

Unity Homes Limited

Oakbank Care Home

Inspection report

Oakbank
off Rochdale Road
Manchester
Greater Manchester
M9 5YA

Tel: 01612058848

Date of inspection visit:
05 January 2023
09 January 2023

Date of publication:
07 February 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oakbank Care provides personal and nursing care for up to 55 people, some of whom are living with dementia. At the time of our inspection there were 41 people using the service. Nursing care is delivered on the ground floor, with residential care upstairs. The care home benefits from large grounds and a garden space to rear.

People's experience of using this service and what we found

Safeguarding systems, policies and procedures helped protect people from avoidable harm. Staff were recruited safely. People told us they felt safe and happy at the service. Medicines were safely managed. Risk to people were mitigated and assessments were reviewed regularly by the nursing and management teams.

People were supported by a well-trained and knowledgeable staff team. People were supported to access external health care professionals, to ensure their needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Peoples nutritional needs were met, and people told us they enjoyed the food at the home.

Staff promoted individual's dignity and privacy. Staff supported people in a person-centred way and knew people well, to enable them to provide individualised support. The service provided a range of activities based on people's individual needs and abilities. People were supported with end of life care by suitably trained staff.

The registered manager had audit systems in place to maintain standards in the service. People and staff told us the registered manager was available, approachable and dealt with concerns if raised.

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

Rating at last inspection

The last rating for this service was good (Published 13th May 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect

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.

Details are in our safe findings below

Good ●

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Inspection activity started on 5 January 2023 and ended on 18 January 2023. We visited the service location on 5 January 2023 and 9 January 2023.

Service and service type

Oakbank is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Oakbank is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we hold on the service from our records, including notifications since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We reviewed documentation on site and some documentation remotely. We reviewed a variety of records relating to quality, safety, staffing and care. This included risk assessments, 5 care records, policy and procedures and audits.

We spoke with 4 people, 3 relatives, and 3 visiting professionals. We also spoke with 9 staff, including the registered manager, deputy manager and administrator.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse, Learning lessons when things go wrong

- Systems were in place to protect people from the risk of abuse. Lessons were learned following incidents.
- People told us they felt safe at the home. One person said, "I feel very safe here".
- Staff were trained and knowledgeable about how to keep people safe and spot potential signs of abuse. Staff told us they knew how to report concerns and felt able to approach the registered manager
- The registered manager reported incidents which are notifiable to CQC and the local authority where required.
- Lessons learned were completed where safeguarding concerns were identified and action was taken to mitigate risks to people, we saw records to support this. Records showed discussions took place with staff, relating to safeguarding which included debriefs and local safeguarding messages.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed. Risk assessments were robust, individualised and reviewed regularly. For example, one person's care plan and risk assessments were completely rewritten due to their changing needs.
- People who required additional support to keep them safe had appropriate equipment in place.
- People had detailed personal emergency evacuation plans, which provided guidance for staff in the event of a fire. Equipment needed for safe evacuation was in place and regular checks on fire alarms and equipment were completed,
- Health and safety checks were completed, including electrical, safety and lift safety. Regular audits were in place to ensure the environment was safe for people.

Staffing and recruitment

- Sufficient staff were deployed to meet people's needs. Staffing numbers were determined through the use of a dependency tool. This is a tool used by some services to determine the minimum staffing levels required.
- Agency staff were used where required, due to staffing shortfalls. The registered manager told us they received staff from one agency, to ensure regular staff who knew people were provided. Agency staff received an induction and competency checks to ensure they were suitable before providing support to people.
- Staff were recruited safely. Pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were completed prior to employment. The service benefited from a central HR team which supported the home.
- On both inspection visits staff were deployed sufficiently throughout the home, call bell alarms were

responded to in a timely manner. One staff said, "We have enough staff to get done what we need to and spend time with people, it's not rushed."

