained. We looked at the recruitment records for three staff and viewed documentation that confirmed suitable recruitment checks were carried out. This helped ensure suitable people were employed to provide care and support to people who lived at the home.

We also saw documentation that showed us checks were carried out to ensure qualified nursing staff were appropriately registered with the National Midwifery Council (NMC) The NMC is a regulatory body who is responsible for ensuring nurses are registered with them. They also set the standards which nurses are required to achieve. The documentation we viewed also showed us the checks were repeated to ensure nurses remained registered. This showed us the home had a process in place to ensure qualified nurses were legally allowed to carry out their duties.

Oakbank Care Home employed a range of staff to meet people's needs. These included qualified nursing staff, care staff, catering staff, maintenance staff, and laundry staff. During the inspection we saw staff spent time in both the communal areas of the home and also in people's individual rooms when supporting people with personal care. We observed staff being patient when helping people to mobilise and people were not rushed or hurried in any way. Staff explained to people what they intended to do and sought consent at all stages of the care intervention. Some of the people at Oakbank Care Home chose to spend time in their rooms and if they required support, a call system was in place for them to summon assistance. We saw staff responded swiftly if people used their call bell and people were not kept waiting. None of the staff we spoke with expressed concerns regarding the number of staff

Is the service safe?

available to support people and we saw documentation that showed us staffing was arranged in advance to ensure sufficient numbers of staff were available to meet people's needs. This included covering annual or unplanned leave.

The training manager told us Oakbank Care Home did not use a formal assessment tool to assess the number of staff required for each floor; however they monitored accidents and incidents, carried out observations and assessed people's individual needs to ensure sufficient staff were available. In addition we were told the new call bell system had been introduced in the last three weeks and was going to be used to monitor the length of time people had to wait for support and the amount of time staff spent with individuals in their rooms. The operational director told us this would help inform the number of staff required to meet people's needs.

We asked four people who lived at the home if they were happy with the number of staff available to support them. Comments we received included; "I don't recall ever having to wait", "Day or night they come to me quickly", "No I don't have to wait." and "Staff are really very prompt." Relatives we spoke with told us; "There are enough staff around, I've never seen anything that would concern me or worry me." And "I've never noticed it being short staffed, in fact the staff turnover is low." Our observations on the day of the inspection and feedback from people who used the service, staff and relatives showed us sufficient staff were available to meet people's needs.

We checked to see suitable arrangements were in place for the safe administration of medication and asked two staff to describe the arrangements in place. We were told that medication was checked by a two members of staff when it came into the home and it was then stored securely. We saw the medication room was locked and staff told us only staff with designated responsibility for the administration of medication could access this room. We saw the home held controlled drugs. Controlled drugs are prescription medicines which are liable to abuse and misuse and are controlled by the Misuse of Drugs Act 1971 drugs. We saw they were stored securely and accurate records were kept. We checked the record and actual medication on site and saw that these matched. This showed us there were systems in place to ensure medication was managed safely.

We observed staff administering medication and saw staff checked the Medication and Administration Record (MAR) and then checked the medication before giving it to the person. We saw the MAR was signed on administration. This helped ensure accurate records were maintained and minimised the risk of medication errors occurring. We looked at two people's MAR and saw these were completed in full with no gaps. We saw the home recorded medication that was returned to the pharmacy and the staff we spoke with were able to describe the arrangements in place for ordering and disposal of medication. Our conversations and observations showed us there were arrangements in place for the safe use of medicines.

Is the service effective?

Our findings

We viewed a sample of care records and saw documentation that showed us people's needs were assessed before they moved into the home. We also saw people's care was reviewed on a monthly basis and if people's health needs changed, referrals were made to other health professionals to ensure people's needs were met.

We saw one person who lived at the home had received an assessment by an external health professional and the recommendations that had been made relating to their individual equipment were documented in their care plan. During the inspection we visited the person in their room and observed the recommendations had been carried out. This showed us the service identified changes in people's needs and took action to ensure their needs could be met.

During the inspection we did not speak with any relatives as none were available. Therefore we contacted two relatives by phone after we had completed our visit to Oakbank Care Home. We did this to ascertain their views of the service provided. One relative we spoke with described the care their family member had experienced. They told us their family member was happy and they considered the standard of care to be good. The second family member we spoke with told us "The care is fantastic; they know (my family member) and take care of (my family member)."

We observed people eating their midday meal and saw they were offered choices. Some people chose to eat their meal in their room and we observed the tray was well presented with napkins, condiments and a drink. People were asked if they were happy with the meal before staff left. People who chose to eat in the communal areas were asked where they wanted to sit and the tables were clean with napkins, drinks and condiments available. We observed people being encouraged to eat and staff discreetly observed people to ensure they ate sufficient to meet their needs. If a meal was declined staff offered alternatives. Meals were attractively presented and there was a sociable atmosphere, people were seen to be chatting and appeared relaxed. We observed the lunchtime meal was a positive experience. People we spoke with told us they liked the food. Comments we received included; "The food is really good here. I like the braising steak and if I don't I can always ask for something else.", "The foods great." and "Shepherd's pie is my favourite."

