

# Oakbridge Care Home Care Home Service

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Glasgow  
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**Type of inspection:**

Unannounced

**Completed on:**

13 June 2019

**Service provided by:**

Oakbridge Care Ltd

**Service provider number:**

SP2003002479

**Service no:**

CS2003010470

## About the service

Oakbridge Care Home is registered to provide nursing care and support for a maximum of 85 older people, ten of which may be people who are between 50 and 65 years old and have a physical disability. The service also provides intermediate care for up to 15 older people who have been discharged from hospital. During the inspection, the service had a total of 74 residents, 63 who lived there permanently and 11 who were receiving intermediate care.

Accommodation is provided over two floors with lift access between them. All bedrooms are single with ensuite facilities.

The home is a converted school situated in a residential area of Knightswood, close to local amenities and transport links, and has a car park area to the rear.

The home aims "to serve you to the best of our ability, to give you the highest standard of care and to do everything we can to make your stay with us as pleasant and as comfortable as possible."

## What people told us

The majority of residents and their relatives, we had contact with, were happy with the quality of care received and particularly positive about how staff supported them:

'It's fantastic here, I'm back on my feet.'

'Very happy here. Staff help me to keep in touch with my wife who is unable to visit me.'

'Staff are great especially the lassies in the laundry, there's too much food, I like the garden and use it a lot.'

'Excellent in everything they do for everyone.'

'Very happy with support for relative but would like to see more dementia friendly approaches to décor.'

'We enjoy the outings, we went to Saltcoats recently, spent the whole day there it was great. Food is good, had the cauliflower cheese today it was very tasty.'

'I don't have any issues with the home, as long as mum is happy I am happy. It is nice enough although a bit tired in areas.'

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate

How good is our staffing?	4 - Good
How good is our setting?	4 - Good
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

**How well do we support people's wellbeing?**

**4 - Good**

People, we spoke with, were positive about the staff who supported and cared for them. We saw some warm and caring interactions which reflected that staff knew residents well and this created a friendly and relaxed atmosphere within the home.

We were aware that staff had raised a couple of concerns in relation to poor staff practice and these had been dealt with appropriately. We were also aware that there was ongoing work with staff around their knowledge of the Health and Social Care Standards to improve their understanding and use in practice.

How people spend their day is important in maintaining people's physical and mental wellbeing and people continued to highlight this as a positive part of living in the home. There were good community links and a plan of meaningful activities provided by a dedicated and consistent activity team, who were supported by care staff. It was evident that staff were aware of people's interests and what they liked to do. The outcomes achieved by people were reflected through individual monthly evaluations.

Staff had also introduced, Care About Physical Activity (CAPA), which promoted best practice in relation to maintaining or improving people's movement and independence. We saw that the changes they had made encouraged people to do for themselves rather than staff doing for them. One resident wanted to improve his mobility and with staff support he walked a little further every day. Initial reviews of outcomes for people were promising and staff would continue to review these.

We saw that people had the opportunity to be involved in making decisions about living in the home and being kept up to date through regular resident and relative meetings which included monthly activity and good food groups.

The mealtime experience for people was seen to be good, with people receiving relevant support where needed and people telling us that they enjoyed the food served. Access to snacks for residents outwith the main kitchen hours was also available.

People should be sure that their health needs are well supported. We saw that residents' health needs were reviewed on a regular basis through a variety of hospital appointments and a range of healthcare professionals who visited the home. This included GP, dentist, optician, chiropodist and liaison nurse.

We found medication and wound management to be good with evidence of six monthly medication reviews being carried out and wounds which had healed since admission to the home.

Staff were also focusing on some areas of nutrition, falls management and communication in order to improve outcomes for residents. Initial reviews of outcomes for people were promising and staff would continue to review these.

## How good is our leadership?

### 3 - Adequate

People should have confidence that the service and organisation that they use are well led and managed. The organisation had a newly formed management team and the service had had another new manager since February. People commented positively about the new manager and were hopeful that she would have a positive and stabilising effect on the service.

Relatives, and residents should be supported to give regular feedback on how they experience care and support and the organisation uses learning from this to improve. We saw that regular resident and relative meetings were being held and generated good discussions. People had also completed a recent survey with overall positive results which were discussed at their meeting.

The service should have a culture of continuous improvement with robust quality assurance processes. We saw that there was a system in place to monitor the quality of staff practice and resident care through meetings, audits and any compliments or complaints received. We could see that management were aware of the current care needs of people living in the home and had identified some areas for improvement. However, we could not see what action had been taken to address the areas highlighted and it was therefore difficult to see what improvements had been made in the service or how outcomes for people had changed as a result **(see Area for Improvement 1)**.

