

J.T. Care Homes Limited

Oxford House Residential Home

Inspection report

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Date of inspection visit:
04 April 2019

Date of publication:
23 April 2019

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

About the service: Oxford house is a residential care home that provides personal care for up to 24 older people. At the time of the inspection 22 people were living in the service.

People's experience of using this service: People told us they felt safe and staff knew how to raise any concerns. Risks were managed, and good infection control practices were in place. Medicines were managed safely.

Where relevant, consent was recorded in people's records. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff had received training that supported their role. A positive meal time experience was observed. Evidence of the involvement of professionals was recorded.

People were happy with the care they received. Staff were seen treating people with dignity, respect and their diverse needs considered. Staff delivered care to people in privacy. Records identified pre-admission assessments had been completed. A new electronic system was in place for care planning and risk assessments. A range of activities were provided to people.

Systems were in place to record and act on complaints. Audits were being undertaken. The registered manager confirmed actions taken would be recorded as completed. We received positive feedback about the registered manager and senior team. The registered manager demonstrated their understanding of the operation and management of the service.

Rating at last inspection: Good (21 October 2016).

Why we inspected: This was a scheduled inspection based on the previous ratings.

Follow up: The service will be re-inspected as per our inspection programme. We will continue to monitor any information we receive about the service. We may bring the next inspection forward if we receive any concerning information.

For more details, please see the full report which is on the CQC website at 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?

Good ●

The service remained safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our well-led findings below.

Oxford House Residential Home

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 undertaken by two adult social care inspectors.

Service and service type:

Oxford house is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to the inspection we looked at all of the information we held about the service. This included any notifications the provider is required to send to us by law, any safeguarding allegations, feedback or concerns. We checked the information that the service sent to us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used a planning tool to collate

the information prior to visiting the service.

To understand the experiences of people who used the service we spoke with five people who used the service and one professional. We also spoke with six staff members. These included care staff, the training manager, the provider and the registered manager. We also checked some documentation. These included two care records, staff files and records relating to the monitoring and oversight of the service. To ensure the service was safe and clean for people to live in we undertook a tour of the building in all of the public areas and a number of people's bedroom.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to ensure any allegations of abuse were investigated and acted upon. Policies had been adapted in line with Lancashire County Council's safeguarding policy.
- Staff had undertaken relevant training, they knew what to do if abuse was suspected. None of the people we spoke with raised any concerns in relation to their safety. One said, "They look after me very well. I have no complaints at all."

Assessing risk, safety monitoring and management

- Staff carried out individual risk assessments for people and information was available to guide staff about protecting people from risks. The registered manager confirmed two people's records had been up dated to reflect their individual risks.
- A walk around of the service confirmed areas were well maintained and safe for people to live in. Records showed the registered manager monitored the safety of the service. We saw up to date service certificates along with relevant fire and safety checks.
- Systems were in place to record and monitor any accidents and incidents. A matrix was completed which supported monitoring of themes or trends.

Preventing and controlling infection

- Guidance was available to support infection prevention. Infection control audits had been completed. Relevant personal protective equipment was available in the service. We saw staff making use of these, such as gloves and aprons.

Staffing and recruitment

- We observed staff were available to support people's needs throughout the inspection, public areas were monitored regularly. Most staff we spoke with said there were enough staff in the service. The registered manager told us they were planning to introduce a dependency assessment tool to confirm the staffing numbers required to meet people's needs. None of the people or the professional we spoke with raised any concerns in relation to staffing. One said, "If I need anything I just have to ask."
- Systems were in place that demonstrated staff were recruited safely. Relevant documentation was obtained such as, proof of identity and references from previous employers.

Using medicines safely

- Systems were in place to ensure medicines were stored and administered safely. The registered manager confirmed all cream and liquids were dated on opening, to support the monitoring of dates for their use. Staff recorded temperatures of rooms and fridges where medicines were stored. The registered manager introduced temperature recording in the hallway where a medicine trolley was being stored.

- We observed staff gave medicines to people safely and completed records once they had been administered. Staff told us, and records confirmed, medicines training had been undertaken. The registered manager confirmed they would review the content in the competency assessments to ensure it contained information in relation to the knowledge and skills of the staff team.

Learning lessons when things go wrong

- The registered manager audited and monitored accidents and incidents. We saw records which included the findings from these. The registered manager confirmed they would ensure, where required, lessons learned would be documented. This would ensure any improvements could be shared with the staff team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 called 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.

- Where required, staff had completed capacity assessments and followed a best interest process for decisions about people's care. Records confirmed staff had submitted DoLS applications to the assessing authority. This ensured people who used the service were not being deprived of their liberty unlawfully.
- Where able, people had recorded consent to their care. We observed staff asking people permission before undertaking any activity with them and knocking on doors and waiting to be invited in.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff reviewed care files regularly to ensure they reflected people's current assessed needs and choices.
- Staff followed up to date guidance in relation to people's individual needs or conditions. This supported effective care delivery and effective outcomes for people who used the service.