Using medicines safely

- The management and administration of peoples prescribed medicines was safe.
- Medicine's administration records (MAR) were accurate and complete. We looked at 7 records across both floors, including those with 'as and required' medicines and controlled drugs. Medicines stock was correct, and medicines were disposed of safely. Where people received 'as required' medicines, protocols were in place to guide staff about when to administer them.
- Medicines were stored safely and in line with the guidance on each floor. Checks of room temperatures and fridges were completed and highlighted no issues. Oxygen was stored safely with the relevant safety warning notices on display. Controlled Drugs were stored correctly and securely. Records in relation to Controlled Drugs were completed in line with requirements.
- Medicines audits were conducted on a weekly basis by the management team to ensure any concerns were identified and actioned.
- People told us that they received their medicines as prescribed.
- Staff were trained and had undergone competency assessments to ensure they were suitably trained and knowledgeable to administer medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visiting was unrestricted and we saw people had visitors throughout the inspection. Due to a suspected acute respiratory infection outbreak the provider was asking visitors to wear masks and continued to complete temperature checks on arrival

Is the service effective?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Initial assessments were completed by the registered manager; these were in depth and provided information about people's individual needs. Following the initial assessment, outcomes were discussed with the wider management team at the home to ensure the service could meet the individual's need.
- Care plans included best practice guidance for the treatment of conditions, this assisted staff to support people safely.
- People's Individual likes and dislikes were discussed and people had the opportunity to complete life stories with staff, which provided insights into their previous life and future wishes.

Staff support: induction, training, skills and experience

- Staff, including agency staff received an induction, this was confirmed by those staff we spoke with.
- Staff had received regular training in relation to their roles, this was a mixture of face to face and e-learning.
- Staff recruitment interviews explored previous skills and experience. Staff new to care completed the care certificate where required. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were supported to eat and drink enough.
- Dedicated staff prepared meals for people, there was a menu which gave individuals choice.
- People were receiving adequate fluids. Fluid and food intake were monitored to ensure people were receiving an adequate dietary intake.

Staff working with other agencies to provide consistent, effective, timely care

- The service liaised with other agencies to ensure timely and effective care. We saw examples of working with DoLS assessors, the local authority, primary and secondary care services.
- The local authority commissioning team didn't share any concerns.

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

- The service was appropriately designed to accommodate people's mobility needs. The service benefited from two lifts which supported residents to use both floors where appropriate.
- The home was undergoing significant renovation, which was on going. Plans were in place to introduce

dementia friendly furniture in the lounges and people's rooms.

Supporting people to live healthier lives, access healthcare services and support;

- Care plans showed that people accessed healthcare services, both routine and emergency. The service benefited from visits from the Care Home Primary care visiting team, who proactively worked with the home to manage health needs.
- Staff supported people to appointments where required and worked with relatives to also support external healthcare appointments.
- People had individualised healthcare plans in place.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA.
- Correct legal authorisations were made and in place. A DoLS tracker monitored if and when renewals were required.
- People were supported appropriately by advocates or a paid relevant person's representative (RPR). RPR is a person who must be consulted regarding any restrictions in place, and who can advocate on their behalf.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed staff treating people with respect and kindness. We observed polite interactions between staff and people who were supported in a person-centred way.
- Staff knew people's needs and wishes well, including individual likes and dislikes.
- Peoples individual needs were considered including cultural needs, the service provided meals that were Halal and also specific cultural drinks that individuals preferred.
- One person told us "They [staff] treat us very well here, it's never rushed." Another person said, "It's excellent here, I love it."