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS), and to report on what we find. At the time of this inspection we were informed there were no DoLS authorisations in place. The training manager explained the circumstances that would indicate a DoLS application should be made and the processes for this to be carried out. We saw historical documentation that showed us if an application was made, the correct processes were followed to ensure people who did not have the capacity to make significant decisions about their care and welfare had their rights upheld.

We observed staff working with confidence and competence and people were asked to consent to care before it was delivered. We observed staff explaining to one person they would require equipment before they supported them to move. The reason for the equipment was explained and the person agreed to this. On supporting the person to move we saw staff were confident in their actions and gave explanation and reassurance throughout the support given. The person appeared comfortable and relaxed throughout this.

The training manager told us they maintained staff files for staff who worked at Oakbank Care Home. We viewed four files and saw staff had completed a range of training exercises. The staff we spoke with told us new staff received an induction prior to starting to work unsupervised with people and in addition training was arranged to enable them to maintain and update their skills. They told us and we saw documentation that showed staff had attended training in moving and handling, infection control and First Aid. Staff told us and we saw evidence that further training in safeguarding, the Mental Capacity Act and First Aid was arranged. Staff also told us they received regular supervision to enable them to discuss their practice and any training needs. We checked to see this took place. In the documentation we viewed we evidence that supervision identified training needs and action was taken to address this. For example we saw a staff member had requested further training in care planning and there was evidence in the file we viewed to show this had been arranged and completed.

All the staff we spoke with told us they felt they received sufficient training and development to enable them to carry out their role. They also told us appraisals were being planned. We discussed this with the training manager who

Is the service effective?

told us appraisals were scheduled to take place and staff received supervision six times a year to identify training

needs and evaluate their performance. This showed us the home had processes in place to ensure staff were supported to review their practice and complete training and development activities that met their individual needs.

Is the service caring?

Our findings

People told us they were happy at the home and they felt well cared for. One person described the staff as “kind and caring.” Other comments we received were; “They are good girls.”, “The one thing I want to tell you is how well they look after you here and I’m happy.”, “They look after me well and I’m not the easiest person.”, “The staff are kind.”

We observed people being treated with empathy and respect during the inspection. People approached staff, or asked for support freely and without hesitation. Staff were seen to be kind, patient and continually communicated with people and offered advice and support without hesitation. For example we saw one person who lived at the home ask a staff member for pain relief. We noted the staff member listened to the person and responded to them immediately. The person received their medication and we observed staff spoke to them at regular intervals offering support reassurance and checking their pain relief was effective.

The care records we saw were comprehensive and well organised. Each care record contained an assessment that was completed prior to admission, we saw care plans were developed and these contained good information to enable staff to meet peoples’ needs. The care plans and risk assessments were reviewed regularly and any changes were recorded in the care records. This ensured staff had access to up to date information to support people safely. We saw the care records were person centred and contained information that was important to the person, for example preferred name, preferred routine and activities. This information is important as it enables care to be delivered in accordance with peoples’ wishes and preferences.

The relatives we spoke with told us they were involved in planning the care and support their family member

received and we saw documentation in the care records we viewed that showed us this took place. This helps ensure that important information is communicated effectively and care planned to meet people’s needs and preferences.

Relatives were also complimentary of the care and support the home provided to their family members. One relative described the care their family member had received and told us since their family member had moved to the home, their health and quality of life had improved. They told us; “I’ve got (my family member) back how they used to be.”

We observed staff upholding people’s privacy and dignity by knocking on people’s doors before entering, and if staff needed to discuss a person and their care, this was done in a quiet environment to ensure information remained confidential. We observed a staff handover being carried out and saw that staff communicated essential information such as how people were, what people had done or planned to do, any concerns were highlighted and actions planned. We saw staff were respectful when they were passing confidential information to other staff at Oakbank Care home.

Staff we spoke with were clear that they supported people to live their lives the way they chose. One staff member told us; “We recognise their needs and hopes and help them the way they want.” Another staff member described how care was arranged to meet individual needs and wishes. They told us; “Everything here is geared around their individual wants and needs.”

We also spoke with a visiting health professional who was complimentary of the care and support provided by the home. They told us; “I’ve been so impressed with the way they have been with (my client).” Our observations during the inspection and conversations with people showed us the service was caring.

Is the service responsive?

Our findings

During the inspection we observed staff were responsive to peoples' needs. We observed a staff handover taking place and concerns were discussed and actioned to ensure peoples' health needs were met.

The care records we viewed also provided evidence to show staff responded to peoples' needs. We saw documentation which showed us people were referred to other health professionals promptly and we spoke with a visiting health professional who described how the home had responded to an individual's complex needs. The visiting health professional was complimentary of the way the staff had responded and told us; "I had to come and tell you this. You hear so much about poor practice but they go above and beyond here. They really do go the extra mile."

Our observations during the inspection showed us peoples' needs and wishes were responded to. For example we saw one person who expressed a wish to spend time in their room. We saw they were supported to do so. Another person asked for help to fold some of their personal clothing, this was provided and we observed the person enjoyed this activity.

