Oxton Manor Ltd

Oxton Manor

Inspection Report

22 Lorne Road,
Prenton,
Wirral,
Merseyside,
CH43 1XB.
Tel: 0151 653 6159

Date of inspection visit: 2 May 2014 and 7 May 2014
Date of publication: 09/10/2014

Contents

Summary of findings

Overall summary

Oxton Manor is a detached house providing care for up to 15 people with complex learning disabilities. The home is situated in Oxton on the Wirral.

At the time of our inspection there was no registered manager in place at the home. The last registered manager had applied to have their registration removed in August 2013. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. It is a condition of Oxton Manor's registration with the CQC that a registered manager is in place.

We found that people liked living at Oxton Manor and felt safe there. They liked the staff and got on well with them. They took part in a number of activities but these were sometimes limited because of the staffing levels at Oxton Manor. Activities were not always tailored to the individual needs and preferences of the people who lived at Oxton Manor.

People who lived at Oxton Manor had contact with community health professionals who either visited them at Oxton Manor or who saw them at their local surgery. There had been recent developments with regard to health promotion. Staff had received training in the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) associated with it. There were no people in the home who were subject to DoLS at the time of our inspection.

We could not see evidence that people who lived in the home had been involved in deciding on their care. Records at Oxton Manor were not always complete and up to date. This meant that people might not receive care that was appropriate. The home did not comply with the relevant regulation concerning this. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that the service was safe because staff knew about how to safeguard adults, had received training and there were procedures in place for them to follow in order to do this. Incidents which might be safeguarding concerns were recorded and reviewed. There were appropriate arrangements and procedures for the administration of medicines. Safe recruitment procedures helped to ensure that only people who were suitable to work in care services were recruited to the staff of Oxton Manor.

Staff had been trained in and had an appreciation of the requirements of the Mental Capacity Act. While no applications had been submitted, proper policies and procedures were in place in relation to Deprivation of Liberty Safeguards (DoLS) but no applications had been necessary. Relevant staff had been trained to understand when an application should be made, and in how to submit one.

Are services effective?

The service was not effective because improvement was required around the standard of care planning to ensure that it accurately reflected people's choices and was presented in a way that allowed them to participate in decision making. The recommendations made in care plans were not always implemented for people who used the service. Staffing levels allowed effective care to be provided in the home but did not support a sufficient variety of activities particularly outside the home for the people who lived there.

We found that good relationships had been developed with community and other health services so that the people who lived at Oxton Manor benefitted from these. Staff had access to a programme of training so that they had the right skills to provide the support required by the people who lived at Oxton Manor. Staff were able to access health and other services as required both from inside and outside the home

Are services caring?

The service was caring because people had the right approach to the care and support of people and were attentive to their needs. People had their privacy and dignity respected and were relaxed and comfortable living in the home. Care was provided in a discreet and dignified manner.

People were able to exercise a degree of choice about where they spent their time at Oxton Manor. They participated in communal

Summary of findings

tasks as well as going out either individually or in groups. We could see that the manager and staff were working hard to develop activities which would allow the people who lived in the home a greater degree of independence.

Are services responsive to people's needs?

Improvement was required at Oxton Manor in the way that the service responded to people because risk assessments and care plans were not reviewed frequently enough to allow the care provided to change according to people's needs. Activities were not always tailored sufficiently to individual preferences and choices.

Staff at Oxton Manor knew how to take account of people's different needs and adjust to changes in these. One of the ways that staff at the service responded to people's needs was by organising activities and encouraging people to access activities although this was limited by the number of staff available. People knew how to complain and a local advocacy service had been involved in the home and was available to them.

Are services well-led?

The service was not well-led because at the time of our inspection there was no manager at Oxton Manor who was registered with the Care Quality Commission. Following our inspection arrangements have been put in hand to address this.

There were clear plans for service improvement such as in relation to making the service more responsive to individual people's needs and the manager was implementing these. The manager was making arrangements to improve staff communication and was introducing documentation which would make it easier for people to participate in their own care planning.

