

Oxton Manor Ltd

Oxton Manor

Inspection report

22 Lorne Road
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Wirral
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Tel: 01516536159

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06 April 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection was carried out on 06 April 2017 and was unannounced. Our previous comprehensive inspection of the home in October 2016 had placed the home in special measures and had rated the service as 'inadequate'. We carried out this inspection as we needed to check that improvements had been made to the quality and safety of the service.

Oxton Manor is a detached house providing care for up to 15 people with complex learning disabilities. The home is situated in Oxton, in Wirral, Merseyside. All the bedrooms have en-suite facilities and there are gardens to the front and back of the property.

The home has a manager who had applied for registration with the Care Quality Commission. 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.

At our last comprehensive inspection of the home in October 2016 we found a number of breaches of regulations. As a result we served a Notice of Proposal to close the home due to breaches of the Health and Social Care Act 2008, which were related to person centred care, safe care and treatment, premises staff recruitment, training, supervision and the management of the service. We found that improvements had been made in all of these areas but minor further improvements were required. However, in response to the improvements that had been made we took the home out of special measures.

We had previously found that parts of the environment were dirty, shabby and unsuitable for the people living there. Infection control standards at the home required improvement. At this inspection we found the building and equipment had improved and it provided a safe environment for people to live in.

During our last inspection we had found care plans and risk assessments were difficult to navigate and did not provide up to date information to inform staff about people's support needs. Where people's needs had changed, their care plan and therefore guidance to staff had not been updated. When other health professionals had been accessed this was not appropriately logged and information was difficult to find. This had placed people at risk of receiving unsafe care. During this inspection we found that this had improved and the provider had implemented new procedures that were adhered to by all staff.

During our last inspection we had found that there were few quality assurance systems in place and we had found the management of the home inadequate. During this inspection we found that this had improved, there was a new manager in post and they had implemented new quality assurance processes that were being followed by staff.

We had previously found staff did not receive the training, support and supervision they needed to support

people with complex needs. During this inspection we found that this had improved and the new management had implemented supervision and training for staff.

People we spoke to were happy with the food provided and we saw that people were able to choose their meals and received support if it was needed.

There were sufficient staff working at the home to meet people's care needs and staff were friendly, welcoming and were observed to have good relationships with people living in the home and a kind and respectful approach to people's care.

We found that the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS), had been adhered to in the home. The registered manager told us of the people at the home who lacked capacity and that the appropriate Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority.

The manager was a visible presence in and about the home and it was obvious that they knew the people who lived in the home well.

Policies were in the process of being re-written and up-dated and the manager was able to tell us of the future plan for updating the remainder.

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.

Medication administration was correctly carried out however storage of medication was not safe.

There had been improvements to the environment.

Improvements had been made to the risk assessments for the some of the people who lived in the home.

Staff were recruited safely and there were sufficient staff working at the home to support the people living there.

Is the service effective?

Good ●

The service was effective.

Training and formal supervision for staff had improved.

Improvements had been made to the reporting and monitoring of maintenance issues.

The requirements of the Mental Capacity Act (2005) had been fully implemented to protect people's rights.

People were given enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs.

Is the service caring?

Good ●

The service was caring.

Interactions between staff and the people they cared for were positive, warm and caring.

Confidentiality of people's care files was evident.

Resident's meetings had taken place.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Improvements had been made to care plans for some people living in the home. However, further improvement were needed for the remainder's care plans.

Keyworker meetings were sporadic and weekly activity planners were not up-to-date.

Easy-access pictorial documents for recording people's visits to health professionals were being introduced.

Is the service well-led?

The service was not always well-led.

The service had a manager who had applied to become a registered manager with the Care Quality Commission.

The manager was transparent and recognised that the home needed to continue to improve and that they were committed to the work required.

The manager was clearly visible and staff said communication was open and encouraged.

We noted the improvements that had been made to the service to date.

Requires Improvement 

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 was 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 06 April 2017 and was unannounced. The inspection was carried out by two adult social care inspectors.

Prior to the inspection we asked for information from the local authority and we reviewed the information we already held about the service and any feedback we had received.

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 the inspection we looked around the premises and spent time observing the care and support provided to people throughout the day. We spoke with eight support staff including the manager. We looked at the communal areas that people shared in the home and with peoples permission, a sample of their bedrooms.

