

Scope

Oxclose Lodge

Inspection report

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Date of inspection visit: 20 April 2015
Date of publication: 25/06/2015

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 inspected the service on 20 April 2015. The inspection was unannounced. Oxclose Lodge is owned by Scope and is registered to accommodate up to five younger adults with learning disabilities or autistic spectrum disorder. The accommodation consists of a bungalow which has been adapted to meet the needs of people with a learning disability and also a physical disability. On the day of our inspection five people were using the service.

The service had a registered manager in place at the time of our inspection. 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 the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe in the service and the manager knew what information should be shared with the local authority when needed. Staff knew how to respond to incidents if the manager was not in the service. This meant there were systems in place to protect people from the risk of abuse.

Summary of findings

Medicines were managed safely and people received their medicines as prescribed. Staffing levels were matched to the needs of people who used the service to ensure they received care and support when they needed it.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support.

People were supported to make decisions and where there was a lack of capacity to make certain decisions, people were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

People were treated with dignity and respect and had their choices acted on. We saw staff were kind and caring when supporting people.

People enjoyed the activities and social stimulation they were offered. People also knew who to speak with if they had any concerns they wished to raise and they felt these would be taken seriously.

Although people were involved in giving their views on how the service was run, the systems in place to monitor the quality of records in the service was not robust.

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.

People felt safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medication as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Good



Is the service effective?

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support.

People were supported to maintain their hydration and nutrition and risks to health were monitored and responded to appropriately.

Good



Is the service caring?

The service was caring.

People were treated with kindness, compassion and respect.

People were encouraged to make choices and decisions about the way they lived and they were supported to be independent.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care and were supported to pursue their interests and hobbies.

People felt comfortable to approach the manager with any issues and complaints were dealt with appropriately.

Good



Is the service well-led?

The service was not consistently well led.

Although people were involved in giving their views on how the service was run, the systems in place to monitor the quality of records in the service was not robust.

The management team were approachable and sought the views of people who used the service, their relatives and staff.

Requires improvement



Oxclose Lodge

Detailed findings

Background to this inspection

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

We inspected the service on 20 April 2015. This was an unannounced inspection. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A

notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the visit we spoke with one person who used the service, two visiting relatives, two relatives on the telephone and two members of care staff. We spoke with the manager employed to carry out the day to day running of the service, who was overseen by the registered manager who did not work in the service on a daily basis. We looked at the care records of four people who used the service, medicines records, staff training records, as well as a range of records relating to the running of the service including audits carried out by the manager and registered provider.

We 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.

Is the service safe?

Our findings

People felt safe in the service and their relatives also felt their relations were safe. The person we spoke with told us they felt safe in the service and they knew who they could speak with if they had any concerns about their safety. They told us that their named member of staff, known as a keyworker, “Takes care of me, makes me laugh and keeps me safe.” All of the relatives we spoke with told us they felt their relation was safe in the service. One relative said, “I can sleep at night, knowing [relation] is safe.” We saw the manager had a monthly discussion with people who used the service and one of the areas of discussion was assessing if people felt safe in the service. The manager knew people well and told us they would be able to tell from non verbal communication if people were worried about anything.

People could be assured that incidents would be responded to appropriately. Staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. The manager demonstrated that they knew what information they needed to share with the local authority following incidents in the service.

Risks to individuals were recognised and assessed and staff had access to information about how to manage the risks. There were risk assessments in place informing staff how to support people safely both in the service and in the community, whilst still maintaining their independence.

For example one person was supported to use their electric mobiliser independently but staff were aware there were times in the community when they would have to give this person more support to help them to stay safe.

Relatives told us there were always staff available to give their relation support when they needed it and that staff had the time to spend with their relation. We saw people were given support when they needed it because there were enough staff on duty who ensured they were available when support was needed. Staff spent a great deal of time with people, interacting with them and engaging them in activities. Staff were available to support people to go out into the community.

Staff we spoke with told us they felt there were enough staff working in the service to meet the needs of people. The manager told us that the provider supported her to increase staffing levels if this was needed so people could follow their hobbies and interests.

Relatives felt people were supported appropriately with their medicines and we saw the service had recently had an audit completed by an external health professional. Two recommendations had been made and we saw the manager had addressed these.

