

Oxtoncare Limited

# Oxton Grange Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 23 and 24 March 2017. At our last inspection on the 25 March 2015, the service was required to improve the procedure for assessing people's capacity in accordance with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw at this inspection, that they had met this requirement and implemented a procedure that all staff were aware of and had completed training for.

Oxton Grange is a purpose built home providing care to elderly people who require personal care. The home can accommodate up to 60 people with dementia and EMI needs (elderly mentally impaired). It is set within well maintained landscaped gardens and has a large car park. At the time of our inspection, there were 56 people living in the home.

There was no registered manager in post; a manager had been in post since November 2016 and was in the process of applying to become the registered manager. 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.

We found breaches in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance, because the provider failed to recognise that staff were not maintaining records to inform of what care they were providing to people. You can see what action we told the provider to take at the back of the full version of this report.

Medication records confirmed that people received the medication prescribed by their doctor. There were medication administration records (MARs) in place that were completed by the senior carer staff. The MAR sheets however did not have a space on the record to inform what time the medication was administered, this could impact on time specific medication not being administered at the correct time with the amount of time required between each administration. One MAR had not been completed appropriately as the wrong dates were recorded.

We have recommend that the provider ensures that the medication records provided by the pharmacy used have all of the relevant details in place to inform the time medication administered and that expiry dates are on the bottles and packaging of medicines.

People had a choice in the meals that they received. People told us they received sufficient quantities of food. People's satisfaction with the menu options provided had been checked and 95% of people said they were happy with the food provided. Where people had lost weight this was recognised with appropriate action taken to meet the person's nutritional needs with dietician referrals and food supplements prescribed. However records for food and fluid intake had not been completed in full by staff to show what people had consumed each day and the provider had not monitored these records.

People told us they felt safe at the home with staff. The manager who was the safeguarding lead had a good understanding of safeguarding as did all the staff spoken with. They had responded appropriately to allegations of abuse and had ensured that incidents of a safeguarding nature were reported to the local authority and the CQC, as required.

The staffing levels were seen to be adequate on the days of this inspection and were sufficient to meet the care and support requirements of the 56 people living there.

Staff told us they felt supported by the manager. Supervision meetings took place but not all staff had recently had one with the new manager. Annual appraisals had been provided but not to all staff. We saw that there was a schedule for all staff to have completed supervision and appraisal by April 2017.

People's care records were person centred and contained information about their needs and preferences. We found that the five care plans and risk assessments we looked at were all up to date and had been regularly reviewed. There was information recorded by staff that reflected the changes of people's health in their monthly reviews.

Accidents and incidents were recorded and monitored to ensure that appropriate action was taken to prevent further incidences. Staff knew what to do if any difficulties arose whilst supporting somebody, or if an accident happened.

The home used safe systems for recruiting new staff. These included using DBS checks. They had an induction programme in place that included training staff to ensure they were competent in the role they were doing at the home.

People had a variety of person centred group activities provided by the service to promote their wellbeing.

During our visit, we found the culture of the home to be warm, open and transparent. People who lived at the home and the relatives we spoke with during our visit told us staff were kind and caring. We observed interactions between staff and people who lived at the home that were pleasant, kind and compassionate. It was clear that people felt comfortable with the staff that supported them. Staff we spoke with spoke fondly of the people they cared for.

## 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 safe at all times.

Medication procedures required a system were times where recorded by the administering staff on the MAR.

The staffing levels were adequate to meet the care and treatment requirements of the people living there.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable people.

Staff had been recruited safely. Recruitment, disciplinary and other employment policies were in place.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff had not recorded food and fluid intake monitor records appropriately. Menus were varied and alternatives were available on request. People we spoke with said they enjoyed their meals. People's weights were recorded monthly by staff.

All staff had received training and there was an on-going training plan.

Supervision meetings took place however they had not been provided to all staff. Annual appraisals were scheduled to ensure all staff had a meeting by April 2017.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

All of the people and relatives we spoke with said staff were kind and caring.

The atmosphere at the home was warm, friendly and homely.

**Good** ●

People were relaxed and comfortable in the company of staff.

We saw that interactions between staff and people who lived at the home were unrushed, friendly and compassionate.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's care plans contained information on how to support and promote their emotional and mental well-being in a person centred way.

