

Scope

Oxclose Lodge

Inspection report

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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

This inspection visit was unannounced and took place on 19 June 2017. At our last inspection visit on 2 April 2015 we asked the provider to make improvements to the audits and supervision of staff. At this inspection, we found improvements had been made. The service was registered to provide accommodation for up to five people who have physical needs and a learning disability. At the time of our inspection five people were using the service.

There was a registered manager in post. 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.

Oxclose Lodge comprises of a purpose built bungalow. There is a private enclosed garden which people can access from the rear of the bungalow. Within the garden there is a sensory summer house which can be accessed by people with support from staff.

The provider had completed a range of audits and quality checks and had responded to make improvements. Staff had received supervision and support for their role.

There were sufficient staff to meet people's needs and we saw there was a flexible approach to the support they offered. Staff employed at the service had received the appropriate checks to ensure they were suitable to work with people. Medicines were administered safely by staff who were trained and regular audits ensured that any errors were addressed.

People were supported to be safe at the service and staff had received training to enable them to know how to raise any concerns. Risk assessments had been completed to cover all aspects of the environment and to maintain people's safety when outside the service. Other risk assessments had been completed to support the individual's independence and provide guidance when using equipment.

Staff had received a range of training to support the needs of people. Additional training was available to increase the staff's knowledge and support their career development. There was a clear induction for all new staff which involved training and shadowing with experienced staff.

Staff understood what measures to take when people did not have the capacity to make decisions. Assessments had been completed to cover a range of decisions. When required referrals to the local authority had been made when there was an identified risk that someone's liberty was deprived.

People could choose what food they wished to eat. People were supported with different ways to receive their nutrition and fluids to ensure they remained hydrated. When required specialist advice had been

sought. Referrals to other health professional had been made to ensure the people maintained good health and well-being.

The staff had established positive relationships with the people to provide an individual level of care. Relationships with families had been promoted and they felt able to visit anytime. People's dignity was respected and the staff had developed ways to promote their understanding of dignity.

The care plans provided details about people's preferences and how they wished their care to be provided. Relationships that mattered had been included in the development of the plans. People's leisure time was promoted and they had the choice of how to spend their day. There was a complaints policy in place which was available and any concerns had been addressed.

We saw that the previous rating was displayed in the reception of the home as required. The manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People's individual risks were identified and managed to keep them safe. Staff were suitably recruited and understood how to protect people from harm and poor care. Medicines were managed to ensure safe administration. There was sufficient staff to support people's needs, which was flexible and consistent.

Is the service effective?

Good ●

The service was effective

Staff had received training which gave them the skills they needed to care for people effectively. People had been supported to make decisions and when they were unable best interest decisions had been made with the relevant people. The provider had considered when people were being unlawfully restricted and had made applications to the local authority. People were given a choice of food and specialist ways to support people with their diets had been implemented. Specialist advice was sought promptly when people needed additional support to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring

People and their relatives were happy with the care that was provided. It was delivered in a dignified and respectful way. People were encouraged to make choices and be independent. Relatives and friends were free to visit throughout the day and for those unable to visit there opportunities were made to enable their relationship to be maintained.

Is the service responsive?

Good ●

The service was responsive

People received care which met their preferences and staff understood their likes and dislikes. There were opportunities for people to choose how they spent their leisure time. There was a complaints procedure and this was followed when required to address any concerns.

Is the service well-led?

Good 

The service was well led

There was a positive atmosphere in the home and staff felt well supported. People and relatives were encouraged to share their views about the service. Audits were in place to monitor the quality and safety of the service provided and had been used to drive improvement.

Oxclose Lodge

Detailed findings

Background to this inspection

We carried out this inspection visit 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. Our inspection was unannounced and the team consisted of one inspector.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us at the inspection visit.

We spoke with one person who used the service and two relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with three members of care staff and the registered manager. Before and after our inspection we also spoke with three health care professionals about the service. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the care records for three people to see if they were accurate and up to date. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People had been supported to ensure their safety. One person said, "Yes, I feel safe, it's important to have an inspection to check." Relatives we spoke with said, "100% safe." And another said, "I can sleep at night, they are settled as Oxclose is their home and with family."

Staff had received regular training in safeguarding and understood how to ensure people were protected from harm. One staff member said, "I would report any concerns to the safeguard lead or the local authority if necessary. Acts of abuse can be intentional or acts of irritation which can cause people harm, so we need to protect them." This meant we could be sure people would be protected.

We saw that risks to people's safety had been assessed. These were on an individual basis. For example, one person chose to crawl on the floor; mats had been placed in their room and guidance provided so that staff could be sure to maintain their safety. Where people required equipment the risk assessments covered their use, pictorial guidance was also in place to identify aspects of the equipment to ensure they were used safely. One relative said, "I trust them with my relative, they know what they are doing."