The staff we spoke with told us people who lived at the home were asked if they wanted to be involved in organised activities and we saw this took place. We saw people were asked if they wanted to participate in a film afternoon. The staff we spoke with told us; "I know we're going to get an activities co-ordinator here soon and we do film afternoons, tea and cake afternoons, musical entertainers and lots of one to one like hand massage as well." And "Some people like the board games; we do a lot of these." The people we spoke with confirmed activities took place. Comments we received included; "I go to the film afternoons.", "I quite like the sing songs but I prefer my own company really.", "I enjoy the art days." The training manager of the home confirmed they were currently recruiting for an activities co-ordinator as the home wanted to ensure more activities could be provided. Our observations and the feedback we received from people showed us the home was responsive to peoples' needs.

Relatives also told us they considered the home was responsive to their family members health needs. For example one relative described how the home had consulted a GP quickly and this had resulted in a positive

outcome for their family member. Another relative told us; "(My family member) sees the GP when (my family member) needs to. They're really quick at picking up if (my family member) isn't well."

In the reception area of the home we saw blank surveys were in place for people to complete. We viewed a sample of eight completed surveys and saw positive comments had been made. These included "It's the place I feel my Mum is looked after and cared for.", "Overall father is very content here and very happy with what's done for him." We saw evidence that 'Service User Questionnaires' had been completed and we viewed a sample of these and saw comments were positive. We saw minutes from the last relatives and residents meeting and saw a comment had been made regarding a canopy being provided over the patio area to enable people to sit outside if it was raining. We were told by the owner this had been completed as a result and on the day of the inspection we saw this had been done and people were able to sit outside under cover if they wished to do so. This showed us the home responded to suggestions for improvements.

We discussed improvements that were currently being made with the owner and the training manager and were told a hospitality consultant was in place to review the current catering provision. We spoke with the hospitality consultant who confirmed they were reviewing the menus at Oakbank Care Home. They told us they had identified areas for improvement, for example they had introduced a hot alternative choice at lunch and evening meal, more fresh vegetables were now provided with meals instead of frozen, and more home baked foods would be introduced. They told us they were also planning to introduce a waste monitoring system to help ascertain the popularity of the meals provided and to speak regularly with people who lived at the home to gain their feedback. They told us; "Resources won't be an issue. The owners have assured me of that and I work at their other homes as well so I know they'll get me what I need to improve the kitchen and the menu."

We saw the home had a complaints procedure in place to enable people to have their complaints formally recognised and investigated. We viewed the home's complaints file and saw documentation that showed us the home responded to and investigated complaints appropriately. We saw there was a process in place to enable people to make complaints if they wished to do so.

Is the service well-led?

Our findings

At the time of the inspection there had been no manager in place who was registered with the Care Quality Commission (CQC) since 2012. Prior to our inspection we contacted the operational director who confirmed they were aware of this. They told us they would ensure the current manager responsible for the day to day running of the home submitted their application to become the registered manager to the CQC. Although the manager had previously been employed by the home as deputy manager we concluded improvements were required as the requirements of the Health and Social Care Act had not been met. We are following this up outside the inspection process.

During the inspection we observed the interactions of staff and saw the home was well organised with staff working as a team. We saw staff were knowledgeable of their role and the responsibilities they had to ensure people received care in a manner consistent with their needs. The atmosphere was relaxed and calm and we observed staff carrying out their duties efficiently and with a positive attitude. Staff were smiling and engaging with people in a way that promoted confidence and trust. We saw people who lived at the home engaged spontaneously with staff and initiated and responded to conversations and interactions.

All the staff we spoke with were complimentary of the management team. They told us they felt listened to and managers were approachable. We were told; “We all work together as a really good team.”, “There have been a lot of changes here and they’ve all been for the better.” And “The manager is really supportive.” We asked relatives their opinion of the management at the home. Comments included; “I’ve never seen it anything but calm and relaxed

and that’s down to the manager.” “It’s really well managed.” And “The manager has always got time if I want to speak to her and as a relative that’s really important to me. What’s more I always feel as if she’s really listened to me. I can’t fault her.”

We looked at the quality assurance systems in place and saw various audits were carried out to ensure improvements were identified. Environmental audits were completed and these included water temperatures, electrical checks and equipment checks. We saw there were audits in place to check care records contained accurate and up to date information, medication was administered correctly and incidents were identified and analysed appropriately. Staff we spoke with confirmed audits were carried out and they received feedback of these through staff meetings, supervisions and one to one meetings. We also saw people’s weight was monitored in order to identify if referrals were needed to other health professionals. In the care documentation we viewed we saw evidence this took place. We found systems were in place to identify if improvements in the service were required.

We spoke with the owner, the operational director and the training manager who described the changes that were being planned for the home. We saw they had a clear vision of the changes they wanted to implement and the reasons for these. For example they described the environmental changes they were planning to introduce to increase the communal areas within the home, the introduction of a ‘computer suite’ to enable e-learning to take place and compliment the practical and training workshops provided and the introduction of an activities co-ordinator to increase the activities provided to people who lived at the home.