

Philip Brett Harden and Joyce Harden

Oxenden House Care Home

Inspection report

Oxenden Square
Herne Bay
Kent
CT6 8TN

Tel: 01227 371228

Website: www.oxendenhouse.co.uk

Date of inspection visit: 12 November 2014

Date of publication: 16/03/2015

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?

Good 

Overall summary

We carried out this inspection on 22 October 2014, it was unannounced.

Oxenden House is a detached property set in its own grounds. It is a privately owned service and the registered providers and their family live on the premises. The service provides personal care, accommodation and support for up to five adults who have a learning disability. At the time of the inspection three people lived at the service.

There was a 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 and associated Regulations about how the service is run. Both registered providers and the assistant manager were present for all or part of the inspection visit.

People living at the service had been appropriately assessed regarding their mental capacity to make certain

Summary of findings

decisions. Processes were in place to arrange 'best interest' meetings involving people's next of kin, and health and social care professionals for making specific decisions about their care and welfare.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager and staff showed that they understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager told us that currently none of the people had their liberty restricted.

Staff had been trained in how to protect people from harm and abuse. Discussions with staff confirmed that they knew the action to take in the event of any suspicion of abuse. Staff understood the whistle blowing policy. Staff were confident they could raise any concerns with the registered manager or outside agencies if this was needed.

People and their relatives were involved in care planning, and staff supported them in making arrangements to meet their health needs. Care plans were amended to show any changes, and care plans were routinely reviewed and audited to check that they were up to date. Staff spoke with people in a caring way and supported people to do what they wanted to do. People were supported in having a well-balanced diet and menus offered variety and choice.

Staff knew about people's individual lifestyles, and supported them in retaining their independence. People

were given individual support to carry out their hobbies and interests, such as swimming, golf, football, sailing and horse riding. People said that the staff were kind and caring and treated them with dignity and respect.

Medicines were managed and administered safely. People received their medicines on time.

There were clear risk assessments in place for the environment, and for each individual person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

Staff files contained the required recruitment information. Staff worked alongside other staff until they had been assessed as being able to work on their own. There were effective systems in place for on-going staff training; and for staff supervision and support.

There were systems in place to obtain people's views. These included formal and informal meetings, events, questionnaires and daily contact with the registered manager and staff.

Aspects of the service was monitored. The premises and equipment were well maintained. The manager carried out checks and analysis to identify where improvements were needed and kept clear records of this. Meetings held regularly gave people the opportunity to comment on the quality of the service. People were listened to and their views were taken into account in the way the service was run.

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 living in the service, and that staff cared for them well.

People were protected from abuse. Safe recruitment procedures were followed and there were enough staff to meet people's needs.

Risks to people's safety and welfare were assessed. Medicines were managed safely. The premises were maintained and equipment was checked and serviced regularly.

Good



Is the service effective?

The service was effective.

The staff understood their individual needs. Staff were suitably trained.

The menus offered variety and choice and provided people with a well-balanced diet.

People's health needs were met. Referrals were made to health professionals when needed. Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Good



Is the service caring?

The service was caring.

Staff were supportive, patient and caring. The atmosphere in the home was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs.

People were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People and their relatives were involved in their care planning. Changes in care were discussed with people so they were involved.

People were supported to maintain their own interests and hobbies. Visitors were always made welcome.

People were given information on how to make a complaint in a format that met their communication needs.

Good



Is the service well-led?

The service was well-led.

People and their relatives spoke very highly of the staff and the registered manager. Staff were fully aware of the home's ethos for caring for people as individuals, and the vision for on-going improvements.

Good



Summary of findings

There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to deal with these. People's views were sought and acted on. People were confident that any concerns would be properly investigated and addressed.

People and their relatives felt able to approach the manager and there was open communication within the staff team.

Oxenden House 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 checked 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 12 November 2014. The provider was given three hours' notice as this was a small service for younger adults with learning disabilities who were often out during the day; we needed to be sure that someone would be there. The inspection team consisted of one inspector, as this was more appropriate for a small service.

We spoke with the three people who lived at the service and they showed us their rooms and the rest of the service. We looked at personal care records and support plans for two people. We looked at three medicine records; two activity records; and one staff recruitment record. We observed staff carrying out their duties, such as staff

supporting people on their return home following their planned activities. Before the visit we examined previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

This service was a family run business and was staffed by both registered providers, and an assistant manager, who is a relative. As the partners and their family lived at the premises they were able to update each other and any other staff with any changes in each person's care and support needs. In addition to the registered providers and the assistant manager there was one part time person employed who carried out cleaning duties.

Before the inspection, the registered provider completed 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. We received positive feedback via e-mail from two social services case managers who had arranged reviews of people who lived at the service.

We last inspected the service on 11 October 2013, when no concerns were identified.

Is the service safe?

Our findings

People felt safe living in the service. People were happy and they liked their room. A comment received from a relative on the quality assurance questionnaire completed this year stated “I cannot wish for my son to be in a better place. He thoroughly enjoys living there and everyone has been amazing with him. It is his home and it could not be better”.

