

Royal Mencap Society

# Oxclose Lane Care Home

## 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

Oxclose Lane is a care home for seven people who may have learning disabilities or autistic spectrum disorder. People in 'care homes' receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. There were six people using the service at the time of our visit.

The home had been registered with CQC before Registering the Right Support guidance and Building the Right Support had been developed. However, we found the care provided included choice, promotion of independence and inclusion. People living with learning disabilities at Oxclose Lane were supported to live as ordinary a life as any citizen.

At our last inspection we rated the service as overall 'Good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were kept safe at the service. Staff recognised signs of any abuse and knew the process to follow to report such incidents. Staffing levels were maintained to ensure people were fully supported in a safe manner. Medicines were stored and handled in line with current guidance.

People's consent was obtained before any support or care was provided. Staff completed regular training and refresher courses to ensure their knowledge was up to date and people's needs were met in the correct way. People had access to health care professionals and had a choice of food and snacks throughout the day.

Staff were caring and understood the needs of the people receiving support and how their choices were to be provided. People's independence was respected and supported, with people enjoying trips outside the service when they wanted.

There was a range of activities offered and regular discussions about how people wanted to spend their days. Appropriate staffing levels were in place to support all outings and activities. People regularly visited the local community and routinely undertook such activities as swimming and walks. Contact with family and friends was supported and encouraged, with relatives being part of any celebrations or special events.

Relatives and staff were happy with the leadership of the service and told us that the registered manager was actively involved in the daily routines and readily available. Staff felt they were fully supported by the management team and were included in any developments of the service.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Oxclose Lane 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 was a comprehensive inspection. The inspection visit took place on 9 January 2019 and was announced. We gave the provider 24 hours' notice because the location was a small care home for people who are often out during the day. We needed to be sure that they would be in. The inspection team consisted of one inspector.

When planning our inspection, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

Before the inspection, the 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.

During our inspection visit we met with three people who lived at Oxclose Lane. We undertook a tour of the premises and throughout this inspection we noted how staff spoke with and supported people. Following this inspection we spoke with three relatives of people living at the service by telephone.

We spoke with the registered manager and three members of staff. We looked at a range of records that included two people's support plans, recruitment processes, records relating to medicines and a range of quality assurance systems.

# Is the service safe?

## Our findings

Staff provided care and support that had been risk assessed to support the safety of people. Relatives we spoke with said they felt staff delivered safe care and they had no worries in relation to their family member's safety.

During this inspection we found that staff were knowledgeable about risks to people and how to minimise or eliminate these. People's risks were fully assessed and effective measures were put into place to manage identified risks. For example, relevant equipment was obtained following discussions with the GP, to support one person's safety. Staff were aware of the risks to people and shared information about any changes in people's health or needs. Such discussions formed part of team meetings and individual supervisions, to ensure all staff understood the actions they should take to protect people from the risk of harm.

Records showed that people's needs were regularly reviewed and acted upon as their needs changed. The provider had worked closely with people's allocated healthcare professionals and care managers to develop effective strategies to manage people's known risks. For example, clear guidelines were in place for staff to follow in the event of a fire. Staff described the actions required for people to evacuate the premises to fully ensure their safety in an emergency situation.

People's medicines were safely stored and managed appropriately, with clear dates of when medicines were started. This ensured that medicines were in date and discarded when required. Records relating to people's medicines were well maintained and regular audits were in place to ensure that all systems were being safely managed and that records were completed appropriately. Staff were also observed when handling and dispensing medicines, which ensured that procedures met with current protocols. All staff regularly received updated training in how to administer people's medicines safely.

People were supported by a staff team that recognised when people were at risk of harm or abuse and had the knowledge to know what action should be taken to keep people safe. We saw that when required, staff had contacted external agencies, such as the local authority and had worked closely with other professionals. Staff were aware of the steps to be taken if they felt people were at risk and regular safeguarding training also supported the safety of people.

Appropriate recruitment practices ensured staff were suitable to provide care and support to people, including checking for criminal records and obtaining written references. Induction was completed and then signed off by the registered manager. This followed a review of the staff member's understanding of their role and responsibilities

There were sufficient numbers of staff on duty to meet the needs of people. Staff numbers were decided after risk assessments had been completed for daily activities and outings that people were undertaking. This ensured that people were safely supported when needed.

We found the premises to be clean and with a domestic atmosphere. The registered manager told us that redecoration was planned.

## Is the service effective?

### Our findings

People's needs, choices and mental health were fully assessed when they were referred to the service. Records clearly showed the wishes and choices of people including their future goals.

People's support plans contained information for such areas as eating and drinking. There were records of their preferences and any support they required. Staff had a good knowledge of those people who required additional support in this area.

Staff were able to explain how they supported people with behaviours that may challenge others and support records contained clear guidance for staff to provide safe and effective care at such times.

Staff were encouraged to develop their professional skills and undertake further learning when they wished to do so, to further their career and improve the quality of the service. Staff also said they received regular supervision where they discussed any issues relating to people they supported as well as their personal development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures call the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Records showed that people had their mental capacity assessed and, where necessary, had the required applications in place.

People were supported to have choice and control of their lives and daily routines. Policies and systems in place supported people in the least restrictive way possible. People's independence was supported and staff were aware of their responsibilities regarding the MCA. Staff asked permission before assisting people and where people expressed a preference, staff respected this.

Throughout this inspection we noted that staff provided people with choices and gave time for people to make a decision. People were involved in choosing what foods to buy and could choose what they wanted to eat. Meals were undertaken when each person decided; we saw one person having a late breakfast and another enjoying lunch when they chose. Staff told us they encouraged healthy choices, while respecting people's independence, but health and weight were also monitored.