Person centred care records were completed as required to ensure the relevant care and support was provided by staff.

There were sufficient activities to meet the needs, interests and preferences of all of the people who lived at the home.

People's health was monitored and staff took appropriate action when people became unwell.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well-led.

The manager completed a range of audits as directed by the provider. Where actions had been identified in these audits, the manager had acted upon them.

Records in relation to people's care were not completed appropriately as required.

# Oxton Grange Care Home

## 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.

This inspection took place on 23 and 24 March 2017. The first day of the inspection was unannounced. The inspection was carried out by an adult social care inspector and a specialist advisor who was a registered nurse. The specialist advisor looked at the medication policy and medication procedures at the home.

Prior to the inspection we looked at any information we had received about the home and any information sent to us by the provider since the home's last inspection. We also contacted the Local Authority for their feedback on the service.

During this inspection we spoke with six people who lived at the home and four relatives. We also observed the provision of day to day care. We spoke with the manager and deputy manager, three senior carers, three care staff, one laundry staff, one maintenance staff member, one domestic, and the chef. We looked at a variety of records including five people's care records, recruitment records for four staff, staff training records, medication administration records and other documentation relating to the management of the service.

We looked at the communal areas that people shared in the home, did a tour of the home and visited some people's bedrooms.

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 we spoke with told us they felt safe in the home. One person said, "I do feel safe, I'm looked after well here". Another person commented, "Yes, I'm safe and as well as can be expected". People's relatives we spoke with all told us that they thought their relatives were safe at Oxton Grange.

We spent time observing two medication rounds on two floors. We saw that the staff members wore a red tabard to show that the medicines round was taking place and they should not be disturbed. The staff were observed to approach people in a polite, respectful and dignified manner, kneeling down to be at eye level with them when administering their medicines. The medication rounds did take a long period of time and the morning medication rounds were not completed until 11:30. We discussed the medication timings with the manager as there were no records of what time medication should be administered on the medication administration records (MAR). This was due to senior staff covering two floors each. The manager informed us that time specific medication was provided correctly however we were not provided with any records to inform that this was provided to people. The manager informed us that they would liaise with the pharmacy to add a column for the time medication was administered on the MAR. The manager also told us that they would look at the length of time the medication rounds were taken to see if they could be improved.

We looked at the records for topical creams that were currently recorded in the MAR for people. Care staff were required to apply the creams and then report to the senior carer conducting the medication round to sign that the cream had been applied. We discussed this with the manager as this procedure was not good practice as the staff who had applied the creams were not completing the record. We were told that topical cream records were originally in people's rooms and that they would ensure the records would be placed appropriately so that staff who were providing the support completed the record.

All medication administration records (MAR) that we looked at contained information regarding any allergies people may have. Along with as and when required (PRN) medication administration records and care plans. Photographs of people were with the MAR files to ensure the medication was administered to the correct individual. Lists of staff signatures and initials were clearly displayed in the MAR files to show which staff members were authorised to administer medication.

The room temperature and medication fridge temperature had been checked regularly. This is important because if medication is not stored at the correct temperature it could affect the effectiveness or quality of the medication.

The controlled drugs book was up to date. We checked the records and medication stocks for four people and these were correct. One member of staff was observed to administer medication without wearing gloves and handled the tablets. This procedure could cause contamination of the medicines being administered by staff.

We checked the records and stocks of paracetamol for four people and found that all stocks were correct. There were no expiry dates on the boxes that contained PRN medication including tablets and liquid. The

manager told us that they would discuss this with the pharmacy so it is included on the medication labels. There was one MAR record that we saw had been completed incorrectly for a person's PRN medication showing the tablets were provided on a different date than actually dispensed.

We recommend that the provider ensures that the medication records provided by the pharmacy used have all of the relevant details in place to inform the time medication administered and that expiry dates are on the bottles and packaging of medicines.

The medication room was clean and tidy with appropriate hand washing facilities and necessary equipment.

Staff audits from December 2016 to February 2017 showed that there was an issue with staff retention. We had a discussion with the manager and staff, they told us that there was an issue with staff leaving the home, there had been 14 staff who had left. This was causing problems as new staff attended an induction and had shadow training on site involving existing staff whilst they were providing care and support. Care staff told us that it was difficult training and monitoring new staff as they were busy with their role and it was becoming challenging and impacting on their time to provide care as there were a lot of new staff who had recently been employed at the home. The manager told us they would look at the shadowing procedure at the home and look at initiating a new induction at Oxton Grange where care staff were not put under any extra pressure. We were told recruitment was on-going and there had been 22 new staff recruited from December 2016. The staffing levels on the days of our inspection were adequate.