Arrangements were in place for the manager to monitor the quality of service provided at Oxton Manor. Although there had been no complaints, systems were in place to manage these. Staff knew what to do if they were concerned about something that happened at Oxton Manor.

Summary of findings

What people who use the service and those that matter to them say

Not everyone who lived in the home was able to communicate with us because of their complex needs.

One person who lived at Oxton Manor told us about the staff saying “They’re good to me”.’ Another said "They’re very nice” and another person said "The staff are all right. I get on with them. They’re nice”.

We asked people if they were happy with the arrangements for their medicines. One person said “I take vitamins, after supper – one tablet. The seniors give it to me”. We asked people how the staff treated them and one person told us “They’re never rough with you, no, not at all”.

We asked people who lived at Oxton Manor if they felt safe in the home and they all said they did. One person told us that if there were any problems they would tell a senior care assistant and pointed out who this would be.

We asked people about what activities they could follow at Oxton Manor. One person told us “I love doing things. I tidy my room. I hoover downstairs when it’s my turn and I do the dishes”. Another person told us that they liked going to the travel agents and getting brochures to look at, and going to the pub. This person also attended a Saturday Morning Club in the local town where they met their friends.

Another person said they worked one day a week in a shop “Sometimes I go on the bus, sometimes we walk. It’s not far”. Another person described how they had travelled by train the previous week. One person told us “I love baking and cooking” but could not remember when they had last undertaken this activity whilst another said “I want to go out more. I want to do things. I’d like to go and meet nice people”. This person said that they did not attend any clubs outside of the house.

We talked with one of the relatives of the people who lived at Oxton Manor. They told us “‘They’re all happy. They’re brilliant. You never see anyone miserable there. I wouldn’t leave my son there if I thought he wasn’t looked after. I ask him what he’s had for his meal, if he’s hungry and he’s always all right. In [a previous home] he used to cry because he was hungry. You couldn’t ask for nicer staff”. One parent told us that they were quite satisfied with the care provided at Oxton Manor and that they had no concerns regarding the safety of their relative.

Another parent we spoke with expressed concern that they had not been consulted about changes to the security at Oxton Manor although it had been explained that the change had been made in order to afford people more choice and control.

Oxton Manor

Detailed findings

Background to this inspection

We visited the home on 2 and 7 of May 2014. On the first day the inspection team consisted of a lead inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. On the second day the lead inspector completed the site visit alone.

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 of the Health and Social Care Act 2008. It was also part of the first testing phase of the new inspection process CQC is introducing for adult social care services.

Oxton Manor was last inspected in November 2013 when it was found to be meeting the national standards covered during that inspection. Before this visit we looked at information already held by the Commission such as any notifications which the provider was required to make to us. We contacted the local authority in whose area the home is located and spoke with their quality monitoring staff. The local authority provided us with copies of their monitoring reports relating to the home.

During the inspection we spent time with the people who lived in the home and the staff. We spoke with 11 of the people who lived in the home and spoke by telephone with the relatives of two of the people who lived there. We looked at five care plans as well as other documents such as policies and procedures. We spent time talking with the registered manager and four members of care staff. We looked around the building including in people's bedrooms (with their permission). We looked at the recruitment files for three staff who worked at Oxton Manor.

Following our visit we spoke with a specialist health facilitator who was involved in the care of people living in the home. We also spoke with an advocate who had been involved with the people who lived at Oxton Manor.

Are services safe?

Our findings

During our visit we saw that staff treated the people who lived at Oxton Manor with dignity and respect. When we talked with staff about how they cared for people they emphasised the importance of observing people's individual rights.

We asked staff if they understood what was meant by safeguarding adults. The three staff we asked about this were able to describe the different kinds of abuse to which the people living at the home might be vulnerable. Staff told us that they had received training in safeguarding and that this also formed part of their induction training. We checked the training records and saw that training had been undertaken in the last year and that more was planned so that staff could be updated on this.

