

Oxton Manor Ltd

# Oxton Manor

## Inspection report

22 Lorne Road  
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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

We carried out an unannounced inspection of Oxton Manor on 2 March 2016. 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 visit the service was providing support for 15 people.

The home comprised of 4 floors, two of which are split level. Each bedroom is ensuite with showers and there are communal bathrooms available. The two lower floors have communal areas and dining areas.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived in the home told us they felt safe at the home and had no worries or concerns. From our observations it was clear that staff cared for the people they looked after and knew them well.

All medication records were completely legibly and properly signed for. All staff administering medication had been trained in medication administration.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been followed. The provider told us that DoLS applications had been submitted to the Local Authority for some people

People and relatives we spoke with said they would know how to make a complaint, none of the people or their relatives we spoke with had any complaints.

We saw that some of the communal areas in the home looked tired and shabby and would benefit from re-decoration.

We noted that the manager was in the process of implementing improvements needed in the home and we saw an improvement in the systems that had been prioritised.

Staff were recruited safely and there was evidence that staff had received a proper induction or suitable training to do their job role effectively. The majority of staff had been supervised regularly and appraised annually.

People and staff told us that the home was well led and the staff told us that they felt well supported in their roles. We saw that the managers were a visible presence in and about the home and it was obvious that they knew the people who lived in the home well and that the staff were well supported to carry out their duties

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not always safe.

People's medicines were managed safely.

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place

Infection control issues were identified

Some of the communal areas in the home looked tired, shabby and would benefit from redecoration.

### Is the service effective?

**Good** 

The service was effective.

Staff were appropriately inducted and received on-going training. Staff were regularly supervised and appraised in their job role.

The manager understood and applied the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. The manager had made the appropriate referrals to the Local Authority.

### Is the service caring?

**Good** 

The service was caring.

The staff showed that they have a good relationship with the people they supported.

We observed staff to be caring, respectful and approachable.

Confidentiality of peoples care files was evident

### Is the service responsive?

**Good** 

The service was responsive.

The complaints procedure was openly displayed

We saw people had prompt access to other healthcare professionals when required.

People who lived in the home had a support plan appropriately reviewed and reflected their needs.

**Is the service well-led?**

**Good** ●

The service was well-led.

The service had a manager who was registered with the Care Quality Commission.

The manager was able to show improvements being implemented to the service.

The registered managers were clearly visible and staff said communication was open and encouraged.

# Oxton Manor

## 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 inspection took place on 2 March 2016 and was unannounced. The inspection was carried out by one inspector. 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.

Prior to the inspection we asked for information from the local authority quality assurance team and we checked the website of Healthwatch Wirral for any additional information about the homes. We reviewed the information we already held about the service and any feedback we had received.

During the inspection we spoke to three people living at Oxton Manor. We talked with three staff on duty. We also talked with the registered manager. We observed several other people who were supported by the service who were unable to talk with us.

We observed support for the majority of people who lived at the home. We reviewed a range of documentation including four care plans, medication records, and records for four staff members, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the home was managed.

We asked the manager to send information regarding any relatives who would be willing to speak to us on behalf of the people who use the service. This was done promptly following the inspection.

# Is the service safe?

## Our findings

We asked people who lived at the home and their relatives if they felt the people who lived in the home were safe. Everyone we spoke with said they felt the people who lived in Oxton Manor were safe. We were told by one person "Oh yes I'm safe" and a relative told us "Yes, she's safe there".

The registered manager was currently implementing new systems and processes and the medication, infection control and recruitment procedures were ones that had been prioritised.

We saw that policies and procedures were in place for safeguarding. The home reported safeguarding incidents to the local authority and Care Quality Commission appropriately and in a timely way. We noted that any findings from safeguarding reports were acted upon, an example being a persons risk assessment was in the process of being updated following an incident the day previous to our inspection. We saw that staff had received training in safeguarding adults and they were able to tell us what to do to both prevent abuse and to report it should it occur.

We looked at risk assessments in the care files of people who lived in the home and saw that risks to people's safety and well-being had been identified and plans put in place to minimise risk. Risk assessments had been completed with regard to falls, behaviour and vulnerability to types of abuse. We saw that these were up to date and the people who use the service or their relatives had been involved in the reviews.