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

- Feedback from people was sought via meetings. People we spoke with felt able to feedback their views to the registered manager and staff team. One person said "[Registered manager] is really lovely, any concerns they sort them out"
- Care plans were regularly reviewed and involved people and their relatives.
- An advocacy service was used, and we saw evidence of their involvement supporting people who needed it.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and maintained.
- We observed staff knocking on people's door's and asking for permission before entering.
- We saw staff supporting people in a way that respected their privacy. For example, where people were supported with personal care this was done in a private area.
- One person told us "Staff respond very quickly when needed".
- People's personal preferences in relation to who supported them was documented in their care files. One person who was receiving end of life care had preferenced to always receive female care and this was provided in line with their wishes.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were developed with people who used the service and their relatives if appropriate.
- Plans were reviewed regularly by senior carers or nurses dependent on need.
- Care plans were person centred and contained individual likes, dislikes and wishes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was provided to individuals in a variety of formats including easy read. On the first day of the inspection some external information, such as whistle blowing, safeguarding and advocacy was on display, but behind Perspex. The provider clarified that it should be on display and later made hard copies available and reminded people they could access this at any time.

Improving care quality in response to complaints or concerns

- The provider had systems in place to effectively deal with and respond to complaints. Lessons were learnt from complaints and concerns and these were discussed at team meetings.
- One complaint which was resolved by the home, was found to have been dealt with positively. One relative told us "Some initial teething problems regarding communication however quickly resolved – good 3-way communication now – always kept informed"
- The registered manager was open to receiving feedback from all people involved with the service, to drive improvements.

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

- An activities coordinator was employed by the service. Activities were provided and were adjusted dependent on individuals need. The activities coordinator told us, the provider supported them and "anything needed is provided." Records showed people had recent days out to the seaside.
- The service worked with the local authority to develop activities based on individual needs, particularly those living with dementia. These were reviewed regularly to ensure people get the most out of the activities. The activity coordinator monitored engagement in activities to adjust and plan future activities to

ensure they matched individual needs.

- A weekly timetable was in place, providing a range of activities, and a weekly newsletter was available detailing activities, events and celebrations that were taking place.

End of life care and support

- At the time of our inspection one person was receiving end of life care, they were supported in a person-centred manner. Care was delivered in line with the person's wishes and the environment was adjusted to be calm and quiet. Staff knew peoples end of life care needs well.
- Appropriate records were in place, to enable staff to provide end of life support for people. The service worked with health care professionals to ensure that individuals were supported to be pain free.
- Risk assessments and care plans detailed people's individuals wishes.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People we spoke with told us they were happy with the service and the support they received. One person told us "Excellent here I love it here, I'm happy about living here"
- Staff told us they felt able to raise concerns if needed and they would be dealt with appropriately. Staff felt supported with one staff member saying " [Registered manager] will deal with concerns, very approachable, very fair."
- Relatives were positive about the service One relative said, "Very happy with the standard of care and support, reassured [name] is happy and safe, I am confident they are being looked after properly."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role and responsibilities in relation to duty of candour, which requires them to be open and honest when things go wrong
- There was an open and honest culture. A board in the reception area displayed key information about the service including when the last complaint was, and feedback received.
- The provider had notified CQC and the local authority of important events. The provider had displayed their inspection rating clearly in the entrance to the service as required and, on their website.

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

- The management team conducted regular audits, to ensure quality and compliance was met. For example, a recent audit identified monitoring forms had not always been completed in sufficient detail. Evidence showed this had been addressed in supervision with those staff concerned.
- Medication audits were conducted weekly and were robust. Audits of health and safety checks including fire alarm checks were conducted, to ensure support was provided to people in a safe environment.
- The provider had oversight of the service via its own internal audits conducted by the nominated individual.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff understood peoples cultural needs and catered for different religions.
- Regular staff meetings were undertaken, where staff could add agenda items and be involved in how the

service operated. Staff also completed questionnaires where feedback was discussed at staff meetings.

- People were involved in regular meetings where they could engage staff and provide feedback about their care and support.

Continuous learning and improving care. Working in partnership with others.

- Feedback was sought from people, their relatives and visiting professionals. Feedback we saw from professionals was positive about how the service worked in partnership with them. One health care professional told us "The [Registered Manager] is on the ball, very aware and responsive to what is going on and needed at the service."
- Lessons were learned following incidents and accidents, staff completed debriefs which explored how to mitigate future risks to people and actions taken.