We were aware that management were in the process of reviewing their quality assurance and aligning this to the new inspection framework. We discussed with management the need to develop an improvement plan to take account of all the audits carried out and what learning and improvements this will lead to. This should be made available to people to show how the service was improving **(see Area for Improvement 1)**.

People living in the home should be supported to feel safe and we saw that the home had accident and incident monitoring systems in place which reflected the action taken following the event and communication with relevant next of kin. However, the analysis of any patterns or causing factors was not evident. We were told that they were planning to introduce weekly clinical meetings and would carry out root cause analysis for any serious accident or incident.

People should be helped to manage their finances and make choices about how this can be used to their benefit. Where the home managed residents' monies, we found that some residents had accumulated significant amounts of money and we asked management to explore how this money could be used to enhance the resident's quality of life. We also noted that the information kept in the Adults With Incapacity (AWI) registers was inconsistent and management agreed to address this.

People should be confident that the organisation and management team safely recruit staff and that they are protected from harm as staff have a clear understanding of their responsibilities. Overall, we found that recruitment practice was safe and we highlighted a couple of areas which could be improved.

We were also aware that three staff members had failed to register with the relevant professional body within the required timescale. We discussed this with management and we were subsequently satisfied with the action taken as well as reassured by the response received from the management team.

We saw that the organisation was engaged with the Care Inspectorate improvement team and this meant that the organisation and the service had the opportunity and capacity to improve.

### Areas for improvement

1. In order to ensure that the quality of the service improves outcomes for residents, the manager should:

- continue to involve residents and relatives and take action on areas highlighted
- ensure that quality assurance processes demonstrate how outcomes for people have improved as a result
- develop an improvement plan and make it available to key people to show actions being taken by the provider in response to areas identified for improvement.

This ensures care and support is consistent with the Health and Social Care Standards, which state that 'I use a service that is well led and managed' (HSCS 4.23).

### How good is our staff team?

**4 - Good**

People should expect to have confidence in the staff who care and support them. We saw that the home had a training schedule which reflected planned training for staff to attend and staff spoken with said that they felt supported to achieve the training they needed to do their job.

Staff were positive about working in Oakbridge and reflected good team work with motivated staff. We saw that staff had open and honest discussions at meetings and had completed a recent survey which clearly reflected what the home did well and what they could do better. This had a positive benefit on outcomes for people living in the home.

We saw that compliance with staff training was good and management had a continued focus on this to ensure required training was achieved by staff. We saw that relevant staff were receiving training in relation to skin care, this was a previous Recommendation. We discussed with management how they could be satisfied that staff had retained the required level of knowledge gained through training. We were told that competency checks were being introduced and that further dementia training was planned. Staff supervision meetings, to support and develop staff, were also happening more regularly and included group meetings as well as observations of staff practice.

People should be supported on a daily basis by staff who know how they wish to be cared for and are competent to do so. Some turnover of staff and use of agency staff was still evident but had reduced since the last inspection. We saw that staff had been recruited to fill some vacancies and where agency staff were required, the same staff were used where possible to provide consistency for residents.

Staffing levels were regularly monitored by management to ensure that the necessary levels of staff were on duty to meet resident care needs. Staff rotas showed a good skill mix and planned deployment of staff, taking into account the layout of the building. We asked management to ensure that staff carried out regular checks of people who remained in their bedrooms. We also asked management to display up to date resident care needs and related staffing levels which reflected all staff who provided support to people living in the home.

## How good is our setting?

### 4 - Good

People who live in the home should experience a high quality environment. People told us that they were generally happy with the home's environment and were able to personalise their bedrooms.

We could also see that there had been improvements in some areas of the home which promoted better facilities and independence for people in the home. This included the development of a café area at reception, the measures introduced through CAPA and the development of a relaxation/pamper room. Further refurbishment was planned for Erskine View servery/dining area and the main kitchen.

Despite this, we did see some areas that were in need of attention. These included the smoke room, communal toilets and some bedrooms which needed redecorated as well as the temperature of the heating controlled. We were assured by management that the areas highlighted would be addressed and asked that they inform us when these were completed.

People were seen to walk around the home freely and make use of the different areas within the home which provided a variety of options for people living there. There were reminiscence and relaxation lounges; Kittys Kafe; music, reading and reminiscence corners as well as an enclosed garden space. However, we found that these were not used to their potential and staff needed to continue to explore the best way to get the most out of these resources and improve outcomes for the residents as a result.

We discussed with management how they were going to support one resident who enjoyed spending their time in the garden area but had recently gone outwith this area without staff's knowledge. We discussed the use of technology to enable this resident to continue to enjoy the garden and to remain safe.

We saw that the home had systems in place for regular maintenance, repairs and servicing of equipment used within the home to keep residents safe. However, we were unable to track the maintenance checks, repairs and cleaning of individual wheelchairs and mobility aids. We asked management to review their recording of these **(see Area for Improvement 1)**.