We looked at the personnel files of four staff. All of the files included evidence of a formal, fully completed application process and checks in relation to criminal convictions and previous employment. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment in Oxton Manor. Everyone we spoke to thought staffing levels were adequate for the service.

We looked at maintenance records which showed that regular checks of services and equipment were carried out by the home's maintenance team. A fire risk assessment was in place. A Legionella test had been carried out in November 2015. The gas safety certificate was dated 18 December 2015 and the five yearly electrical installations certificate was dated 03 February 2016.

As we were walking round the home we saw that the home was in need of some repair and some carpets were in need of being replaced due to wear and looking dirty. We also saw that some communal bathrooms/toilets were in need of repair. We noted that this had been identified in an external infection control audit that had been carried out prior to our inspection and the manager was in the process of carrying out the actions that had been fed back by the auditing team as they were waiting for the full report.

We saw that there were cleaning rotas for night and day staff but it was identified by the infection control audit that they needed to be improved upon to make them effective.

Medication was administered via a monitored dosage system supplied directly from a pharmacy. Individual named boxes contained medication which had not been dispensed in the monitored dosage system. We

inspected medication storage and administration procedures in the home. We found the medicine trolley was secure and clean. We observed a staff member dispense medication during the lunchtime drug round. They were knowledgeable and dispensed, administered and recorded the medication appropriately and the medication charts tallied with the amount of medications seen. We saw that nine staff had received medication training so that there was always a competent staff member on shift if medication was needing to be given when required (PRN medications).

We saw that accident records were completed in full and these were used in the support in of an individual. Personal emergency plans were in place to advise how people should be evacuated safely in the event of an emergency situation.

# Is the service effective?

## Our findings

We asked people if the staff were suitably skilled to support them to have a good quality of life. We were told "Yes," by two people and all the relatives we spoke to. One relative said "Yes they [staff] are very good".

We saw that that staff had received training That had included in fire safety, safeguarding, health and safety and food hygiene.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service was doing this. It was clear that the manager had a full and detailed understanding of the MCA and its application. We looked at training information and saw that some staff had been trained. We spoke to one staff member who was also able to show knowledge and understanding of the MCA.

We saw that new staff was registered for the new 'Care Certificate'. This was a training programme accredited by Skills for Care often used as an induction training. We also saw that the manager had devised an additional induction plan that was to be completed with the Care Certificate ensuring the induction received by the staff was specific to the service.

There was evidence of a supervision system in place for the staff group. Supervisions for all staff had been carried out in the past six months. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they had and to plan future training needs.

Staff we spoke to told us of the regular staff meeting that were arranged by the manager, this was supported by the manager. One staff member told us "You can air your problems".

With people's permission we were able to see people's rooms and noted that everyone who lived at the home had been able to personalise their rooms.

We observed lunchtime on the day of inspection and saw that people participated in preparing meals, as they were able and the atmosphere was comfortable and friendly. People were able to have drinks and snacks when they wanted to.

Each bedroom was ensuite with showers and there were communal bathrooms available. The two lower



floors had communal areas and dining areas. We saw in some areas of the home that the décor was very bland with blank walls and in some places the home looked shabby.

We saw that staff communicated with people according to the individual persons' abilities and wishes. We observed that staff picked up body signals and other signs and treated people kindly, supportively and appropriately.

## Is the service caring?

### Our findings

We asked people if the staff were kind and caring one person said "Yes I like the staff". Another person told us "It's brilliant". We spoke to relatives who also agreed the staff were very caring, one person said "The staff are always very caring". We were also told by another relative, "I've got my daughter back, she's never got on the phone with me but now she does". All the people we spoke with told us that the staff treated them with dignity and respect.

We saw carers interacting with people and they had a caring manner. We observed staff joking and laughing with people and involving them in conversations. We also saw people being addressed in the manner they preferred. Staff used communication strategies appropriate for individuals.

We asked if people could have visitors at any time, all told us they could. We also asked relatives about visiting and was told by one relative "I'd like to say because I was having trouble, they offered to bring her [daughter] to me". We also observed the manager and a staff member discussing strategies of how to facilitate a home visit for a person.

We saw people who lived at the home and staff had developed positive relationships with each other, and staff were able to tell us of people's likes and dislikes. We observed that staff clearly knew people well and people told us that generally staff asked for consent prior to carrying out any support.

