Unity Homes Limited

Oakbank Care Home

Inspection report

Oakbank
off Rochdale Road
Manchester
Greater Manchester
M9 5YA

Tel: 01612058848

Date of inspection visit:
13 May 2019
14 May 2019

Date of publication:
09 July 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Oakbank Care Home provides, accommodation, personal and nursing care to up to 55 older people. The home is situated in the Harpurhey area of Manchester.

People's experience of using this service:

Emergency evacuation procedures were not robust to enable people to be safely evacuated.

Temperature checks were not in place to ensure medicines stored in a medicines trolley on the first floor were at the correct temperature. All other medicines across the home were stored at the appropriate temperature and checks were in place.
Staffing levels were satisfactory and permanent staff members were now in post at the home.

People felt safe while living at the home. Family members also confirmed this.

People were supported to eat a healthy and nutritious diet. People were monitored for weight loss or gain and appropriate action taken.

People received support from health professionals in a timely manner.

The home ensured it followed the principles of the Mental Capacity Act.

We observed caring and kind interactions from the staff to people living at the home. People and their families were complimentary about the staff team.

Care plans were detailed and regularly reviewed and captured people's personal preferences.

Activities were varied but were not available every day.

End of life care was planned and recorded for most people. Staff could describe what plans were in place for each individual.

Audits were in place to monitor and improve the service, however, they did not identify concerns with safe emergency evacuation and storage of medicines. We made a recommendation for the provider to review this.

Staff felt well supported by the registered manager. People and their families told us the registered manager was approachable.

The registered manager and provider were aware of their responsibilities under their registration.

Rating at last inspection: The rating of this service at the last inspection was good. The report was published on 9 November 2017.

Why we inspected: The inspection was brought forward due to concerns about staffing levels.

Enforcement We found two breaches of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014. More information can be found at the end of this report.

Follow up: We will work with the provider following this report to understand how they will make changes to ensure the service improves their rating to at least good.

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

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 not always safe Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	**Good**

Oakbank Care Home

Detailed findings

Background to this inspection

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

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to a coronal investigation and as a result this inspection did not examine the circumstances of the incident. There were also complaints of insufficient staffing levels and high use of agency staff.

However, the information shared with CQC about the incident indicated potential concerns about staffing levels. This inspection examined those risks.

Inspection team:
The inspection team consisted of two inspectors, an assistant inspector and an expert by experience on the first day of inspection. An expert by experience is someone who has experience of the type of service Oakbank Care Home provides. One inspector returned for the second day of inspection.

Service and service type: Oakbank Care Home provides personal, nursing care and accommodation to older people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced and took place on 13 and 14 May 2019.

What we did:
Prior to the inspection, we reviewed information we held about the service including statutory notifications.

A statutory notification is information about events the provider is required to submit to us by law. We also spoke with the local authority who told us they had no concerns about the service.

During the inspection, we spoke with the registered manager, the provider, two nurses, a senior carer and four care workers. We also spoke with 15 people who lived at the home, nine family members and two visiting health professionals.

We reviewed six peoples care files and associated records. Six people's medicines records. Information in relation to the health and safety of the home and audits to monitor and improve the home.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

● Processes to support the safe evacuation of people with mobility difficulties, in an emergency were not always in place. We noted people did not have access to equipment such as evacuation chairs or sledges to be safely evacuated from the first floor in an emergency. People had personal emergency evacuation plans (PEEPs) but they did not identify what action needed to be taken to assist the person to leave the building in an emergency. Following the inspection, we saw equipment had been ordered to assist in evacuating people from the first floor and PEEPs had been updated.

● During the inspection, the fire alarm sounded on two occasions, due to a false alarm. We were able to monitor the evacuation process and found the staff made their way to the reception area, leaving each of the floors unmanned. We saw this was the process to be undertaken as written in the fire evacuation procedure. We raised this with the registered manager and provider and after the inspection, we were provided evidence the procedures were being reviewed with an experienced fire safety consultant, after they had already been identified as not being adequate enough.We also noted one fire exit door from a stairwell was extremely difficult to open and required force to enable people to evacuate through it.

● We saw on one occasion, staff could not gain access to a room for someone who held their own keys and were not responding to knocking at the door. We saw the master key could not be clearly identified on the keys which delayed staff checking on the person's well-being. Following this, the master key was clearly labelled.