Staff were aware of how to protect people and the action to take if they had any suspicions of abuse. Staff knew how to contact the local social services office to report concerns. Staff had received training in protecting people, so their knowledge of how to keep people safe was up to date. The registered manager was familiar with the processes to follow if any abuse was suspected in the service. The registered manager said if any concerns were raised, he would telephone and discuss with the local safeguarding team. They knew the local safeguarding protocols and how to contact the County Council’s safeguarding team.

People were supported to manage their money safely. Records were kept so there was a clear audit trail of money received, money spent, and the balance remaining. Receipts were kept as proof of purchase as part of the record keeping system.

Accidents and incidents were recorded and monitored by the registered manager. An analysis was undertaken to look at any trends. There had been no safeguarding referrals or whistle blowing concerns raised in the last year.

We looked around the service. The premises had been maintained and suited people’s individual needs. The kitchen had recently been modernised and re-fitted. The premises were visibly clean in all areas, and smelt fresh and clean. A visiting nurse commented, “Lovely family friendly setting. Very homely environment”.

People were protected against risks in the service because equipment checks and servicing were regularly carried out to ensure the equipment was safe. The registered manager carried out risk assessments for the building and for each separate room to check the service was safe. Internal checks of fire safety systems were made regularly made and recorded. Fire detection and alarm systems were maintained quarterly by an external company.

The registered manager operated safe recruitment procedures. Staff files showed that checks had been carried out including police checks and references to show that staff were suitable to work with people. Applicants were asked to show proof of any previous training. Interviews were carried out and an interview record was retained. Successful applicants were required to complete a four week induction programme during their probation period. Staff worked alongside other staff until they had been assessed as being able to work on their own.

The registered manager provided suitable numbers of staff to care for people safely and effectively. In addition to the two registered providers and the assistant manager, one person was employed on a part time basis to carry out cleaning duties. There was a person on work experience from the local school who was working supervised at the service one day a week during term time. Checks in relation to the suitability of the person to work with people at the service were undertaken by school and verified by the registered manager.

Medicines were stored and administered safely. Medicines were given to people as prescribed by their doctors and records were kept. There were reliable systems in place for checking in medicines from the pharmacy; and for the correct disposal of unused medicines. Records detailed each person’s current medicine requirements. Where a risk, such as seizures had been identified, emergency medicines were available. An assessment of the risk with plans to minimise the risks were clearly recorded. Staff who administered medicines had completed training to make sure they were competent.

Risk assessments were completed for each person to make sure staff knew how to protect them from harm. The risk assessments contained detailed instructions for staff on about how to balance identified risks. One person has a risk assessment for making hot drinks, the measures planned to reduce the risk of scalds and injury had been implemented. Staff had supported two people to use public transport to specific destinations and they were now able to travel independently to these destinations. This showed that people had travelled independently, following identifying risks and taking action to support them.

Is the service effective?

Our findings

People told us the staff looked after them well. They said “Staff are good” and “If I have any concerns I will speak to the staff”. People had lived at the service for a many years and staff knew them well.

The registered manager and deputy manager had obtained relevant qualifications in health and social care. Staff were kept up to date with required training. They received refresher training in a variety of topics such as fire safety awareness and health and safety. Staff had received training in people’s specialist needs such as diabetes awareness and epilepsy. Staff were supported through individual one to one meetings and appraisals. In this small service staff saw and talked to each other every day.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). People’s consent to all aspects of their care and treatment was discussed with them or with their next of kin as appropriate. Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Plans of care contained mental capacity assessments which documented the ability of the person to make decisions. People who had been assessed as lacking the mental capacity to make some decisions, but were able to express their day to day choices, were encouraged to do so. The registered manager and assistant manager were both aware of how to assess a person's ability to make decisions. Staff had a good knowledge and understanding of each person.

The registered manager told us that currently none of the people had their liberty restricted. The registered manager discussed a DoLS application that had been made for a person earlier this year. The registered manager had worked with other professionals to ensure a smooth transition for the person to another service. The person’s case manager from the local authority involved commented that one to one support had been provided by the service to ensure the person’s safety before they moved. They also commented that the manager had made a number of changes to meet the person’s changing needs. After the person moved to another service, the manager visited and continued to support the person.

People were supported to have a balanced and nutritious diet. People were offered choices of what they wanted to eat and records showed that there was a variety and choice of food provided. One person’s care plan stated, ‘I am healthy. I have been on a controlled diet for three years’. The records showed the person’s planned weight loss had been achieved and the person was encouraged to make healthy food choices such as home-made soup prepared on the day, using fresh vegetables. People were weighed regularly to make sure they maintained a healthy weight.

The registered manager and staff monitored people’s health effectively. Referrals were made to health professionals including doctors and dentists as needed. Care plans showed that people had access to a range of health care professionals. People had been referred to the local hospital for assessment and fitting of special equipment. Health action plans were in place which provided information about the person should they need medical attention away from the service.