The staff we spoke with were able to tell us about safeguarding vulnerable adults, how to prevent abuse from happening to vulnerable adults and the types of abuse that can occur. They told us that they had received training in safeguarding and they were able to tell us how they would report any concerns. We saw from the training plan that the manager provided to us that safeguarding training had been provided. The senior staff we spoke with had received training to ensure they were fully aware of the home's policy and procedure. When we looked at the information recorded we saw that notifications had been made appropriately to the Local Authority, CQC and other relevant bodies.

The safeguarding policy and procedure at the home had been updated in 2016. There were safeguarding contact details available in the manager's office and on the staff notice board in the staff room.

We spent time with the manager discussing unwitnessed falls. There had been 52 from 25 November 2016 to 9 March 2017. These incidents were investigated and the relevant referrals had been made, for example to the falls prevention team.

We saw that risk assessments were in place in the five care files that we looked at. Examples of risk assessments included medication, nutrition, communication, mobility and for the equipment that people used. The provider had implemented monthly reviews of all areas of people's. All of the five risk assessments we looked at were up to date.

We looked at the safety of the premises and environment and found that appropriate checks had been made. The environment had been checked through various risk assessments and audits. There were two designated members of staff who had responsibility for checking the environment. We saw records of audits that had taken place daily, weekly and monthly. Contracts were in place for the maintenance and servicing of gas and electrical installations and fire equipment. We saw records to show that regular health and safety checks were carried out and that regular servicing and checks were also carried out on equipment.

An environmental fire risk assessment was in place dated 2015. We were also provided with the last Fire and Rescue Authority report that was conducted in April 2013. We saw there were no issues raised. The maintenance officer said they would report any identified risks to the manager immediately. We requested the personal emergency evacuation plans (PEEPs) for the 56 people currently living at the home. These contained personal information about people's needs in an emergency situation, all were up to date and had the relevant information in place.

We looked at four staff files, these contained records that showed that safe recruitment processes had been carried out when staff had been recruited. One of the staff files we looked at was for a new member of staff. We saw that this staff file contained evidence that the staff member employed was suitable to work with vulnerable people. Qualifications, references and appropriate checks such as Disclosure and Barring Service (DBS) records had all been made. The provider had a disciplinary procedure and other policies relating to staff employment.

We saw accident and incident records were completed in full. These records showed what action had been taken in relation to any accidents and incidents and how the identified risks had been assessed and relevant records updated.

We spent time with a domestic member of staff and we also looked at records provided by the manager of how they continuously checked the environment to ensure it was clean and tidy. After spending two days at the home and touring the home we saw that the home was very clean and tidy and staff worked hard to ensure it stayed that way.

We went through the infection control records and checklists. There was a system in place for checking infection control standards on a daily, weekly and monthly basis. The systems were effective. We saw that where issues had been identified, action had been taken to address them.

We spent time with the chef and had a tour of the kitchen and all storage areas used by them. The kitchen and its equipment was clean and tidy. The fridge and freezer temperature checks were completed twice a day and the food temperature checks as and when necessary. All were recorded as being within safe limits. The kitchen had been rated as a five star the highest level by the Food Standards Agency for food hygiene in February 2017. We saw that personal protective equipment such as gloves and aprons were provided to staff. The provider ensured all staff were provided with uniforms and protective clothing.

## Is the service effective?

### Our findings

People we spoke with were happy with their care. People's comments included, "It's wonderful here, the staff are marvellous to me" Another person said, "I'm happy as can be expected thank you".

All of the relatives we spoke with were positive about the home and felt their relatives were happy. One relative said, "My relative is always happy and content when we visit, staff are really good". Another relative said, "They provide great care; the staff are really caring and well trained. I wouldn't know what we would of done without their support".

We looked at staff training records. Staff were up to date with mandatory training, We looked at the training materials provided to us by the manager and other relevant training records. We saw that most of the training was provided in house by the provider, they also sometimes used external trainers. We looked at the training matrix. This showed that showed training was provided throughout the year on a rolling basis. This enabled all staff to attend. Training for staff included health and safety, fire safety, dementia care, personal care, person centred care, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), food hygiene and infection control.

