

# Speciality Care (Rest Homes) Limited

## Oxford Road

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Oxford Road is part of Arden College that provides specialist further education for young people aged 16-25 years of age with learning disabilities. There were support staff present in the home 24 hours per day. Accommodation can be term time only and outside of term time if required. At the time of our inspection there were two people living at the home, and one person receiving respite care two days a week.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 16 people but had been adapted to provide individual accommodation for five young adults aged over 18 who attend the college. There was additional classroom space on the ground floor of the property. The size of the service having a negative impact on people was partially mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs. However, the presence of an industrial bin and minibuses in the car park identified the building was not in use as a domestic dwelling.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

### People's experience of using this service

Staff were not always deployed safely in accordance with people's needs. Staff from other services did not always receive a thorough induction before undertaking their duties. Some staff had not completed essential training.

Risk was not always managed in accordance with best-practice guidance. Changes were not always made to reduce risk following incidents. The service did not have the resources to respond to complex behaviours in

a timely manner. We made a recommendation regarding this.

Medicines were managed safely in accordance with best-practice guidance. Staff had been trained in adult safeguarding and understood their role in relation to keeping people safe. The service sought support from other social and healthcare professionals to improve practice.

Staff did not always understand their roles and how to safely manage some risks. People living at the home were involved in discussions about their care wherever possible. Staff used alternative forms of communication to help people understand important information.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection and update

The last rating for this service was Good (published 14 May 2019).

Why we inspected

We received concerns in relation to the safe deployment of staff and the management of medicines. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-Led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oxford Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 always safe

Details are in our Safe findings below.

**Requires Improvement** ●

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

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Oxford Road

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was conducted by two inspectors.

#### Service and service type

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home had a manager registered with CQC. This means that they, and the provider, are legally responsible for how the home is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was conducted over two days. The first day of the inspection was unannounced.

#### What we did

We reviewed information we had received about the home since it was registered. We assessed the information we require providers to send us at least once annually to give some key information about the home, what it does well and improvements they plan to make. We used all this information to plan our inspection.

People living at the home were unable to engage in conversations with us because of their health conditions. However, prior to the inspection we spoke with two relatives of people who lived in the home. We spoke with the registered manager, the college principal and five care staff.

We reviewed a range of records. This included two people's care records, two staff files and other records

relating to the management of the home.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk was not always managed in accordance with best-practice guidance.
- Some staff had not completed essential training. For example, in relation to physical intervention. This meant there were occasions when there were not enough trained staff to provide safe care when people exhibited high-risk behaviours.
- Risk was assessed and analysed but there was limited evidence of changes being made to reduce risk following incidents.
- The service did not have the resources to evaluate complex behaviours in a timely manner. For example, Positive Behaviour Support (PBS) was in use to help staff understand people's behaviours and provide safe, effective care. However, the service was reliant on an external resource to review and update approaches which meant people and staff were placed at risk.

The failure to ensure behavioural support was regularly reviewed and staff were appropriately trained placed people at avoidable risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff were not always deployed safely in accordance with people's needs.
- People using the service had very specific care needs in relation to their health and behaviours.
- Staff were deployed in sufficient numbers. However, agency staff and staff from other services were regularly used.
- Staff from other services did not always receive a thorough induction before undertaking their duties.

The failure to ensure staff were thoroughly inducted placed people at risk of receiving unsafe or inappropriate care. This was a breach of regulation 18 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Before the inspection we received information of concern regarding the inappropriate deployment of male staff. The first day of the inspection was scheduled to check the deployment of staff during the evening and night shifts.
- Male staff were only deployed in exceptional circumstances and their duties in relation to personal care were restricted to respect people's needs and preferences.
- Safe recruitment practices were used to ensure that new staff were suited to working with vulnerable people. Appropriate checks were completed before new staff started work.

### Using medicines safely

- Medicines were managed safely in accordance with best-practice guidance.
- Before the inspection we received information of concern regarding the use of some prescribed topical medicines. The service had been made aware of the concerns previously and had taken steps to ensure all medicines were used as prescribed.
- Records of administration were complete.
- The management of medicines was subject to frequent audits by the registered manager.

### Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in adult safeguarding and understood their role in relation to keeping people safe.
- The relatives we spoke with before the inspection expressed concern with the safety of some aspects of care and were monitoring the service's response. One relative told us they were satisfied the service had responded appropriately to reduce the risk to their family member.

### Preventing and controlling infection

- The environment was visibly clean and free from any unpleasant odours. There was a clear system in place and the building was cleaned regularly.
- Staff had completed appropriate training and were aware of the need to control the potential spread of infection.

### Learning lessons when things go wrong

- The registered manager and provider were committed to learning from incidents and concerns. However, systems had not always been effective in delivering improvements.
- The service sought support from other social and healthcare professionals to improve practice.
- Staff understood the importance of reporting incidents and accidents. The documentation that we saw included sufficient detail to aid analysis and to identify patterns or trends.
- Significant incidents and accidents were subject to further review by senior managers.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff did not always understand their roles and how to safely manage some risks.
- In one example, the service had engaged with health and social care professionals with regards to a complex health condition and a change in behaviour. However, this had not resulted in important health checks being completed or the development of an effective plan to better meet the person's needs.
- The staff and managers we spoke with expressed their concern at the lack of progress and the impact the delay was having on the person's quality of life.
- A registered manager was in place. The registered manager and provider completed regular safety and quality audits. However, audits processes did not always result in improvements to quality and safety.

We recommend the provider reviews quality and safety systems to ensure they generate an effective and timely response where concerns are identified.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The managers and the staff we spoke with demonstrated their commitment to providing high-quality, person-centred care. This commitment was reflected in records and in their interactions with people.
- Staff demonstrated an understanding of their responsibilities in relation to the people living at Oxford Road and the need to act with honesty and integrity.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People living at the home were involved in discussions about their care wherever possible. Staff used alternative forms of communication to help people understand important information. People also had the option to have their views communicated by a relative if they wished.
- Staff were supported to express their views and contribute to the development of the home at team meetings and handovers. The staff we spoke with said they could approach the registered manager, or the provider at any time.

Continuous learning and improving care; Working in partnership with others

- The provider placed continuous learning and improvement at the heart of their practice. Lessons learnt

from incidents and accidents were shared with staff to improve practice.

- Additional partnerships had been developed with other services to enhance the experience of people living at the Oxford Road.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Staff were deployed before they had completed essential training. This placed people receiving care, other staff and members of the public at risk of avoidable harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff were not always adequately inducted to provide safe, effective care.