● Risks to people were assessed, monitored and reviewed. People who were at risk of falls, malnutrition, choking, required moving and handling and concerns with skin integrity had appropriate assessments in place. Staff were aware of who presented what type of risk and the management strategies in place.

● Regular maintenance by appropriate professionals was carried out on equipment at the home such as passenger lifts, moving and handling equipment and fire fighting equipment. Internal health and safety checks were also completed regularly.

Using medicines safely

● Medicines were stored securely on each floor, however, the medicines in a locked medicines trolley on the first floor were stored in an area which became very warm, particularly in the summer months. We found there were no temperature checks in place for these particular medicines which meant we could not be assured the quality of the medicine, remained effective. We raised this with the registered manager and provider who told us, they were currently replicating the medicines room on the ground floor which provided air conditioning to assist in regulating the temperature. We advised the registered manager to commence temperature checks of the area to ensure medicines remained at the correct temperature. Medicines on the ground floor and all medicines requiring refrigeration were stored correctly with adequate temperature monitoring.

● Medicines were correctly recorded, administered and documented. We checked the medicines for six people and found stock levels to be correct. Protocols were place for people receiving 'As required' medicines. This alerted staff to what symptoms people may displaying when they were in pain and may need pain relief.
● People told us, they received their medicines on time and were happy with the arrangements in place for administration. Comments included, "I receive lots of medicines, I can't remember them all, but staff do." and "I get my medication as I should, like clockwork."
● Staff received training and their competency checked to ensure they were able to administer medicines safely.
● Records were kept for the receipt and disposal of medicines. Regular medicines audits were in place to assure the provider medicines were being administered as prescribed.

Staffing and recruitment
● Staff were recruited safely, and appropriate pre-employment checks were in place prior to them commencing employment.
● There had been a period where the provider had needed to rely on the use of agency staff to ensure adequate levels of staffing were available. We saw agency staff received an induction to the building and learn what was expected of them. We did note, one agency worker did not know the door codes to move between floors and was reliant on the passenger lift. We asked the registered manager and provider to review this immediately and saw on the induction, door codes were being recorded.
● Throughout the inspection, we saw staff deployed effectively. Staff felt there were enough staff on duty and a recent recruitment drive had given the opportunity for permanent staff to join the service. One person told us, "The staff do look after your safety and they always come along to check on you." A family member said, "Everyone feels safe here."

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe and they and their relatives were aware of what processes to follow should they have any concerns. One person said, "When I came here, I was wary, but I soon came to realise that this was the safest place for me. It is my second home."
● Staff were knowledgeable and could described what actions they would take to safeguard people from abuse. Staff were aware of signs and symptoms abuse and who they would contact to raise allegations.
● All staff felt they could raise concerns with the registered manager or provider and they would be acted upon.
● Staff received training in safeguarding vulnerable people from abuse.

Preventing and controlling infection
● The home was clean and tidy. One person said, "The home is literally so clean."
● Staff had access to personal protective equipment (PPE) such as gloves and aprons and we saw staff use these items when required.
● Regular checks were completed to ensure the home remained clean and infection free.
● Staff received training in Infection Control and understood their responsibilities to use PPE and report any concerns which may lead to infection in people they supported.

Learning lessons when things go wrong
● Accidents and incidents were recorded. They were reviewed by the registered manager for themes and patterns.
● Where saw when themes and patterns occurred, for example, regular falls, we saw additional monitoring was put into place such as additional observations and falls monitoring equipment to aim to mitigate the

occurrence.

Good

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People received assessments of their needs prior to moving into the service. This was to ensure people's needs could be met.
- Assessments fed into care plans and captured people's needs and preferences including their preference of staff support.
- Staff told us they were able to read information about people before they moved into to the home, to enable staff to have some background information on the support required.

Staff support: induction, training, skills and experience
- Staff received an induction into the service. The induction was varied depending on staff's previous experience of health and social care and included shadowing or more permanent staff and training. Staff felt the induction was good and gave them the skills they needed to begin their role at the service.
- Staff attended regular training. Most training was completed via e-Learning and we received mixed views with some staff preferring to have to face to face training. All staff we spoke with, said the training did give them knowledge to support their job role.
- People felt the staff were appropriately trained. One person said, "They (staff) know what they are doing. I have no doubt about their training."
- Staff told us, and we saw they received regular supervision.