We reviewed a range of documentation including four care records, medication records, four staff files, policies and procedures, health and safety audits and records relating to the quality checks undertaken by the manager.

Is the service safe?

Our findings

At our last inspection, we found that the provider and manager had not taken the appropriate action to provide care in a safe way, for people who lived in the home. During this inspection, we found that improvements had been made. The manager was able to show us that they were in the process of introducing more organised and robust care plan files for the people living in the service.

We had previously found the home to be visibly dirty and unkempt. During our tour of the building on this inspection we found the main living areas appeared clean and well maintained. The dining room had recently been redecorated and looked fresh, light and clean. Overall, this appeared a pleasant area for the service users. The toilets and bathroom areas looked clean and there were no unpleasant odours in these areas. The manager informed us how the service had employed domestic staff and had clarified support staffs' responsibilities regarding the environment.

We found there was limited lighting in the stairway leading down to the lower-ground floor making it relatively dark. This presented a potential trip hazard and navigation issue for people who used the service and for staff. The manager urgently addressed this and it was actioned before the end of the inspection.

During this inspection we found improvements had been made to the risk assessments for the people who used the service, however, we found some issues with the information being held in peoples files. One example was that a person who was meant to be weighed 'fortnightly'. We did not see any record that this was carried out. A second example was that a falls risk assessment had been completed for another person which found them to be at low risk of falls. The document was undated so we could not see when this risk assessment had been carried. There had been no reviews recorded and the information in the document was brief and lacked detail. These issues were brought to the manager's attention who was fully aware of the need to accurately record interventions and risk assessments. They told us of their plan to update and improve the systems.

We saw that the home had not notified CQC of incidents, falls and safeguarding issues in the past few months. These notifications to CQC are statutory, which means they are required by law. The manager explained that she was unaware that she needed to inform us about these. However, they addressed these notifications urgently and assured us that this would continue. We saw that whilst we had not been notified of these incidents they had been dealt with appropriately at a local level involving the local authority safeguarding team and emergency services where necessary. We saw how the manager had written and implemented policies in regard to safeguarding and whistleblowing, this meant that the staff had up to date guidelines to inform their practice.

During our last inspection we identified that maintenance issues were not being reported appropriately and so not being actioned. During this inspection we saw how the manager had implemented a new system where issues were reported and were followed through by both the maintenance person and manager.

We saw the premises were safe. We looked at a variety of safety certificates that demonstrated that utilities

and services had been tested and maintained, such as gas, electric and water systems for legionella had all been tested. We saw that the fire alarm system had been checked weekly and there was a fire evacuation plan that had been reviewed and updated. Personal Emergency Evacuation Plans (PEEPS) had been completed for all of the people who lived in the home and were readily available in a file in case they were required. The PEEPs contained in people's files matched the version held in the 'grab file' kept separately by the manager. We identified that the fire risk assessment of the home was past its review date, this was brought to the manager's attention and was actioned immediately. We were later told that the fire risk assessment was carried out the week following our inspection.

The home employed 14 staff at the time of inspection and we looked at four staff recruitment files. We found that all files contained an application form which detailed the member of staff's employment history. However we found that not all staff references had been verified. On discussion with the manager we were informed that they verified each reference personally however this had not been recorded. The manager informed us that when they started as manager at the home it was identified that the majority of staff required updated checks in relation to criminal convictions, it was confirmed that these were pending for all applicable staff. We also saw how the home had implemented a system to ensure continuity of support staff when having to utilise agency staff.

We observed medication administration. This was carried out safely, the drugs were administered appropriately and people were observed taking them. Medication Administration Records sheets (MARs) had been fully completed by staff when medicines had been administered. This meant that people were receiving their medications in a timely manner. All the medication was in date and appropriately labelled. This meant that people had received their medications as prescribed by the doctor. Staff who administered medication had appropriate training. However we identified the home had an over stock of peoples medications. This meant that there was a risk of medications being out of date and that people may not have been given their medications according to their prescribed directions. This was brought to the senior support worker and manager's attention who assured us that this would be actioned as a matter of urgency. During our last inspection we saw that the service had not audited their medication processes, during this inspection we saw the manager had devised and implemented a new medication policy and had started medication audits.