People's health needs were met and records showed that any referral to medical services, such as mental health services or the local GP, were promptly undertaken. Relatives confirmed that people received the appropriate healthcare and they were kept fully informed of all appointments and their outcomes.

People lived in a homely environment that provided the opportunity for development of their life skills, such as dealing with their own laundry. There were gardens to the rear of the property that provided an external space with accessible pathways.



## Is the service caring?

### Our findings

Although not every person living at the service was able or felt they wished to speak with us, we observed interactions and daily routines. We saw people were smiling and relaxed as we entered the service and this continued throughout our inspection. A relative told us about one person living at the service and said, "They tell me they have two homes, when they are with me and one at Oxclose Lane. They are very happy there and keen to return following a visit."

We heard laughter and relatives confirmed that people were happy and one told us, "I think [name] is very lucky to be at Oxclose Lane, everyone is caring." Our discussions with staff clearly showed they were caring, one told us they felt it was like being with family when they were at work.

We saw people enjoyed moving around the building and staff spoke with them and provided support in a considerate way when needed. People were clearly enjoying their time with staff and responded to them in a confident manner.

Staff supported people's dignity by having consideration for how they spoke with people, waiting for the person to respond and not rushing them. They supported each person in a gentle way, introducing us and explaining why we were in their home.

People's choices and wishes were clearly set out in their support plans, for example one plan stated the exact positioning of a person's cutlery at meal times. Support plans were updated and regularly reviewed to ensure the information presented a person's current wishes and decisions.

Staff told us that they enjoyed their work which made the atmosphere at the service positive and relaxed. Staff were motivated and supported to achieve good standards of care and support for people.

Relatives were encouraged and welcomed at any reasonable time and included in celebrations at the service. One relative told us that they always felt welcomed by staff who were friendly.

There were regular social events planned and we saw photographs of past outings that had been framed and hung around the building. On our arrival for this inspection, one person was out working in a local shop and another was preparing to sit with headphones and enjoy their choice of music.

# Is the service responsive?

## Our findings

People received support that was responsive to their needs. One person who regularly enjoyed a walk outdoors went for a walk during this inspection, supported by a member of staff. Staffing levels meant the person could enjoy a walk when they wanted to.

Some people received one to one support from staff and we saw that this was offered in a caring and responsive way. Staff were familiar with each person's interests and offered a choice of activities they knew would be enjoyed by them.

People's needs were considered during a detailed assessment when they moved to the home. People chose how they wanted their daily support to be provided and these choices were obtained during their assessment.

We looked to see how the service ensured that people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given.

We saw that information had been produced in large print and could be supported with pictures to aid understanding. The registered manager told us that any format a person required would be produced to support their individual needs.

There was a notice board on display that provided information and positive thinking for people to read when they wanted to. This information was supported with pictures to make it accessible to everyone in the home. Staff explained that they often supported people to fully understand the matters posted on the board, especially the current topic about respecting and understanding people and their feelings.

Staff hours were developed around the routines and activities that people had chosen. We heard about such activities as swimming, shopping trips and a short stay at an activity park.

The registered manager had a complaints policy that was regularly reviewed and updated. This was also produced in large print and copies of this, and other documents, were provided in the guidance issued to people. Relatives confirmed they would have no hesitation making a complaint. One told us "Oh absolutely, I would speak out. My [relative's name] would clearly show if they were not happy about something." All relatives felt that any issues would be promptly and appropriately addressed by the registered manager or by staff members.

There were regular meetings for people to discuss any issues they may have, plus individual one to one discussions with staff. All meetings were fully recorded and actions developed where required.

End of life care was also supported by staff and records contained the wishes and choices of people for such a time. Where people had chosen, relatives were also included in these discussions. External healthcare professionals were also part of these end of life support plans.

## Is the service well-led?

### Our findings

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

Staff and the relatives we spoke with told us they felt the service was appropriately run and managed. People received support and care from a service that was managed by a registered manager who fully supported the staff team. Relatives also told us they felt supported through any difficult times.

Staff felt they had the opportunity to develop their personal skills and they felt valued. There was an open-door policy that enabled people, their relatives and members of staff to access the registered manager when needed.

Care staff were aware of their responsibilities regarding whistleblowing procedures. Staff told us they would always speak out about any concerns and felt the registered manager would always listen and take appropriate action.

There were no current or recent concerns that had been raised about the service. The registered manager explained they worked closely with relatives which meant any minor issues were promptly addressed which prevented any complaints being raised.

The quality of the service was regularly monitored and audited, with improvements being made when required. Audits and monitoring systems covered such documentation as medicine administration records, daily notes and support plans. Additional monitoring processes also checked the quality and cleanliness of the service. These routine auditing systems ensured the service complied with current standards and regulations.

Staff told us that they enjoyed a good work/life balance that was always considered by the registered manager. For instance, where home issues had impacted on a staff member, the registered manager had provided support.

People and their relatives were routinely issued with questionnaires to give them the opportunity to express their opinion of the service provided. We saw the responses were positive about the quality of the support provided.

All conditions of registration with the CQC were being met, for example, any incidents had been dealt with and appropriately reported. Notifications, such as accidents, had been received which the provider was required by law to tell us about.

Registered providers are required by law to display the ratings awarded to each service. We confirmed that

the inspection rating for Oxclose Lane was displayed. This showed an open and transparent culture within the service and provided relatives and visitors with an understanding of the quality of the service.