We looked at the storage and administration of medicines and we found medicines were stored safely and there were systems in place to monitor this. Stock levels were checked and found to be accurate and records showed that medicines were being administered to people as prescribed. Staff told us they received regular training to ensure they were up to date with current safe practice and records we saw confirmed this. Staff also had their competency assessed by the manager to ensure they were following safe practice.

Is the service effective?

Our findings

Relatives told us that staff received training so they knew how to support their relation appropriately. One relative told us, “Staff know what they are doing.” Another relative said, “They (staff) are always attending training.” One relative told us the behaviour of their relation had improved since they had moved into the service and felt this was due to the staff knowledge and skills.

We observed staff supporting people and we saw they were confident in what they were doing and had the skills needed to care for people safely. Where equipment was used to transfer people, staff did this efficiently and safely. A visiting health professional had written in the comments book in the service, “Helpful and friendly staff. Keep up the good work. Lots of attention to individual needs.”

Staff told us they enjoyed working in the service and felt they had the training they needed to enable them to do their job safely. They told us they were given training in a range of subjects relating to the work they did and were also given training in specialised areas of healthcare to support individuals with any health conditions. They told us they had regular supervision from the manager and they used these to discuss any development needs. Records we saw confirmed staff were given regular training in a range of subjects relevant to their role and that they were given the opportunity to discuss their role with the manager.

The person we spoke with told us they felt they were supported to make their own decisions. One relative said, “Staff are good at ensuring [relation’s] best interests are maintained. Relatives felt their relations were always supported to make decisions about their care and support.

We saw there were care plans in place detailing how staff should support people to make their own decisions about their care. Where people had been assessed as lacking the capacity to make certain decisions, meetings were held with professionals and decisions were made in people’s best interests. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and described how they supported people who lacked capacity in decision making. The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability.

The manager and staff displayed an understanding of the Deprivation of Liberty Safeguarding (DoLS). The manager

told us they had not yet needed to make any applications for a DoLS as people were not having any restrictions placed on them. They had the knowledge and understanding to make an application if the need arose. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed.

People were supported to eat and drink enough. The person we spoke with told us they liked the meals they were given and indicated they got enough to eat. We observed people being supported to eat and staff provided people with their diet as detailed in their care plan. For example people who had been assessed as needing a soft diet were given these.

People’s nutritional needs were assessed regularly and where there were risks, referrals had been made to external health professionals. Their recommendations had been added to people’s care plans and there was detailed guidance in place informing staff how to support the person safely. For example we saw one person who had a percutaneous endoscopic gastrostomy (PEG) feed because they could not take food orally. There was detailed guidance on the support the person needed with this.

Relatives told us their relations were supported with their on going healthcare. On the day of our visit one person was being supported by staff to attend a healthcare appointment. We saw from care records that staff sought advice from a range of external professionals such as dieticians and occupational therapists to support people with their health care. We saw from the records of two people that they needed on going support with their health and we saw staff were supporting them to attend regular appointments. Staff had recorded in one person’s records that at an appointment, an external health professional had commented they were happy with the care the person was receiving and that they, “Looked well and healthy.” Another health professional had commented, “Consistently excellent practice and adhering to guidelines.”

We saw that where people had a health condition such as epilepsy, there was a care plan in place informing staff how the condition affected the person, how to monitor the condition and how to respond if the person displayed a sign or symptom of the condition such as a seizure. Records were kept of any seizures and these were used to determine if the condition was deteriorating. We saw this

Is the service effective?

had triggered a person being taken to hospital on one occasion when the usual health support staff gave had not been effective. Another person had a risk of developing a

pressure sore and they had a specialist bed in place which would minimise the risk to their skin breaking down. Staff we spoke with were aware of people's health conditions and knew how to support them with these.

Is the service caring?

Our findings

We observed staff interacting with people who used the service and we saw positive relationships had been developed. Staff clearly knew people's preferences and how to communicate with them effectively. People responded well to staff interaction, which was given in a relaxed and warm manner. We saw people were comfortable with the staff and there was much laughter and fun. People had developed friendships with other people who used the service and one person told us about a friend they had made. A visiting health professional had written in the comments book, "Personal homely feel."