We saw that the home logged accidents and incidents appropriately in a specific file and we could see that these appeared to be dealt with in accordance with the home's policy. However, we found that the individual care files did not demonstrate a robust system for recording and reporting incidents. An example was that in one person's file we found a body map document which highlighted a bruised arm. This document was undated, unsigned, did not detail what incident it was related to and it was found in a different part of the care file to the incident form.

Is the service effective?

Our findings

During our last inspection we identified concerns that staff employed at the home had not received appropriate support, training, and supervision to carry out the duties they were employed to perform. At this inspection we were able to see evidence of induction carried out with new staff, This was confirmed by the with staff who were on duty. We saw records of staff completing the Care Certificate. This is a training programme accredited by Skills for Care often used as induction training. However it was unclear how staff accessed and completed this or how their progress, achievement or competency was monitored by senior staff.

We saw that staff had attended training courses staff training being attended. This included training surrounding challenging behaviour, medication, mental capacity, and person centred care. This was also confirmed by the staff we talked with throughout our inspection.

We spoke with seven staff who all agreed that the support had improved within the home. We saw that supervisions and appraisals had been implemented by the manager and that they were in the process of being completed. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. One staff member told us "[Manager] is very supportive, it's nice to have someone who will listen".

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. We also spoke to the local authority regarding the home and we found that they were working within these principles. The manager was aware of the need to have all DoLS applications completed.

We saw that mealtimes were centred around what was preferred by the people who lived in the home. The dining room was welcoming and bright. Each person chose what they wanted to eat from what was stocked in the kitchen. People's choices and were recorded in a 'meal book' and was monitored to make sure appropriate nutrition was being provided.

We saw that some areas of the home had been redecorated, and improved. We were given permission from some of the people to look into their bedrooms.. We saw these were single bedrooms, that they were large, comfortable and well furnished. The rooms were also en-suite with their own showers and toilets and were personalised with people's own belongings. If people did not want to shower there were bathing facilities

available in the home.

Is the service caring?

Our findings

During our last inspection we saw little evidence that people living at Oxton Manor were involved in planning the care they received or in the running of their home. However during this inspection we saw how the manager had implemented residents' meeting which had been well attended.

The manager was also able to show us that they were in the process of developing an 'easy read' service user guide that would inform people and their relatives of the services Oxton Manor would provide.

At our last inspection we had identified that interactions between staff and people living in the service did not seem appropriate. During this inspection we observed staff throughout the day supporting people who lived at the home and noted that these were positive. All the staff we observed were respectful of people's dignity and supported them at their own pace. When we spoke with the staff they showed an awareness of the health needs of the people who lived in the home and were able to tell us what care was needed and preferred. It was obvious from our discussions that the manager and staff knew the people well and were friendly, considerate, empathetic.

We saw that people continued to receive support from advocacy services, mainly by an Independent Mental Capacity Advisor (IMCA), if needed.

We observed that confidential information was kept secure either in the manager's office, the medication room or a locked cupboard that was located in the hallway.

During our last inspection we had observed people being encouraged to be independent and at this inspection we saw examples of this continuing with people going to the local shops and helping with meals. We asked if visitors were welcome at any time and we were told they were.

During our last inspection we identified that the home had not carried out any meetings with people living in the home. These are generally known as 'residents meetings'. They give an opportunity for the home to provide information and explanations about the service and for people using the service to express their views about it. At this inspection we saw that residents meetings had taken place and had been well attended, we also saw how suggestions from people had been acted on by the manager and staff.

Nobody living at Oxton Manor was receiving end of life care at the time of our inspection, however the manager had written a new 'end of life' policy, this meant that staff had an appropriate guide for their practice should such a situation arise.

Is the service responsive?

Our findings

During our last inspection we had found that the support files were difficult to navigate and we had been unable to identify which professionals had been seen by people living in the home. During this inspection we found there were easy-access pictorial documents for recording people's visits to health professionals, including the GP, dentist and optician. These documents showed regular attendances to these health professionals and were supported by details of the reasons for and outcomes of any appointments. The care files contained a brief 'all about me' document and a more detailed support plan document, these documents set out the service user's needs, likes and dislikes.