The people we spoke with told us that they felt safe. The safeguarding policy in the procedures manual had been updated with a procedure which identified that staff should report safeguarding matters to the local authority. This required any member of staff to make this report in the event that the manager was not present. The local authority confirmed to us that Oxton Manor made appropriate safeguarding referrals to them.

We saw that staff at the home used an incident reporting form to record any instances where behaviour might have led to difficulties. This form allowed for all the circumstances of such an incident to be analysed. Staff could use this information to avoid the same difficulties happening again. We did not see evidence however that this information was transferred into care plan documentation where it would any review of those care plans.

It was clear to us that attempts were being made to help people to take more informed risks and the staff we spoke with had a good grasp of people's rights to do so on an informed basis but without unnecessary restrictions. For example we were told that the home had formerly operated a "locked door" policy and that people who lived there had not usually answered the front door to visitors. We saw that this policy had been changed and that there was now an open door policy meaning that the people who lived in the home could greet visitors themselves.

The manager told us that at the time of our inspection nobody in the home had been assessed as not having capacity under the Mental Capacity Act. Therefore no one in the home was subject to Deprivation of Liberty Safeguards (DoLS) although there had been recent training in this. Given recent legal developments in relation to these safeguards we suggested that the manager might wish to obtain up-to-date information about these.

During our inspection we observed the arrangements for administering people's medicines. None of the people at Oxton Manor were responsible for taking their own medicines. We saw that the medicines were stored in a secure manner in a locked cabinet and in a locked room. Monitored dosage systems were in use which meant that people's prescribed drugs were delivered prepacked by the chemist. This reduced the possibility of mistakes and helped to make sure that people received what was prescribed for them. We saw that the procedures for administering medicines and recording this were used to make sure that this was done safely. We saw that there was a medicines refrigerator and that this was operating within the correct temperature range and that this was regularly checked.

There were no controlled drugs in use at Oxton Manor at the time of our inspection. We saw that seven people had PRN or "as required" medicines prescribed and that a separate record was kept of the occasions and circumstances in which these might be used.

We checked the staff files for four members of staff and found that the provider had taken appropriate steps to make sure that people employed at Oxton Manor were suitable to work in care services. These steps included the completion of application forms which allowed employment history to be checked, provision of appropriate references, health checks, and Disclosure and Barring Service checks which helped the provider to make sure that an employee did not have an unsuitable criminal record.

Staff told us that they had received a variety of training whilst employed at Oxton Manor. Two of the staff we spoke with were relatively new and confirmed the application and checking process and that they have had to undergo a period of induction. We checked the induction records and found that they were based on the common induction standards widely used within the care sector.

Are services safe?

During our inspection there was an unscheduled fire alarm. We saw that the people who used the service were effectively and calmly evacuated from the building without causing them distress.

Are services effective?

(for example, treatment is effective)

Our findings

When we looked at the care files we saw that there were a number of plans which were described as person-centred. Person-centred plans help providers and their staff to find out what matters to a person so that they can take account of their choices and preferences when planning their care.

We found that there were typed documents containing a great deal of text including technical terms and formal diagnoses. The accounts of all the people given in these person-centred plans did not always completely match the people we met. For example some people were described as having severe challenging behaviour but we did not see any evidence of this during our inspection. This description might be amended to reflect that even if such behaviour occurred it was intermittent.

We found a number of blank sections in the care plans. The manager showed us how they were introducing a range of "easy read" type forms which would make plans more easily understood by the people who lived in the home. Easy read is a way of producing written materials that can be more easily understood by people who might have difficulty with reading.

Staff were not always sure about whether there were care plans in place. One member of staff said "There is a plan in place – I think. It's in a file in the senior's office". We were concerned that what was written in the care plans did not always match what we saw or what was recorded elsewhere. One person was described as needing attention to diet and exercise. The care plan specified that this person should go out for three 40-minute walks each day but we did not see this take place during our inspection. The care records did not record that this had taken place or that the support required for healthy diet management outlined in the care plan was provided.