One relative told us, "Staff are lovely. They don't just treat this as a job, they care about people." Another relative said, "It is a family atmosphere, [relation] is well cared for." A third said, "It is a family atmosphere. It is a close knit bungalow." One relative told us, "The staff are [relation's] family. [Relation] chose to live here." We also experienced the atmosphere in the service felt family like.

Both of the staff we spoke with spoke of people with warmth and compassion. They told us the reason they "loved" working in the service was because they enjoyed supporting the people who lived there. One member of staff told us, "I feel humbled by the people living here. They have so much to contend with but they are always happy."

People were supported with their diverse wishes and needs. For example, we saw one person followed a particular faith and staff were supporting them to follow the life they chose, including observing important occasions and dietary needs in relation to this faith.

People were supported by staff who knew them well and understood their individual communication methods. All of the relatives we spoke with said staff knew their relation very well. We saw there were detailed plans in place to inform staff how they could effectively communicate with people who used the service. These plans included how each person would communicate pain or discomfort. We observed staff communicating well with people and the staff we spoke with had a good knowledge of the people's expressions and body language and how to interpret this.

We saw people were given time to understand systems in the service, such as fire evacuation, and one person had been supported to undertake training to enable them to understand the process. We observed staff were very patient when discussing what people were going to be doing on that day and staff involved the person in choosing what they would like to do.

Staff had an appreciation of the importance of people's choice and independence. When we asked a person who used the service who chose what they did with their life, they told us, "Me!" The person we spoke with told us about staff supporting them to go to visit their relatives and that their relatives could visit them. We saw relatives visiting on the day of our inspection and we saw they had a good relationship with the staff.

The manager told us that an advocate visited the service every week to speak with people who used the service and we saw evidence of these visits. The advocate had written in the comments book in the service, "Staff are very helpful and service users happy and content." Advocates are trained professionals who support, enable and empower people to speak up.

The person we spoke with told us that staff respected their privacy and dignity. Relatives we spoke with also felt their relations' privacy and dignity was respected. One relative told us they felt staff were very respectful and said, "The staff always talk to [relation] before they do anything with [relation]. Another relative told us, "Staff know [relation] well and they talk and involve [relation]."

We observed staff respecting people's privacy and dignity when supporting them. For example speaking to people discreetly about matters of a personal nature and involving them in any support they were given. When people were being assisted to mobilise staff took care in what they were doing and treated people with dignity and respect. We spoke with two members of staff about how they would respect people's privacy and dignity and both showed they knew the appropriate values in relation to this.

Is the service responsive?

Our findings

People had their needs assessed and planned for with their involvement. One person confirmed they were involved in making decisions about what was in their care plan. Relatives knew about their relations' care plans and one relative told us, "I am happy to let staff develop the care plans." People and their relatives had been involved in discussions about what was important to people when they were being supported and cared for, and this was recorded in their care plans.

Staff we spoke with had an excellent knowledge of the preferences of people and how they liked to spend their time and how they preferred to be supported. Staff knew what would work well for individuals and what would not. We saw people's preferred daily routines and how they liked to be supported were detailed in their care plan and these went into great detail to ensure staff would know how to support them in a way they liked.

People were able to contribute to discussions about their care and support. There were meetings held for people to get involved in and these were used to communicate what was happening in the service, and to get people's views on what activities they would like to do and what they would like to eat. The manager had also introduced an individual discussion with each person and we saw the records of these. People were asked a wide range of questions to enable the manager to make sure they were being cared for in a way they liked.

It was apparent during our visit that people were treated as individuals in their daily life. We saw people choosing where they spent their time and what they did. The person we spoke with described how they liked to spend their time and told us they were supported to do what they enjoyed doing. They said, "I like swimming and painting." Records and discussions with staff showed us the person was supported with these hobbies and we saw staff support them to do some painting. On the day of our visit all of the people who used the service were supported to go out into the community at different times of the day.

People were supported to access the community and engage in a wide range of activities of their choice,

including sensory activity and social clubs. Individual interests were followed such as swimming, ice skating and shopping trips. One person enjoyed using the internet and we saw them being supported with this on the day of our visit. People were supported to have regular holidays and to stay with their relatives when they wished to. We saw staff had given a great deal of support to people to make this happen, including staying at their relative's house with them.