Some people expressed themselves with behaviours which could place themselves or others at risk.. We saw there was clear guidance to advise staff on how to support the person and provide a consistent approach. Environmental risks were assessed to ensure that people were protected. We saw that fire procedures were clearly displayed. Plans were in place to respond to emergencies, such as personal emergency evacuation plans. These plans provided a picture of the person and guidance on the level of support each person would require to be evacuated in an emergency situation. The service had a maintenance person. They ensured that repairs were completed swiftly to avoid any disruption or delay in care for people. We saw there was a clear process for the reporting of jobs requiring action.

There were sufficient staff to support people's needs. One relative said, "There are always a consistent team to support them all." We saw that when cover was required for sickness or leave there was a team of casual staff who were available. The manager said, "This gives us flexibility when we require additional staff and the assurance the staff who are supporting know people well."

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us, "It took about three weeks for the DBS to be done and the provider required two references." This demonstrated that the provider had safe recruitment practices in place.

We saw that people received their prescribed medicines safely and at the correct time. Some people required their medicine to be given via a tube. This required specialist training which staff had received. One staff member said, "I was observed and everything checked to ensure I felt confident before I was signed off." They added, "We have a clinical lead we can speak with to avoid us feeling anxious."

Some people required rescue medicines when they went out of the home. We saw that a medicine bag with all the correct information and medicine was easily accessed. The bag was checked monthly or when the medicine changed.

We saw that all medicine was stored safely and the service had recently completed a medicine review with an external medical practitioner. It showed a positive outcome with the only requirement being a new fridge thermometer which had been replaced. This showed us / this demonstrated the provider took responsibility for the medicines management to ensure it was safe.

Is the service effective?

Our findings

Staff received a training for their role. One staff member said, "We have a range of training, face to face and online. We are kept up to date." Staff had received observations and competency checks following training. Any areas identified for further improvement were raised and followed up. We saw when staff had requested additional training this was provided. For example, one person had asked to complete the moving and handling trainer's course and this had been provided.

We saw when people commenced their employment they received a package of training and support. One staff member told us, "I had two weeks of training each day something different. Every day I learnt something new." They also told us they received support by working alongside experienced staff until they got to know people and their needs. One staff member said, "I was able to do that until I felt confident." This meant people were supported in their role.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

We saw that assessments had been completed which were specific to the activity or decision. Where people lacked capacity we saw that best interest meetings had been completed and the relevant people consulted in relation to the decision. Applications relating to DoLS had been completed to the relevant authority and reviewed in relation to the timeframe. Staff had received training and were able to explain to us the act and the DOLS process.

All the staff we spoke with understood the importance of seeking consent. One staff member said, "We always give people the choice and encourage them to make a decision." Throughout our visit we saw that people's consent was obtained by staff before they supported them. For example, we heard staff asking one person if they wished to remove a blanket as it was warm and before they supported a person with their personal needs.

People told us they enjoyed the meals. One person said, "I get a choice." A relative said, "The food is brilliant they have a variety." We saw people had been encouraged to choose the food for the menu and on a daily basis they were given choices. Some people were unable to eat a meal, however they were provided with a taste of some soft food or when their feeding tube was cleaned their lips were touched with pineapple juice so that it provided a pleasant experience. People's weight was monitored and advice from health care

professionals was sought when required. We saw in the care plans any guidance was recorded and incorporated in to the person's daily meal plan.

We saw that referrals had been made to health care professionals in a timely manner. For example, a referral had been made to an occupational therapist to provide support with the use of a harness and the best approach to support the person to sit safely. We saw that any additional equipment or guidance was documented and followed. Some people required exercises provided by a physiotherapist to support their wellbeing. The exercises were clearly explained with some pictorial guidance and information on how frequently they should be completed. This meant people's health and wellbeing was supported.

Is the service caring?

Our findings

People and relatives told us there were positive relationships with them. One person said, "Staff are my friends." Relatives said, "Staff are outstanding, so caring and considerate." They added, "It's not just a job, the staff care about what they do." The staff we spoke with enjoyed working at the home. One staff member said, "Love my job, I don't feel like I am at work." Another staff member said, "They need people in their life that are positive."

People were supported with their individual choices. For example, one person had chosen to remain in bed. The staff knew this from their body language and respected their wishes. One staff member said, "Each person has different abilities and they communicate in different ways." One person used an iPad for their social entertainment, this was password protected. Although the person required support to input the password, its content was only known by the individual. Staff respected this and understood the importance of maintaining the person's privacy. A relative said, "They respect their wishes and only have their best interests at heart." The manager said, "Staff 'go over and above' with the people we support. I am impressed with their approach daily."