During our inspection we saw that there was a podiatrist who had called at the home to provide treatment to a number of the people who used the service. The podiatrist treated people in a private area of the home which meant that the treatment could be discussed in confidence. Another person was accompanied to the local clinic to receive an injection and staff reassured them in a way that reduced their anxiety about this and helped them to understand what would happen and what it was for.

We saw that there were records of people consulting community health services including the general practitioner who was located nearby. We looked at the care record for one person who visited the doctor very recently and saw that the consultation was recorded. We saw that the recommendation of the general practitioner had been implemented and the person was receiving the medication recommended for them as a result.

We saw no evidence on the care files that people had benefitted from an annual health check. We saw that there were health passports on the files which the person-centred plans stated would accompany the person if they needed to go to hospital. However many of these plans were blank and so could not have been used in an emergency. We saw that plans were in place for the completion of these along with the introduction of the other revised documentation.

One person was able to tell us about their medication and identified that only certain staff were authorised to give this. We saw from the new documentation that was being introduced that this included an "easy read" form which would help people to understand the medicines prescribed for them.

We contacted the local NHS community team for people with learning disabilities. They told us that they had provided specialist health promotion services for the people who lived at Oxton Manor. This had included offering various screening services. In order to provide an effective service they had trained the staff at Oxton Manor so that they could support this and felt it had been a success.

Staffing at Oxton Manor was made up of one senior support worker and three support workers in the morning with a senior support worker and two support workers in the afternoon. At night there was one waking and one sleeping member of staff. In the day time the manager was additional to these numbers. We confirmed these arrangements by looking at staff rotas and talking to staff. During our inspection we saw that this level of staffing met the requirements of the people who used the service within the home but left little flexibility for activities outside of this particularly in the afternoon. Staff told us that they felt that the staffing levels limited the activities they could offer to the people who lived at Oxton Manor.

Are services effective?

(for example, treatment is effective)

The three staff that we spoke with told us that regular staff supervision was only just being established in the home. The schedule of supervisions and appraisals supplied to us confirmed that supervision sessions were scheduled for every two months with an annual appraisal.

We checked the training records for the staff. We saw that most training such as in moving and handling, health and safety, raising concerns and whistleblowing, food hygiene and the role of the care worker, was recorded as having taken place just over a year ago. Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) training was recorded as having taken place as well, and there had been training on de-escalation techniques. These are techniques used to manage challenging behaviour whilst reducing the risk to the person who uses the service. This training had taken place within the last nine months.

Are services caring?

Our findings

We saw that the people who used the service enjoyed a relaxed relationship with the staff and that conversations were informal and personal. Staff clearly knew the people who used the service well and were able to adjust their approaches so as to meet their needs on an individual basis.

We saw that there had been locks on individual bedroom doors in the past at Oxton Manor but were told that these were no longer used because they were not felt to be appropriate or required. As Oxton Manor is a large house with five different levels there is a choice of three lounges available to the people who live there. Whilst the main lounge was the busiest and seemed to be where most activities took place we found people also using one of the other lounges for quieter activities such as reading the newspaper.

One person invited us to see their bedroom and we saw that it was large, appropriately furnished and that the person had personalised it with their own television and a football poster. All the bedrooms had en suite facilities which included a shower, toilet and wash hand basin. One person told us how pleased they were with this but said that they were also able to have a bath when they wished if they used the bathroom which was available in another part of the building.

We could see that a programme of independence was being developing at Oxton Manor. We saw that people were able to go out in small groups to the shops with the support of staff when they wished to do this and the manager told us about a number of individual plans designed to develop independence where people would begin to undertake some tasks such as using library services on their own.