Staff told us that they were happy with the training provided. Comments made by staff included, "I did lots of training when I started, now I do refresher training. It's some practical and e-learning. I am also doing a professional qualification in care". Another staff member said, "I am up to date with training and the manager puts notices up for staff of training that is coming up". A third told us, "The training is not bad; I did the induction and have been told I will be doing other training". There was an induction programme that included attending two days at the head office then shadowing other care staff for three shifts at the home. Staff we spoke with told us that they had also completed or were in the process of completing a Health and Social Care qualification.

We spent time with one of the two activity coordinators who was registering for a specific training course in relation to their role, to provide stimulus and activities for people with dementia.

Six of the nine staff we spoke with told us that they had not had a supervision meeting with the manager since they started working at the home in November 2016. Three of the nine staff told us they were overdue an annual appraisal The majority of the staff we spoke with told us that they were appropriately supported and that there was an open door policy at the home where they could talk to the manager or deputy manager about any concerns they had. Other staff however told us that they did not feel supported by the staffing structure at the home and that there were issues with senior staff not being supportive when required. We discussed this with the manager and deputy manager who told us they would initiate meetings with all staff to ensure the home's culture was open and transparent and to make sure staff had the opportunity to express their views.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the 'Deprivation of Liberty Safeguards' (DoLS). We checked that the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We spent time with the manager who we found to be knowledgeable about the MCA. There were procedures in place and records to show that actions had been taken in relation to people's mental capacity. For example we looked at five care plans and all showed that assessments of people's capacity had been undertaken if necessary and that the local authority had been liaised with during this process. There was a file in the manager's office that contained application records for DoLS that had been sent to the local authority. During the medication round we observed one person received their medication covertly. Their medication was crushed and mixed with juice. As the person was unable to consent to this practice, a best interest meeting had taken place to discuss this. The best interest process had determined that it was in the person's best interest to administer their medication in this way. All of the staff we spent time talking with were aware of the MCA and had received training on the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff told us that they always sought people's consent; gave people choice and encouraged their independence by consulting with and involving relatives.

We observed staff interacting with people throughout the inspection. Staff were seen to have a good knowledge of each person and how to meet their needs. People we spoke with informed us that staff met their individual care needs and preferences at all times. Staff were very supportive and were heard throughout the inspection offering people reassurance when they became agitated or upset. The people who lived in the home were constantly encouraged by staff to be independent.

People were supported to have sufficient food and drink. People had access to food and drink throughout the day. We were present for lunch meals on both days of our inspection. On day two we sampled the food which was cod in parsley sauce or chicken fricassee; desert was blackberry pie and custard or peaches and cream. The meals were well presented and people's special dietary requirements were catered for. The food we sampled tasted very good. Staff were seen to ask people what they wanted, people were asking for alternatives if they did not want the food offered. A variety of sandwiches were provided. Comments from people were that the food was, "Nice, really tasty" and another person said, "I do like it most of the time, my favourites are the puddings they are wonderful". The majority of people had their meals in one of the dining rooms. If they chose not to they were served their meal in their rooms. The provider checked people's weight regularly and made recommendations about their diet. People who required a specific diet were provided with this; including soft diets and nutritional supplements.

We looked at five records of people's food and fluid intake. These records had not been completed fully by staff. There were gaps in what staff member's had recorded and there was no information about the overall quantities consumed. The records were in place to work in conjunction with the person's care plan and risk assessments in order to highlight if there were any issues in relation to people not eating or drinking in sufficient quantities. Without accurate records, staff could not be confident that people had done so.

This demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance, because the provider failed to recognise that staff were not maintaining records to inform of what care they were providing to people.

The manager informed us that most healthcare support was provided at the home, relevant professionals were requested to visit people there, for their convenience. Staff monitored people's health and wellbeing. We were told by the manager that staff were competent in noticing changes in people's behaviour and acting on that change. There were discussions with the manager and staff throughout the inspection about people's health checks. Care plan records we looked at informed the staff how they were to ensure that people had the relevant services supporting them. The manager told us that the doctor's visited the home as required. There was a new initiative being implemented at the home. This involved a weekly doctors surgery at the home where people could be seen or checked by a doctor if there were any changes to their health.

