

Oxton Manor Ltd

Oxton Manor

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 15 people, 11 people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

We found that although the environment had improved since the previous inspection, however parts of the environment did not reflect that Oxtan Manor was a home for people as the flooring in a lounge area was a non-slip type flooring more suited to bathrooms and so was not homely.

Processes surrounding recruitment were not robust and staff training and induction were under review at the time of inspection.

The communication between staff and the manager was not always effective regarding the people's support needs within the home. This was identified and discussed with the manager who assured us that this would be acted on immediately. We also attempted to contact the provider prior to the inspection being carried out however, the provider had not contacted the Commission with the requested information at the time of inspection.

Medications were managed safely however, shop bought medications had not been discussed with a GP. We received evidence following the inspection that this had been addressed.

People living in the home had a comprehensive support plan and risk assessments in place, however we identified those who were staying on a temporary basis did not have appropriate support plans in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. There were systems in place to actively seek the engagement and involvement of people and staff in developing the service and driving improvements. The manager was transparent and collaborative and demonstrated a commitment to improve the service. The manager took on board the feedback from our inspection and took immediate action to resolve the shortfalls identified.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were protected from potential abuse and staff understood their roles in protecting people in their care. Their care was assessed using nationally recognised assessment tools and there were risk assessments in place to guide staff and provide safe care. People's health needs were well managed. They lived in an environment that allowed them the freedom to move around the service safely.

Incident and accidents were analysed for patterns and trends. Risks to people were assessed safely and referrals were made to other professionals in a timely way when people living in the home were in need.

People received care from staff who had a good knowledge of their needs. Their communication needs were met, and the manager worked to the accessible information standards to provide people with information in a way they could understand.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: The last rating for this service was requires improvement (published 23 August 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oxton Manor on our website at www.cqc.org.uk.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Oxton Manor

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Oxton Manor 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 did not have a manager registered with the Care Quality Commission. A registered manager and the provider are both legally responsible for how the service is run and for the quality and safety of the care provided. The service had a manager who was going through the registration process.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us. We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with three members of staff including manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and additional policies. We spoke with two professionals who visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's care plans contained a wide range of assessments identifying potential risks. Records showed that measures were in place to mitigate those risks. However, we identified that one person had assistive technology in place that was not monitored. On discussion with the manager we also identified that issues regarding the piece of equipment had not been reported by staff. This meant the manager had no knowledge of the piece of equipment or the issues that had been occurring. The manager immediately actioned and implemented new monitoring systems.
- Risks to the environment had been assessed to help ensure people were safe. However the annual gas check had not been completed since March 2019. This had not been identified by the provider or the manager. This was carried out following the inspection.
- Ongoing checks were not always being completed as we identified window restrictors that the home had in place were not appropriate. This was discussed with the manager who immediately implemented new systems following inspection.
- Contingency plans were in place for emergencies such as hot water failures or electrical lighting failures and regular fire drills and evacuations had been completed.

Using medicines safely

- There were procedures in place to support the safe administration of medicines. However, we identified that medicines bought over the counter had not been discussed with a GP. This was discussed with the manager who immediately actioned this and the required processes were completed following the inspection.
- Medications were stored securely, and medication was only administered by staff who had the correct training to do so. However, although the temperature was being monitored for refrigerated medicines this was not being documented. This was addressed immediately and a new process implemented to ensure regular documentation.

Systems and processes to safeguard people from the risk of abuse

- There was a policy in place to ensure people were protected from the risk of harm and abuse and referrals had been made to the local authority safeguarding team when required.
- Staff completed training in safeguarding, demonstrated a good awareness and understood the actions they must take if they felt someone was being harmed or abused. Staff were also aware of the whistleblowing process and stated that they would feel confident to raise concerns.

Staffing and recruitment

- The manager informed us that there had been a problem with staffing, however this was in the process of being addressed and new staff had been recruited. During the inspection there appeared to be sufficient staff available to safely meet the needs of the people living in the home.
- Recruitment checks such as criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. However, we identified that other documentation had not been fully completed. This was discussed with the manager who immediately actioned this.

Preventing and controlling infection

- The environment was visibly clean and free from any unpleasant odours. There was a clear system in place for the maintenance of cleanliness and hygiene in private and communal spaces.
- Staff were in the process of completing appropriate training and were aware of the need to control the potential spread of infection.

Learning lessons when things go wrong

- There was a system in place to monitor and review accidents and incidents. Accidents and incidents were reviewed regularly by the registered manager which enabled them to analyse trends.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The induction for new staff was not robust. The manager was in the process of reviewing the induction and training being provided.
- Whilst staff received a range of training relevant to their role it was not always effective. The home supported people with learning disabilities and some staff did not have experience working in learning disability settings.
- Staff received an appropriate level of support for their role through regular supervision.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans.
- Where needed, people were supported with specific diets associated with their individual needs. For example, those living with diabetes.
- People had the opportunity to have input to what was included in the menus.

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

- People had access to healthcare services when they needed it. People were referred for healthcare assessments promptly if required.
- One professional told us "The home engages in discussion with myself and is good at involving the residents in activities and minimising conflict within the home."