We saw that people were undertaking household chores such as cooking and cleaning with staff supervision as appropriate. A rota outlining these duties was displayed in the dining room. This included cleaning the tables, hoovering, and washing up after meals. One person told us “I love doing things. I tidy my room. I hoover downstairs when it’s my turn and I do the dishes”. We saw the staff engaging people with other tasks such as laundry and preparing vegetables in the kitchen ready for the evening meal which staff took it in turns to cook.

We saw that people were given choices about their meals and on the day of our inspection salad or eggs, sausage rolls or scotch eggs were all available. We saw that the meals were prepared by the care staff sometimes with the help of people who lived in the home. One person said “The food’s nice. Beans on toast are my favourite. Another person told us “I choose eggs on toast”.

We saw that when a person required personal care that the staff provided this quietly and discreetly so as to maintain that person’s dignity.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We looked at care plans in order to see if they showed that the provider responded to people's needs. When we looked at the plans we saw that they often included an account of the people who had attended the care planning meeting held to draw up a plan but there was no indication that the person who used the service had actually agreed to it. Because of the way the plans were written without any use of "easy read" or similar techniques it was difficult to see how a person who used the service would understand how it related to them. None of the people we spoke to were aware of the existence of the plans or the contents of them.

We found it difficult to see how the plans had been reviewed so as to reflect any reassessment of people's changing needs. On some files we found a sheet detailing support plan reviews but none of these was dated later than August 2013. We saw that when a person-centred plan was reviewed and required updating that an additional comment was inserted into the relevant page of the plan and that the page was then reprinted and inserted back into the original care plan. We found it very difficult to identify when these changes happened and did not see how they would be easily apparent to the care staff working at the home and so influence the care they provided.

When we looked at the care records we saw that risk assessments had been recorded along with the person-centred plans. However these had not been recently reviewed and so they might not have reflected the current situation for the people who lived at Oxton Manor. The manager told us that they intend to introduce arrangements for care plans to be reviewed every six or eight weeks.

We asked staff to tell us how they knew what people wanted and how they would know to respond to any changes in a person's care requirements. They told us that they used a daily record sheet to record what had happened each day. We saw staff completing these as one shift came to an end. Staff also said that they took care to take account of the way that people expressed their preferences to them. The staff we spoke with demonstrated a good appreciation of the provisions of the Mental Capacity Act although none of the people who lived at Oxton Manor had been deemed not to have capacity.

We saw that the person-centred plans included a section referring to participation in activities by people who used the service. However we noticed that much of the wording in these plans was standardised and was the same for different people. We also saw that care plans included a copy of an identical "What a typical week might look like" timetable which included some activities which might be aimed separately at men and women. We could not see how these promoted an individualised approach to people's interests. We saw weekly planners were kept which recorded people's activities as mainly a daily walk, watching television, and completing household chores. We saw that people attended a particular activity called "happy times" which the manager told us included yoga and which seemed popular.

We saw that three people went out to the local shop and were accompanied by a member of staff. During this visit we saw that staff were alert to the relationships between people who used the service and responded appropriately if there were difficulties in order to resolve these calmly. The member of staff made sure that all the people were safe, for example, when crossing the road. Later we saw that when one person said they would like to go out for a walk a member of staff agreed to accompany them.

People told us about the activities they enjoyed including completing complex jigsaws and we saw that one person was colouring in a book in their room. Another person told us they worked in a shop one day a week and said "I do shredding and washing up and when people come in the shop we serve them". People told us about outings they had been on and two people regularly attended a disco. People were able to maintain some social relationships and friendships outside the home through these activities. A relative told us about how they maintained contact with a person who lived in Oxton Manor with visits home arranged with the support of a member of care staff. This relative also made regular visits to Oxton Manor. Another relative told us that when their relation had moved into Oxton Manor they felt that the process had been managed smoothly.

One person told us that they knew what to do if they needed to complain about anything and that they would tell a particular member of staff. We saw from the care files that there was information about the local advocacy services available to the people who lived at Oxton Manor. We contacted this service who confirmed that the local

Are services responsive to people's needs?