People were able to personalise their own rooms. Three people showed us their rooms. They told us they were happy with their rooms and said if they had an issue with their room, they would tell their relatives and report it to the staff. We looked at the maintenance records that showed that any issues in relation to people's bedrooms were dealt with promptly.

## Is the service caring?

### Our findings

The six people we spoke with told us that staff treated them well. Comments included, "Staff do look after me". Another said, "Brilliant staff, they look after me marvellously". We observed caring interactions between staff and the people living at the home. We observed that people were supported where necessary, to make choices and decisions about their care and treatment. We observed staff to be busy attending to people's needs and reacting to people's request for support in a respectful manner.

Throughout the inspection we saw positive interactions from staff with people they were caring for. For example we saw a member of staff talking with a person who was anxious and pacing the corridor. The member of staff was respectful to the individual and calmed them down by explaining why they were at the home and distracting them by having a sing song with them. We discussed this person's care with staff and they informed us that all relevant professionals were involved in the care being provided.

We saw that staff respected people's privacy and were aware of good practice in regard to people's confidentiality. People were able to see personal and professional visitors in private either in their own rooms or in one of the lounges if they preferred.

We observed people being listened to and talked with in a respectful, friendly and courteous way by the manager, the deputy manager and the staff members on duty. People were constantly asking questions of the staff. Staff responded by supporting people well, communicating in a calm manner and reassuring people if they became anxious.

The manager and staff told us that if any of the people could not express their wishes and did not have any family or friends to support them to make decisions about their care they would contact an independent advocate on their behalf. The provider had an effective system in place to request the support of an advocate to represent people's views and wishes if required. We were told this was predominately organised through the local authority. We were told by the manager that three people had recently used this service. An Independent Mental Capacity Advocate (IMCA) also visited the home to support a person whilst we were there. The IMCA told us that they had worked with other people at the home to support them with different requests for example finances. We were told they were always welcomed and staff would respect that a conversation would take place in private between the IMCA and the person.

People were supported to make sure they were appropriately dressed and that their clothing was chosen and arranged to ensure their dignity. The staff were seen to be busy supporting people with care needs. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if their support was needed.

Oxton Grange provided end of life care working in partnership with other healthcare professionals. The manager told us that this was a person's home for the rest of their life when they moved in, if that was their choice and that the staff could ensure the relevant care and support would be provided. There were assessments and reviews by the staff and other professionals ensuring people were receiving the relevant

healthcare. There were the six steps care plan review records in place which were used to inform staff when a person was on end of life care and at what stage they were in. We were told that there was one person currently living at the home that was being provided with end of life care. We found the relevant information about their end of life care in their care file.

We spoke with four relatives who all told us that they thought the care provided by staff was very good. Comments included "Great staff, really brilliant so happy we found this home for our relative". "Great staff, great care, sometimes not enough though".

We spent time talking to nine staff providing different roles at Oxton Grange. We asked them if they provided good care and support at the home. All staff told us they did, comments included: "We really do and we work so hard to make sure we provide good care" and "Yes we do provide good care I wouldn't work here if good care wasn't provide". Another staff member said "I have worked here a long time and the staff are really good carers".

## Is the service responsive?

### Our findings

People we spent time with were happy with the care provided by staff. Some people were able to tell us. One person said, "Staff are lovely" and "I have no complaints the care is wonderful".

We observed at this inspection that communication was explored with each person to find the most effective way of engaging with them. For example one person required a lot of attention and staff were seen on both days to talk calmly with the person and advised them and helped them get to where they wanted to go. They also sang with them. It was clear that the person was happy when singing and that this was an effective method of diffusing the person's restlessness. We looked at five people's care plans. These contained personalised information, such as people's backgrounds and family history, health, emotional, cultural and spiritual needs. People's needs had been assessed and care plans developed to inform staff what care to provide for people. We were told by the manager that people's needs were formally reviewed monthly or more frequently if required.

Each file contained a record of daily care that staff were required to complete to record what care had been provided to each person. In all five people's files we saw that there were entries made about this however, some of the entries were difficult to read due to the quality of the handwriting. We discussed the handwriting with the manager who told us that they would check who the members of staff were and reiterate to them how important it was to be able to read the records.