### Areas for improvement

1. In order to ensure that people use equipment which is safe to use, the manager should review the recording of maintenance checks, repairs and cleaning, ensuring that records are kept for all equipment used by people living in the home.

This ensures care and support is consistent with the Health and Social Care Standards, which state that 'I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices' (HSCS 5.21); 'I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment' (HSCS 5.22).

## How well is our care and support planned?

## 3 - Adequate

In order to support people's health and wellbeing, care records should give clear direction about how to deliver each person's care and support as well as details of personal interests and preferences. Although we found that the initial detail recorded in personal plans was good and staff were able to tell us about the support being provided, we continued to find that risk assessment and care planning documentation was not always reviewed or updated. This meant that any planned care was not being evaluated to ensure that the desired outcome had been achieved and if not what other measures could be used **(see Area for Improvement 1)**.

Plans continued to need to be more person-centred and outcome focused. We found daily notes often very clinical and not reflective of a more holistic approach, capturing people's day to day quality of life, what's important to them and how they spend their day.

Care review document was seen to be completed however again these could be more person-centred and focus on what the person can do and the support needed to achieve their goals even if this is the maintenance of their current quality of life. We also asked that the use of people's available finances be discussed **(see Area for Improvement 1)**.

Staff were focusing on some areas of nutrition and falls management which had already resulted in better outcomes for some of the residents involved.

### Areas for improvement

1. In order to ensure that people receive care and support which is personal to them, the manager should ensure that:

- all planned care is meaningfully evaluated and reviewed
- care records reflect a person-centred and outcome focused approach
- care reviews are used to identify future plans, goals and use of available finances.

This ensures care and support is consistent with the Health and Social Care Standards, which state that 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15); 'My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected' (HSCS 1.23).

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

In order to ensure that the quality of the service improves outcomes for residents, the manager should ensure that staff follow the organisation's quality assurance processes, involve residents and relatives and demonstrate how outcomes for people have improved as a result.

**This area for improvement was made on 28 March 2019.**

#### Action taken since then

We saw that there was a system in place to monitor the quality of staff practice and resident care through meetings, audits and any compliments or complaints received.

We could see that management were aware of the current care needs of people living in the home and had identified some areas for improvement. However, we could not see what action had been taken to address the areas highlighted and it was therefore difficult to see what improvements had been made in the service or how outcomes for people had changed as a result.

Management were in the process of reviewing their quality assurance and aligning this to the new inspection framework. We discussed with management the need to develop an improvement plan to take account of all the audits carried out and what learning and improvements this will lead to. This should be made available to people to show how the service was improving.

**This Area for Improvement has not been met. See Area for Improvement 1, How good is our leadership?**

#### Previous area for improvement 2

In order to ensure that staff are able identify when changes in skin colour or appearance may indicate medical issues and what to do should they have such concerns, the manager should ensure that staff undergo relevant training.

**This area for improvement was made on 28 March 2019.**

#### Action taken since then

We saw that compliance with staff training was good and management had a continued focus on this to ensure required training was achieved by staff.

Relevant staff were receiving training in relation to skin care and we discussed with management how they could be satisfied that staff had retained the required level of knowledge gained through training.

We were told that competency checks were being introduced as well as staff supervision meetings to support and develop staff.

**This Area for Improvement has been met.**



### Previous area for improvement 3

In order to ensure that people receive care and support which is personal to them, the manager should ensure that:

- care records reflect a person-centred and outcome focused approach
- personal plans are fully completed with up to date and relevant care plans, risk assessments and consents for any equipment in use
- action taken to minimise recurrence following identified weight loss, accidents or incidents is clearly recorded
- care reviews are used to identify future plans and goals.

**This area for improvement was made on 28 March 2019.**

#### Action taken since then

Although we found that the initial detail recorded in personal plans was good and staff were able to tell us about the support being provided, we continued to find that risk assessment and care planning documentation was not always reviewed or updated. This meant that any planned care was not being evaluated to ensure that the desired outcome had been achieved and if not what other measures could be used.

Plans continued to need to be more person-centred and outcome focused. We found daily notes often very clinical and not reflective of a more holistic approach, capturing people's day to day quality of life, what's important to them and how they spend their day.

Care review document was seen to be completed however again these could be more person-centred and focus on what the person can do and the support needed to achieve their goals even if this is the maintenance of their current quality of life.

**This Area for Improvement has not been met. See Area for Improvement 1, How well is our care and support planned?**

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	4 - Good
1.3 People's health benefits from their care and support	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing levels and mix meet people's needs, with staff working well together	4 - Good
How good is our setting?	4 - Good
4.2 The setting promotes and enables people's independence	4 - Good
How well is our care and support planned?	3 - Adequate
5.1 Assessment and care planning reflects people's planning needs and wishes	3 - Adequate

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