Is the service caring?

Our findings

People said they were always treated with respect and dignity. People were happy and staff knew what care they needed. Relatives and friends said that people were well cared for. Their comments included, “As always, he has a very good life with the family. He always looks well and happy. We know he is happy and content and leads a very active life”. One relative commented on how pleased they were to have their relative in such a caring environment. The atmosphere in the service was warm, welcoming and sociable.

Staff spoke with people clearly and politely, and made sure that people had what they needed. They knew people’s backgrounds well and talked to people about things they were interested in. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people. People were relaxed in the company of the staff, and often smiled when they talked with them. Support was individual for each person.

People and their relatives had been involved in planning how they wanted their care to be delivered. Relatives felt

involved and had been consulted about their family member’s likes and dislikes, and personal history. Staff supported people to make day to day choices about their care, such as the food they wanted to eat or the clothes they wanted to wear. The registered manager and assistant manager recorded the care and support given to each person. Each person was involved in regular review of their care plan, which included updating assessments as needed.

Staff promoted people’s independence, One person returned from swimming and was supported to sort out their swimming trunks and towel and left these to dry. Staff had supported one person who was now able to go independently on the bus to visit their family. People were encouraged and supported to complete their own food diary.

People’s privacy and dignity were respected. Staff gave people time to answer questions and respected their decisions. Any support with personal care was carried out in the privacy of people’s own rooms or bathrooms. Staff asked people for permission before they showed the inspector their room. Staff supported people in a patient manner and treated people with respect.

Is the service responsive?

Our findings

People received care when they needed it. Staff knew people well and smiled, laughed or joked appropriately with people in ways that responded well to their individual personalities. One social care professional said they thought the service supported people in an individual way.

The registered manager and assistant manager carried out pre-admission assessments to make sure that they could meet the person's needs. People, and their relatives or representatives were involved in the assessments. Pre-admission visits and trial stays were arranged so that the person could decide whether they wished to live there.

People's needs were assessed and care was planned and recorded in people's individual care plans. The care plans contained clear instructions for the staff to follow to meet individual care needs. The care plans included specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. Changes in care were agreed with people before they were put in place.

Feedback from health and social care professionals was positive about the overall quality of the service. They spoke highly of the registered manager, the staff, and the care that was given. They said that the staff responded to people's needs and that care plans reflected people's individual requirements.

People were able to choose where they spent their time. People personalised their bedrooms with colours of their

choice to reflect their personality and current interests. People were invited to attend regular house meetings, where any concerns could be raised, and suggestions were welcomed about how to improve the service.

People were provided with a copy of the complaints procedure as part of the information about the service when they moved in. A complaints procedure with pictures was on display to support people's individual communication needs. The registered manager said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. There were regular contact records of discussions with relatives, and any information from any of the day centre/clubs that people attended.

People were supported to take part in activities they enjoyed. Weekly timetables of activities were developed with each person. Activities included keep fit, going to the cinema, swimming, golf, football, sailing and horse riding. People attended local clubs. There were photos of recent trips on display at the service that included a picnic at a local wooded area and a coastal attraction and a day trip to Brighton. People were supported to go on holidays of their choice and decided to all go together to Brighton. Staff had supported people to take part in audiences of televised shows in London in response to their requests.

People's family and friends were able to visit at any time and people visited their friends and family either independently or with staff support.

Is the service well-led?

Our findings

People and their relatives thought the service was well-led. One relative said “Oxenden House always exceeds requirements and expectations”. People, relatives and health and social care professionals spoke highly of the registered manager and staff. We received only positive comments about how the service was run. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people and visitors.

The provider had a clear set of vision and values, “We provide support for the person that meets their individual needs and make sure they feel at home”. As a small family run business, staff were fully aware of the home’s ethos for caring for people as individuals, and the vision for on-going improvements. The registered providers showed their commitment by putting people at the centre when planning, delivering, maintaining and improving the service they provided. The registered manager liaised regularly with other social healthcare professionals to make sure they were meeting the needs of the people that used the service.

There were quality assurance systems in place to monitor aspects of the service including the environment and the

care. The registered manager carried out an annual quality assurance assessment. All quality assessment records were up to date. These checks were carried out to make sure that people were safe.

People and their relatives were asked for their views about the quality of the service. Questions such as “Are people involved in meaningful activities” and “Do you feel we support people to make choices and decisions” were asked. The results were positive and all of the comments were complimentary. People’s complaints were listened to and resolved according to the services complaints procedure.

Health professionals, such as local dentists and doctors were invited to complete a quality survey. Questions included “Do you feel that Oxenden House provides and promotes good health, safety and well-being for individuals?”, “Do you have good communication with the service?”, and “Do people receive the support they need to attend to their medical needs?” Health care professionals had answered positively to all questions on the form. We received positive feedback from visiting health and social care professionals who said they had confidence in the way the home was led. They said that the registered manager and staff always informed them of any concerns about people’s care.