(for example, to feedback?)

authority had asked them to become involved in relation to a safeguarding matter. The manager told us that a number of the people living at Oxton Manor were considering a move to another location nearby and that an advocate would be involved helping people in discussions about this proposal.

Are services well-led?

Our findings

Oxton Manor did not have a manager who was registered with the Care Quality Commission (CQC). During the inspection we spoke to the person who was employed as manager and who had previous experience of managing in care. We were told that an application had been made to the CQC and that the manager was awaiting the next steps. Our records confirmed that this application had been made following the inspection. The home had a Statement of Purpose which had been provided to the CQC

The three staff we spoke with each had a good understanding of whistleblowing and we saw from training records that training about this subject had been provided in the last twelve months. We saw that the home had a whistleblowing policy but that it only referred to internal processes for investigating concerns and did not provide staff with information about who they could contact if they were worried and felt that they needed to make disclosure to an agency that was independent of the home. The Care Quality Commission is one of the agencies authorised to receive such disclosures.

We saw that there were a number of meetings organised at the home which helped the manager to monitor the quality of service provided there. We saw minutes which recorded meetings of senior support staff and staff team meetings. We saw from these minutes that the manager was setting a culture which focussed more on outcomes and provided more involvement and positive approaches to risk-taking for the people who lived at Oxton Manor.

During our inspection we saw that the manager was receiving returns from a survey they had designed which provided feedback from staff on the manager's own performance and any other issues that staff wished to raise in confidence. We saw that this was allowing the manager to monitor standards and performance at Oxton Manager and make adjustments accordingly.

We could see from these minutes and the proposals in relation to care planning that the Manager was establishing a focus on person-centredness. This means organising the service around the likes, preferences and requirements of the person who lived in the home rather than the needs of the service. There was an emphasis on increasing the involvement of the people who used the service in decisions about their care by using forms of communication that would help them to do this.

This emphasis on increased involvement also included the introduction of a key worker system whereby each person who used the service would be allocated a member of staff who would take an individual interest in them. The manager told us that they were attempting to introduce a more relaxed regime than had formerly been in place. Two people told us about how they were able to travel on public transport in order to reach certain activities.

We saw a series of records of visits by the owner of Oxton Manor but none were more recent than January 2013. We were told that the owner regularly visited Oxton Manor but we could not verify this because there were no written records of later visits. We suggested that the provider might wish to reinstate the recording of these visits so that any recommendations which arose from them could be acted upon.

We looked at the records of meetings with people who used the service. These had been held four times over the last six months. We saw that these meetings were used to encourage people who used the service to discuss their preferences such as for trips out.

We saw that there were arrangements for recording significant incidents so that any underlying reasons or causes could be identified and appropriate action taken. Where these involved a person who used the service an account was given of what had happened, if it related to behavioural difficulties and how it had been brought it to an end and resolved. This included an account of whether any PRN or "as required" medication had been used and what action had been taken to prevent injury to the person or other people near to them. We checked two of these reports and to make sure that the same information had been recorded in medication records.

Staff were encouraged to consider whether to make a safeguarding referral to the local authority. To help with this staff were provided with local authority safeguarding policy. We saw that some of these incident forms had been signed off by the manager who had recorded a final view on how the incident had been resolved. We suggested that

Are services well-led?

the manager formally signed off every report in this way. This would provide a check that they had seen every report and thus could build up a complete picture of trends in the home.

We saw there was a complaints policy and that forms including “easy read” graphics were readily available and displayed in a public area of the home. The complaints policy required that a response would be provided to any complainant within 28 days. There was no record that any complaints had been made in the last year.

The home had a complete set of policies and procedures which had last been reviewed completely in July 2013. A log of reviews recorded that the safeguarding, food hygiene, staff recruitment and physical intervention policies had been reviewed since then.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**20.**—(1) The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of— (a) an accurate record in respect of each service user which shall include appropriate information and documents in relation to the care and treatment provided to each service user. The provider did not maintain or review care plans which were accurate. Care records for people who used the service were incomplete.