The outside area had been developed with a building called, 'Shangri-La' introduced for people to sit and engage in a sensory or other activity. We saw this area being used during our visit with a person enjoying the sensory area. Other people sat in the garden with staff and we saw they were engaged in discussions and general banter with people laughing and enjoying this activity.

We spoke with two members of staff and asked them what they felt the service did particularly well and both of them said they felt it was the social lives of people which were particularly good. One member of staff said, "They (people who use the service) are never in, they are always going out."

People felt they could speak with staff and tell them if they were unhappy with the service. One person told us they would speak with staff if they were unhappy. The relatives we spoke with told us they would feel comfortable to approach staff or the manager if they had any concerns.

People could be assured their concerns would be responded to. There was a procedure for staff to follow should a concern be raised and staff we spoke with knew their responsibility to respond to any concerns raised and report them immediately to the manager. There had been one complaint raised in the last 12 months and we saw this had been investigated thoroughly and addressed with the person who raised the concerns. The manager had sought advice and the involvement of all health professionals involved in the person's care, and held a meeting to look at changes which could be made to the person's care and address the concerns raised. The person who made the complaint had been happy with the way their concerns were responded to and addressed.

Is the service well-led?

Our findings

We found that the systems in place to monitor the quality of the service were not always effective. Although medicines management was audited by the manager these were not frequent and the manager told us the weekly medicines audits had lapsed. Although we found the medicines in the service were being managed safely, the recording of information and follow up of issues when people were administered their medicines by external day services were not robust. This meant there was a lack of clear overview of these medicines when they were not in the service due to people attending external activities.

We found that records were not always accurate and there were no audits being carried out on these to ensure they were being maintained accurately. For example we found that there was confusion within care plans about where staff should record information. There were separate records for recording when a person had visited or been seen by external health professionals and this created a confusing audit trail of healthcare information being recorded. We found some areas of the care plans were not being reviewed, such as MCA assessments. There was a lack of auditing of the care plans since December 2014, and so these issues were not identified.

We saw there were audits in place to check the cleanliness of the service and where issues were identified an action plan was put in place and we saw the actions had been carried out. For example it had been identified there needed to be replacement bins in toilets and we saw these had been purchased. We saw these audits were effective with the service being clean and hygienic.

There was a registered manager in post and they oversaw the management of the service and had a team co-ordinator (manager) who was responsible for the day to day running of the service.

It was clear people had a good relationship with the manager, and we saw the manager had a hands on approach to leading the staff with frequent interactions with people who used the service. We observed people with the manager and saw they were comfortable and relaxed and the manager knew people very well. One relative told us, "The manager does a good job."

Staff were supported and included in having a say about the service. Staff told us the manager was approachable and they felt comfortable raising suggestions and concerns with her and felt the manager listened and acted on what they said. Staff were given regular supervision sessions to discuss their development needs. We observed staff working together as a team and they were organised and efficient. One member of staff told us, "[The manager] is a good boss. She is approachable and knows her staff well."

We saw the manager kept a record of compliments and comments received from relatives of people who used the service and external professionals who visited the service. We saw there had been two written compliments and many comments recorded in the comments book in the months prior to our visit, and these were all extremely positive about the service delivered to people.

Although there was not an annual client satisfaction survey or meetings for relatives, it was clear that people and their relatives were given the opportunity to have a say in what they thought about the quality of the service they received. People were invited to attend meetings to discuss events in the service and the manager had implemented a monthly meeting with individuals where people's level of satisfaction with the service was discussed and a record kept of these. Relatives told us the manager and staff regularly asked them if they were happy with the care given to their relation and said they felt comfortable to speak up if they wanted any changes making or felt there could be improvements.

The manager was required to submit reports to the registered provider to inform them of any complaints, accidents and incidents. This gave the registered provider an overview of what was happening in the service. The registered manager visited the service regularly and also carried out monthly quality visits which were unannounced drop in visits to observe care, speak with people using the service and staff and to check the environment. It was clear from the reports of these visits that people were being asked for their views on the service and were responding positively on the service they were receiving. Staff were also consistently giving feedback that they were supported well by the manager. The reports from these visits were submitted to the provider so that both they and the registered manager had an overview of what was happening in the service.