People were able to personalise their environment. One staff member said, "Each room represents their personality." For example, one person likes music and their TV has been connected to their music. Other rooms displayed items people had chosen.

Relatives told us they felt welcomed and relaxed at the home. One relative told us, "There isn't any time I cannot go and they keep me informed of anything." We saw that family contact had been promoted and this was documented. Some families visited on a regular basis and other family members enjoyed supporting the person with personal care tasks. Staff had also supported people to see family members who were unable to visit through the use of technology to provide a skype call. A skype call is a way of making a telephone call through the internet and provides a live visual picture during the call. The manager said, "We have a lot of visitors and family are all welcome. We always ensure we contact family if we are going out to avoid any disappointment." This meant people were supported to maintain their relationships.

Some people required the support of an advocate. An advocate represents the interests of people who may find it difficult to be heard or speak out for themselves. We saw that an advocacy service visited regularly and provided the manager with information relating to the interactions they had and any actions they felt were important to support people's decision making.

Is the service responsive?

Our findings

People and those important to them had been included in discussions and decisions at their request. One relative said, "I have always been involved and consulted." We saw the care plans reflected people's needed and preferences. One staff member said, "After you have read the care plans you really feel as if you know them." The manager told us, "It's important I know the people and I cannot learn about them whilst I am in the office." We saw where people were able they had been included in meetings and their care plan shared with them. A staff member said, "You can tell the care plans have been written with the person." We saw the plans had been reviewed when things changed and staff had been guided to ensure they had read the changes. The manager said, "It's a working document, its important it's up to date."

The manager had introduced a daily handover. One staff member said, "We check everything before we leave now, it really works." Another staff member said, "We have a check list, we tick off and sign and pass on any messages." This ensured that people received continuous care as their needs changed.

Risk assessments had been completed for external events. For example, barbeques or trips to events. We saw a risk assessment had been completed with one person who is usually independent driving their wheelchair. The assessment identified that the person was not safe when out in busy areas or crossing the roads. At these points it was agreed with the person that staff would provide guidance to ensure they remained safe. The staff member said, "It's all about maintaining their safety, but still ensuring they are as independent as they can be."

People were able to make choices about their daily activity. We saw people engaged in having a massage of their feet. Other people enjoyed listening to music of their choice and other people shared a book which was read by the staff. One staff member said, "Seeing people happy and living life to the full is what it all about." This meant people were encouraged to engage in activities of interest to them

Those involved with people who used the service felt able to raise any concerns. A relative said, "If I have any concerns, I feel I can raise them." Another relative said, "They're quick to help and don't hide anything." We saw that when a complaint had been raised it was responded to in line with the provider's policy and a formal response provided. This demonstrated that complaints were acknowledged and responded to.

Is the service well-led?

Our findings

Our previous inspection found whilst the provider was not in breach of any regulations there were aspects relating to the running of the home which required improvement. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

Following the last inspection, the manager developed an action plan. We saw this plan had been regularly reviewed until all aspects of the plan had been achieved. One aspect of the plan was to complete regular audits. We saw the health and safety audit had checked the seal on the fire door and noted the damage was cosmetic, however although not urgent this was still added to a list of areas to be addressed. Another audit identified a new thermometer was required to check the water temperature and we saw this had been purchased.

We saw the medicine audit had highlighted some errors when some medicine had not been signed for. Following these errors the manager introduced a 'designated medicine person.' One staff member said, "this is working really well." We saw since this had been introduced the medicines errors had reduced. The manager said, "If we recognise something needs doing and get a plan to complete it." This demonstrated that the audits had been used to drive improvements.

Another part of the action plan was to ensure staff received regular supervision. Staff we spoke with said they received supervision regularly, but they could also access the manager as they had an open door approach. One staff member said, "Really nice and very supportive and understanding." Another staff member said, "We talk about training, any concerns you can bring anything up. You don't have to wait for supervision."

The manager had received regular supervision and felt supported in their role. They told us, "I feel really supported, my induction was thorough and I can call if I need anything. The organisation was part of seven homes in the locality who met to share ideas. The manager said, "It's really useful to be able to call someone just down the road if you need advice."

People told us they found the service to be kind and friendly. During the inspection the bungalow had a homely relaxed feel. This was supported by comments from relatives. One relative said, "The bungalow is always welcoming." Another relative said, "I feel the new manager is making a difference."

We saw that that staff, people and relatives received regular updates from the provider in relation to the wider organisation and future plans. We saw meetings had been held with the people and relatives. These covered all areas of the service, planned activities and any future improvements.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's

website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating or offered the rating on their website

The manager understood the requirements of their registration and provided notifications and guidance to the service to meet with the regulations.