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

- The home was in the process of being refurbished. However, the flooring in one of the lounges was not homely as it was a non-slip type flooring that was used in bathrooms. This was not appropriate for a person's home. This was discussed with the manager who told us that this had been fitted prior to their employment. We were assured that this would be looked into.
- There were sufficient communal bathing facilities that were accessible for those living in the home.
- People were able to personalise their rooms and this was supported in discussion with people and their relatives.

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

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- Staff obtained consent for people's care and support. Staff understood the principles, of the MCA and people were supported wherever possible to make their own decisions.
- Where necessary, mental capacity assessments had been completed and the best interest decision making process was followed and documented.

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

- People were supported by staff who knew them well and supported them in a way they wanted.
- People's needs were assessed before admission to the service and were kept under review to ensure the service continued to meet their needs.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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; Respecting and promoting people's privacy, dignity and independence

- On the day of the inspection we observed that people living in the home looked comfortable with the staff.
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).
- All visitors we spoke with said their relatives liked the staff who support them. One relative told us "They seem very caring" another told us "They are very kind to [person]".
- The senior staff and manager had started to make the home more encouraging of people's independence. An example of this was ensuring linen cupboards were unlocked with shelves that were clearly labelled. This meant that people were able to independently access their linen and not rely on staff. This encourage people to carry out daily living tasks independently and when they chose to.
- We used our observational tool and saw that people living in the home were able to positively interact with staff and each other. If family visited then they were welcomed and given privacy if they wanted.
- We observed that people were able to move around the building freely and, if they wanted to, was able to go to the local shops.

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

- The new manager held meetings with people living in the home and had used this opportunity to gather information on their opinions.
- Monthly keyworker meetings had been introduced into the home. We saw that topics such as being healthy, being safe, enjoying and achieving and risk assessments had been discussed. Meetings also covered complaints and information on any up and coming events and activities.
- Relatives told us communication was good and that they knew about the support being provided.
- A service user guide was available to people that gave information regarding what the service provided and what people could expect, to help them make decisions regarding their care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People living in the home had had their individual needs assessed and support plans had been developed to meet those needs. However, those people who were staying on temporary basis did not have appropriate support plans in place and had not had for a significant amount of time. This was addressed with the manager who assured us that this would be immediately actioned.
- People's preferences in relation to their care and treatment, daily routines and how they liked to spend their time was clearly documented. An example of this was a detailed instruction on how the person wanted to be supported to shower.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs. Examples included one person who needed to wear their glasses and another person who needed a low stimulus environment to be able to communicate effectively. Support plans also gave guidance on how to support people who used facial expressions when communicating.
- Documents were available in different formats for people. An example was the complaints procedure that was in an easy read version as well as the service user guide.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives we spoke with told us how there were no restrictions on visiting and that the home communicated with them regularly.
- The manager was in the process of reviewing the activities that were available to people living in the home. They discussed the benefits and importance of having meaningful activities in place. They had developed individual 'scrapbooks' that was a visual reminder of outings and occasions people had taken part in.
- Support plans held information on how people wanted to spend their time and included their likes and dislikes.

Improving care quality in response to complaints or concerns

- Relatives told us that they did not have any complaints at the time of inspection. One relative told us they previously raised a concern and the manager had "Dealt with it, was very professional and acted straight away." Each relative said that they would have no hesitation and would feel confident to raise any concerns.
- A complaints policy was available and this was on display within the home. This was also available in an 'easy read' version for ease of understanding for those living in the home.

End of life care and support

- At the time of the inspection, nobody at the service was receiving end of life care. However, people's care plans would document peoples wishes if they wanted to discuss it.
- The manager told us how they would support people wishes and we were provided with the providers end of life policy.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Throughout the inspection the manager was open and transparent and responsive to feedback being given. However, the provider had been contacted six weeks prior to the inspection and had been asked for information about the recruitment processes and induction that they had in place for the new manager. We also asked how the manager was being supported in their new role. The provider had not replied to the Commission within this time period, as this information was not made available to us by the provider we could not be certain that the manager had been appropriately supported and inducted into the service.
- We identified through the inspection that the manager had not been made aware of aspects of people's care provision and that issues had not been communicated by staff. This was discussed with the manager who assured us that this would be addressed immediately.
- The manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.
- The rating from the previous inspection had been displayed as is legally required.
- It is a condition of the providers registration with the Care Quality Commission (CQC) that the service has a registered manager in place. The manager was new in post and was going through the registration process.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service actively gained feedback from people via questionnaires and meetings.
- Relatives, told us the manager was visible around the service, and people knew the manager by name.
- Staff told us they felt supported by the manager and meeting had been held giving staff the opportunity to have input into the service.

Continuous learning and improving care

- Quality assurance process and systems had not identified issues we found during inspection.
- The manager told us how they were reviewing and improving the induction and training programme for staff.
- The manager was able to show how they had identified improvements they had wanted to achieve within

three months and then six months. We saw that this had happened, for example improving activities for people living in the home.

Working in partnership with others

- The manager told us the service worked closely with GPs, social workers and the local authority. We saw evidence where the service had liaised with professionals during the inspection.