Supporting people to eat and drink enough to maintain a balanced diet
- Where people required support to eat and drink, this was captured in the care plan. Likes, dislikes and allergies were also recorded. A notice board was displaying the menu for this week with various choices including a vegetarian option.
- We observed breakfast and lunchtime during our visit and both occasions were a social event where people received a choice of meals and drinks. Tables were set nicely with condiments and people sat with their friends and occasionally, family joined them. Staff were polite and used personal protective equipment when serving the meals. On asking people about the meals, they told us, "It always tastes fresh." and "It doesn't matter what time it is, when you need something to nibble on, staff will give you something to eat."
- Staff were aware of who required an alternative diet for cultural or health reasons. Guidance was available for staff for people who required their food and fluids to be thickened due to swallowing difficulties.
- The meals were presented nicely, and people told us they could seek an alternative if they didn't like what was on the menu. One person had requested some food which wasn't on the menu, which was cooked for them. People were offered fluid and snacks throughout the day.
- There was enough staff available at meal times to be able to monitor food and fluid consumption and

record information for people who were being monitored due to weight loss or gain and being at risk of dehydration.

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

● People and their relatives told us, they could see a doctor when they needed to. Records of health interventions by professionals were recorded. Comments from people included, "I saw my GP yesterday." and "I attend all my hospital appointments, staff are on the ball."

● People were supported by a host of professionals such as dieticians, psychiatrists and social workers. We saw information and advice from professionals fed into care plans. We spoke with two visiting professionals who told us, "They are very good at Oakbank, we ask them to do anything to help the person and its done."

● Staff monitored people's weight to ensure they remained healthy, any concerns were reported to the appropriate professional.

● Family members told us they were kept up to date with changes to their relative's health and wellbeing. One family member said, "We are told about any changes, even to medicines."

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

● The home had 55 single rooms, rooms had a bathroom with toilet and sink.

● We noted people could furnish their rooms as they pleased as long as any furniture met the appropriate health and safety standards.

● Rooms had people's names on. Some dementia signage was used to signpost people to communal areas. Corridors were plain coloured and although some required some re-painting.

● There was equipment in bathrooms and toilets to support people with mobility difficulties. Passenger lift access moved people between the floors and people had access to a garden at the rear of the building. There was a large communal lounge and dining area which was accessible.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● People had their capacity assessed and where there was a deprivation of a person's liberty, appropriate authorisations were sought from the local authority DoLs team.

● Decisions to deprive people of their liberty fed into care plans and staff could describe any restrictions in place to prevent people coming to harm.

● Decisions were made in people's best interests and were recorded in person files with the involvement of family and friends if appropriate.

● Decisions were regularly reviewed. A family member told us, "I have recently been involved in a DoLs

referral for [name].

Good

Is the service caring?

Our findings

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

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

● People and their families told us they were well cared for and supported. One person told us, "Staff are always respectful and kind." Relatives told us, "We chose this place because another family member was living here, it's a fantastic place." and "I brought [name] here because she couldn't cope. It has been the best decision we made, she loves it here, she is buzzing."

● We observed kind interactions between staff and people being supported at Oakbank Care Home. Staff could describe to us, how they supported each person and told us they always ensured people were treated as equals. This included ensuring people had access to food as part of a cultural diet, were able to partake in activities to follow their chosen religion and treated as an individual. Staff told us people were treated as they found them. Comments includes, "We care for people as if they were our own family." And "We know that everyone is different, and we are not here to judge that but to respect people and their choices."

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

● People told us they were supported to make their own choices and decisions. People told us, "I pretty much do what I can and want with support."; "Often staff will discuss my care with me, they are doing a great job." and "Staff know exactly what I like, we discuss it."

● Care plans demonstrated people and their families had been involved in them and captured likes, dislikes and preferences.

● Where changes in care and support were made, for example due to a deterioration in peoples need, we saw people, their families and professionals were consulted, and their views documented.

● Regular residents and family meetings were held to enable people to be involved in the running of the home. This included reviewing the meal time experience, activities and planning the décor of the home.

Respecting and promoting people's privacy, dignity and independence

● We observed staff knocking on doors and seeking permission to gain access to people's rooms.

● Staff were able to explain how to protect people's dignity, particularly when delivering personal care and staff used personal protective equipment such as aprons when supported people to eat and drink.

● People told us, staff encourage them to remain as independent and possible and we observed one person to continue to independently mobilise under staff supervision. Staff were patient and encouraging.