Staff support: induction, training, skills and experience

- Staff told us they had undertaken the required training to support their role. One said, "Enough training is provided." Staff told us they had received supervision and appraisals to support them in their roles. Records confirmed supervisions to enable discussions around support were taking place. The registered manager confirmed the frequency of supervisions was being increased.
- People who used the service and professionals were confident in the knowledge and skills of the staff team. One said, "Everyone is very nice. I get good care and the staff are marvellous." Staff files and the training matrix confirmed an ongoing programme of training.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain adequate nutrition.
- All but one person told us they were happy with the meals on offer. We saw a positive dining experience

where people were offered choices. Food looked appealing.

- Staff recorded people's individual needs in relation to nutrition. Where people had individual requirements, these were supported by the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Systems were in place that demonstrated the service had developed good relationships with health professionals who were complimentary about the service. This supported the assessment of people's health and care needs and promoted positive health outcomes.

Adapting service, design, decoration to meet people's needs

- The service had been developed to ensure it met people's needs safely.
- All bedrooms were of single occupancy and all, but one benefited from ensuite facilities. A range of communal facilities were available for people to access including secure outside space. Dementia friendly signage was in place that supported people to access facilities.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People gave us positive feedback about the care they received. People said, "They look after me very well. My family can come to see me when it suits, there are no restrictions. If I need anything I just have to ask." Staff spoke to people with kindness and ensured people's individual and diverse needs were met.
- Records contained information about how to support people's individual needs, likes and wishes.

Supporting people to express their views and be involved in making decisions about their care

- Where people needed support in relation to their individual communication needs, staff recorded these in their care files. We saw people making use of aids to support communication such as glasses, hearing aids and easy read guidance. Where one person required a referral for an aid, this was completed by the registered manager following the inspection.
- Information about advocacy services was on display, the registered manager told us they planned to place advocacy information in all people's bedrooms. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- Policies and guidance were available to ensure people's privacy and dignity was maintained. We observed staff consistently treated people with respect, ensuring care was delivered in the privacy of people's bedrooms or bathrooms.
- Confidential information was stored securely. This ensured the provider met the requirements of the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- All the people we spoke with confirmed they were happy with the care they received.
- Care plans were being developed on a new computerised system which enabled information to be updated by all the staff team. The registered manager told us they were in regular contact with the systems company to ensure any 'teething problems' were resolved. Care plans contained information about people's individual care needs and how to support these effectively. Staff had reviewed them to ensure they reflected people's up to date needs.
- People had access to a range of activities at the service and in the wider community. We saw activities taking place on the day. We saw children from the local nursery taking part in games and activities with people.
- The service used technology. Laptops and computers were used to ensure oversight and monitoring was taking place. Staff had access to electronic tablets to support the recording of care delivery. Wi-Fi was available in all areas of the service.

End of life care and support

- Care files contained information that supported people who used the service and relatives as they neared the end of their life. Relevant documentation had been discussed and agreed with health professionals where required. The registered manager discussed the positive working relationships with health professionals to promote good end of life care and support for people.

Improving care quality in response to complaints or concerns

- Systems were in place to deal with and respond to any complaints or concerns. People had information in their bedrooms about how to raise any concerns with the service.
- We received positive feedback about the service. People told us, "I have no complaints. Everyone is very nice. I get good care and the staff are marvellous." A variety of thank you cards were on display.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 provider had developed policies and guidance to ensure staff had access to information about how to support and care for people.
- A range of audits were being undertaken and included details of the findings. The registered manager confirmed, going forward, all audits would include confirmation that any actions had been completed.

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

- The feedback about the registered manager was complimentary. People told us, "[Registered manager] is lovely and supportive" and "The manager is very fair and supportive. I can go straight to her with any concerns." We saw the registered manager engaged positively with people who used the service, visitors, professionals and staff.
- The registered manager was clear about her role and responsibilities and the operation of the service. She was supportive and transparent throughout the inspection process. We observed staff carrying out their duties throughout the day and it was evident they understood their role and responsibilities.

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

- We saw evidence of meeting minutes and most staff we spoke with confirmed team meetings had been held. This supported sharing updates and good practice with the staff team. The registered manager confirmed a recent resident meeting had been held.
- We saw staff were nominated for good practice awards in a 'golden ticket box'. The registered manager told us staff nominated their peers for this, which acknowledged the achievements of the staff team.

Continuous learning and improving care

- The senior team carried out audits, monitored the service regularly and had a good understanding of its operation and oversight. The registered manager told us the senior team were regular visitors in the service and were supportive of their role.
- Information and guidance was available to support the delivery of care and the knowledge of the staff team. This supported continuous learning and improvements in care.

Working in partnership with others

- Professionals were positive about the partnership working between them and the service. Records

contained information to confirm professionals were involved in care delivery which supported good health outcomes for people.