During the inspection we observed staff supporting people to access shops so that independence was supported. We asked people if they were able to do what they wanted one person told us "I can do what I want".

We asked relatives if there was communication between them and the service and they felt they were kept informed of any issues. All said yes, one person said "[Manager] and I have sat down and come up with suggestions for [daughter]", another person told us "They always keep us informed".

We observed that confidential information was kept secure either in the main office or the locked seniors office.

## Is the service responsive?

### Our findings

We asked people if they thought that the support provided was personalised. People told us they were able to choose what time they went to bed at night and when to go out. We were told by one person "I get out of bed when I want to". One relative told us "She's [daughter] is doing things and her speech is coming back". When we asked about activities and interests a family member told us "Oh yes, they are doing an awful lot with her [daughter]".

Care plans contained information about the support people needed these were individualised and person centred. A series of assessments had been carried out regarding the person's health and welfare these included their risk of falls, an essential lifestyle plan, things that were important to them and their health passport. We saw that the care plans were reviewed annually or when changes were needed. These reviews were carried out with the person and/or with the family. The manager had implemented a keyworker system and there were keyworker meetings with individual people on a monthly basis to review their support.

We observed an external group come into the home for a communal exercise session. This included dancing, exercise and socialisation. The eight of the 15 of the people who live in the home joined in as did the staff. We saw the people who needed one to one support to enjoy the session received this. This meant that staff supported the people who lived in the home take part effectively.

The manager was currently implementing new systems and processes and the complaints procedure was one that had been prioritised.

We asked the people who lived in the home and relatives if they knew who to complain to and if they were comfortable to do this. All said that would be happy to approach the staff and the manager. One relative told us "If I have the slightest query they sort it out". We saw that there was an updated complaints policy and we saw there was a copy of the complaints procedure by the front door.

We saw that following complaints from the people who used the service about a part of the décor, the manager changed what had been highlighted. We also saw that residents meetings had been implemented, the most recent having taken place 17 February 2016. We spoke to the senior support worker and the manager and we were told that the service was aiming to hold meetings two monthly.

We asked the people who live in the home and relatives if they felt listened to, all said 'yes'. We were told by one relative "The staff at the home listens to us".

We saw that people had prompt access to medical and other healthcare support as and when needed. This was fully documented in people's care plans and included, psychiatry, G.P, dentist, dietician and chiropody appointments. We also saw that family members were kept fully informed, one person told us "Yes, we are immediately informed".

# Is the service well-led?

## Our findings

People who we asked all thought that the home was well run. All of the people we spoke to knew who the manager was. One person told us "I like [manager]". We asked relatives if they felt listened to and we were told "Definitely he's [manager] very approachable".

The service had a registered manager in post. We asked staff if they felt supported in their role and everyone we asked said yes. One staff member said "Brilliant", another person said "With the support from the manager and the seniors it means that we can support the service users well". Staff were able to tell us that they had a good relationship with the manager we were told by all staff that the manager held team meetings regularly. We saw evidence in meeting minutes of changes being brought into the culture of the home by the manager and we observed the suggested changes in practice.

We saw that homes policies were needing to be updated and the manager had prioritised those that needed immediate attention and had plans to update the rest.

The home had recently had an infection control audit that highlighted some issues that the manager was made aware of and was actioning. We looked what other audits were in place and saw that these were also planned to be implemented. The manager had also prioritised this and ones that had been implemented was incidents and medication audits. The manager had written a new PRN protocol as there had previously been none in place.

We saw that the manager had also implemented new systems surrounding complaints procedures and training.

The manager showed how he kept his knowledge up to date by attending conferences, by enrolling on distance learning and by attending all other training. We saw that this was encourage through the home.

We spoke with the registered manager and they were very transparent and told us that they recognised that the home needed to improve and that they were committed to the work required. Improvements were seen during the course of the inspection.

We saw that the manager was implementing new quality systems regarding feedback from people who use the service, an example of this being changes to the décor.

The registered manager understood their responsibilities in relation to the service and to registration with CQC and regularly updated us with notifications and other information.

We asked everyone what they thought of the homes atmosphere. We were told by a staff member "I wouldn't leave it for the world, we're a team" A family member told us "Our concern is [daughter] and it's patently obvious she's happy, in fact it says a lot that it's not just [daughter], all the people look happy" and a person who uses the service said "I can do what I want, of course it's brilliant".