● People told us the staff were very "attentive" and if you ring the bell, "They come to your rescue." A family member also said, "The staff are very friendly, polite and supportive, nothing is too much trouble."

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
● People had care plans in place which were regularly reviewed. Care plans captured current needs and what needed to happen to ensure people's needs were met in a person-centred manner.
● People and family were involved in the care planning process and confirmed with us, they were involved in reviews. Where people were unable to communicate their own needs, we saw information from family members and professionals was captured in the plan. One person said, "I have seen my plan, I know what's involved." A family member told us, "We know everything that is recorded and going on, we are kept well informed."
● Detailed life histories were being formulated for people and were used to talk about people's life history during one to one time.
● There was an activities coordinator employed by the provider, but they were not available on the dates of our inspection. We viewed activity files which displayed photos of previous activities including arts and crafts, exercises, bingo, gardening and external trips out.
● People told us, they enjoyed attending different activities with a firm favourite being the exercises and gardening. One person said they enjoy going shopping and said they read a lot and attended the painting classes. Church services were available for people from all religions and people enjoyed going to the hairdressers for pampering.

Improving care quality in response to complaints or concerns
● People and their relatives told us they knew how to make a complaint and who to. Comments included, "I would tell the manager, she comes around every day." and "I would tell the manager, but I have no concerns." Family members told us, "If I do have a concern, they are taken seriously." and "The staff are nice, I don't think they would mind if you told them your concerns."
● Complaints were acknowledged and investigated in a timely manner with outcomes shared.

End of life care and support
● People were supported to receive care and support at the home at the end of their life.
● Care plans captured any end of life wishes such where the person wanted to remain and any funeral arrangements to be made. Most people had end of life care plans in place, however the registered manager told us there were some people who still needed reviewing.
● People had do not attempt cardio pulmonary resuscitation (DNACPR) in place. This is where people, their families and a health professional have identified where resuscitation would likely be unsuccessful, therefore, the person is not for resuscitation. Staff were aware of who was and wasn't for resuscitation in the event of them going into cardiac arrest. This was also recorded on the daily handover form and in peoples care files.
● There was a palliative care champion role being developed to lead the provider in providing good end of

life care.

Good

Is the service well-led?

Our findings

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

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Audits were in place to monitor and improve the home and had identified medicines were potentially not being stored at the correct temperature. Also, that emergency evacuation procedures were not robust. Other audits of medicines, health and safety and care files were completed and satisfactory. Actions plans had been developed from the audits to make improvements and give timescales for when the work should be completed.
- The registered manager had been in post at the home for three years and understood their responsibilities under their registration. The provider was also actively involved in the running of the home and was also aware of their responsibilities. The registered manager had notified the Care Quality Commission (CQC) of all significant events and had displayed the previous CQC rating prominently in the reception area of the home.
- Staff were organised and understood their role. Staff told us there had been improvements in communication since they became fully staffed with permanent staff members. We were able to observe handovers from each shift which carefully discussed each person and any concerning information. Staff told us they got on well with each other.
- Staff received an annual appraisal and development plan to enable them to progress in their role.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; their equality characteristics

- Throughout the inspection, we noted senior staff members were using their personal mobile phone to speak with professionals such as the NHS 111 service. We raised this with the registered manager and provider who told us, the office phone is fixed, and they had tried other methods to communicate but the building didn't allow a signal. We also saw families and on one occasion, an emergency ambulance couldn't gain access to the building as they are reliant on staff to answer the door out of office hours. We requested this was reviewed.
- People and their families told us they felt the home was well managed and the registered manager was visible. Family members told us the registered manager was approachable and takes on their concerns or comments.
- The registered manager sought feedback on the service and responses were positive. People confirmed to us they were asked their opinion and they were invited to give feedback via meetings and in questionnaires.

Continuous learning and improving care

- Feedback was sought from people and their families. The most recent feedback received in February 2019

rated the standard of care, communication, food, management approach and responding to queries as high. The lowest rating was around the home's décor.

- Staff were able to attend regularly staff meetings and minutes were recorded.
- The provider had policies and procedures in place to assist in managing the running of the home.

Working in partnership with others

- Health professionals told us there was a positive working relationship between themselves and the home.
- The home had developed links with local primary schools and churches to enable groups to visit people living at Oakbank Care Home.