During our last inspection we saw inaccurate, generic and out of date information within care plans meaning that staff did not have up to date guidance to follow in order to support people safely. At this inspection we saw that updating the support plans was in progress. The manager was able to show evidence of how the service was working through the support plans and ensuring information on how to support a person was up to date and relevant. However, there were still some inconsistencies in care files which needed to be addressed as soon as possible, to enable staff to have clear and appropriate information to carry out person centred care.

We looked at people's daily diaries which recorded each person's day-to-day activities. We saw that these were up-to-date and that there were regular and detailed entries by staff throughout each day. However, we found that people's weekly planners were not up-to-date. However, we saw that the activities that had been recorded in the planner, including a disco and a film night, matched the activities that the people liked as set out in their support plan document. This meant that this information not consistently recorded.

During our last inspection we had found that keyworker meetings had not been carried out regularly. A keyworker is a named member of staff who has overall responsibility for understanding and ensuring an individual's needs are met. At this inspection we saw some areas of improvement however this was sporadic. We brought this to the manager's attention. The manager told us they had concentrated on other aspects of improvement such as the support plans as a priority. The manager assured us keyworker meetings was on their action plan and would be addressed shortly.

We were able to see that following the previous inspection, the manager was able to identify when people were inappropriately placed in the service and the manager was able to show us the professionals accessed to ensure people were placed appropriately. This ensured the comfort safety of people needing support.

The manager was able to show evidence of the service supporting people to access specialist learning disability services. We were shown how people living in the home had attended and completed an arts and crafts course. The manager was also able to demonstrate to us how they had accessed bus and train passes with the intention of supporting people to access other interest and activities.

The manager told us that steps had been taken to more effectively involve service users in decisions about their care in order to better meet their needs. This included holding regular residents' meetings, giving

people the chance to share their ideas about what activities and events they would like to attend. This has led to a visit to the zoo being planned for July 2017. We saw minutes of these meetings during our inspection confirming that they had been held regularly and were well attended by people.

Is the service well-led?

Our findings

The manager confirmed that they had been in post as manager for approximately four to six months and acknowledged that the service provided at Oxton Manor required significant improvements in many areas. At the time of this inspection the manager had applied to CQC to become the registered manager of the home.

We spoke with the manager and we found them to be open and receptive to our feedback and told us that they recognised that the home needed to continue to improve and that they were committed to the work required. We were told that the staff had been working hard to improve the home. The manager explained that several members of staff had left the home since the change in management and new staff had been recruited. This included domestic staff, a position that had not previously been fulfilled at the home.

All the staff we spoke with told us that they were supported in their role and had that they had no hesitation in approaching the manager.

At our last inspection we found that systems and processes had not operated effectively to improve the quality and safety of the service provided. During this inspection we saw that improvements had been made. We saw that staff were now being supported and that training and supervision had been improved, new monitoring documentation had been implemented and the manager had introduced a culture of openness.

During that inspection we saw little evidence of any audits being carried out. At this inspection we saw how the manager had started to implement new audit process, an example of this were the support plans, where we saw a cover sheet was at the front of the file to show that the manager had audited it on a monthly basis.

We had previously seen that staff team and residents meetings had not been carried out regularly, however during this inspection we were able to see how the manager had held regular meetings with both staff and people living in the home. This meant that people had a formal opportunity to put forward opinions or suggestions about the home. Staff told us how they were listened to. One staff member told us how they had suggested a change of strategy for a person and this had been incorporated into the person's support. Another staff member told us how there was an improvement to the communication in the home and that they were able to make suggestions about changes to benefit the people.

During the last inspection we saw that the service was dirty. During this inspection we saw an improvement in the premises. We also saw an improvement in systems that were in place such as quality checks of the building. The manager had implemented a communication book as well as a maintenance book that was monitored by the manager. This meant that the manager had oversight of the service and of the premises it was carried out in.

We discussed the manager's own support and we were told that they received peer support from a manager from a sister home as well as from the provider.

We saw that the manager was in the process of rewriting the policies of the home. We saw new policies surrounding medication, recruitment, privacy and dignity, cleaning including infection control and whistleblowing. The manager was told us about continuing plan to update and improve the home's remaining policies.