There was evidence in the five care files we looked at, of the involvement of other healthcare professionals in people's care for example mental health teams, district nursing, dieticians and opticians. There was evidence that people's physical health was monitored. People's weights were taken monthly and people who were at risk of malnutrition had their dietary intake monitored to ensure they received sufficient nutrition. Records showed that people who required repositioning to prevent pressure sores had a plan in place for staff to provide this support and people were referred to occupational health and the falls prevention team when their mobility declined. We saw that where professional advice had been given, people's care plans had been updated accordingly and acted upon.

We asked people about their reviews of care and their care plans. People spoken with were not fully aware of their care plan and the care they had agreed to as they were not able to fully understand our questions. Relatives we spent time talking with all told us they were aware of the care plans for their relatives.

The home worked with outside professionals to make sure they responded appropriately to people's changing needs. We observed conversations taking place and telephone calls being made to professionals to make appointments and referrals for people's health and wellbeing, for example district nurses and doctors.

People told us staff listened to any concerns they raised. There had been two complaints raised at the home in the last twelve months. Records showed that the manager had investigated the complaints raised and had taken appropriate action to address them. We were provided with a copy of the complaints policy and

procedure that had been reviewed in April 2015. People spoken with told us that if they were not happy they would talk to the manager or staff.

When we arrived at the home on the 23 March 2017 we spent time looking at the information in the reception area. We saw on the home's notice board that the complaints procedure was displayed for people and any visitors. The providers whistle blowing policy and procedure was also on display for staff.

We spent time talking to people about activities available at the home and we were told that there was always something taking place. Comments included, "I am asked to do activities here if I want to" and another person commented, "I'm not sure but I do go out". Another person told us "I do a lot of things that I enjoy". The activities were mainly group activities. We discussed one to one activities and were told that they did take place and that the activities coordinators visited people in their rooms to provide one to one activities. All five care plans files we looked at documented people's likes and dislikes along with information about the individuals cognition and communication abilities so that staff could plan an activities programme for them.

We discussed the home's activity plan with one of the activity coordinators. We discussed providing specialised activities for people with dementia and the activity coordinator told us that they had done some mandatory training and dementia specific training. We saw that there had been trips into the community to the cinema, shopping, cafés, bible studies, poem readings and every afternoon there was afternoon tea. We were told people were invited for tea and cakes and that this activity was thoroughly enjoyed by all. The activity coordinators also organized entertainment to come into Oxton Grange.

## Is the service well-led?

### Our findings

There was no registered manager in post; a new manager had been in post since November 2016 and was in the process of applying to become the registered manager. People we spoke with told us that the manager was available. People's comments included, "The manager is good" and "Really nice managers". Relatives told us that they spoke with the manager about all of their relatives care and welfare needs and they dealt with any issues and acted appropriately.

There were systems in place to assess the quality of the service provided in the home which included, weekly medication audits, staff training audits, health and safety audits, incident and accident audits and falls audits. We looked at the audits for January 2016 to February 2017. These systems had been effective in recognising health and safety concerns in relation to people falling and acting on this information. The audit systems however did not include checking that records in relation to people's care were properly completed. For example, people's food and fluid charts and repositioning records were not fully completed in accordance with people's risk management plans. Daily records in all the five files we looked at had not been monitored or audited which meant that the issues with the legibility of these records had not been picked up and addressed.

Other records also required improvement, for example one of the medication administration records (MARs) we looked at had not been completed appropriately and had incorrect dates entered. The MAR information is important and should be factual to inform staff and other healthcare professionals involved in the person's care when the medication was administered.

These examples demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider failed to effectively monitor that records were completed, accurate and legible.

The manager and the staff had a good understanding of the culture and ethos of the home, the key challenges and the achievements. There was a two tier management structure at Oxton Grange which comprised of the manager and deputy manager. The leadership was visible at the time of this inspection and it was clear that the manager knew the people who lived in the home. Staff told us that they had a good relationship with the managers who were supportive and listened to them. We were told by all staff that they did find the managers approachable. We observed staff interactions with the manager and deputy manager which were respectful and light hearted. There was a manager or a senior member of staff always on duty to make sure there were clear lines of accountability and responsibility within the home. Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to recognise that staff were not maintaining records to inform of what care they were providing to people.