

Milewood Healthcare Ltd

Oxbridge House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Oxbridge House is a care home and provides accommodation and support for up to 13 people living with a learning disability and/or autistic spectrum disorder. There were 9 people living at the service when we visited.

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

Right Support

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 on the whole supported this practice. People were supported safely with medicines. Staff followed infection prevention and control good practice guidance.

We have made a recommendation about the management of medicine policy and reviews.

Right Care

Staff promoted equality and diversity in their support for people. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Where people had support, this was flexible, generally available when they needed it and to the level they needed. Staff understood and responded to people's individual needs. Staff understood people's individual communication needs.

Right culture

Staff placed people's wishes, needs and rights at the heart of everything they did. They sought advice and feedback from everyone involved in people's care. The environment was bright and highly personalised. Staff were aware of and working to best practice guidance for supporting people with a learning disability and/or autistic people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 June 2021). At the time we found the

service was in breach of two regulations regarding medicines, risk assessment and the effectiveness of the service's quality assurance systems. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced inspection in May 2021 and breaches of regulation were found. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements.

We assessed whether the service is applying the principles of Right support right care right culture. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oxbridge House on our 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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Oxbridge House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 1 inspector, 2 medicines inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Oxbridge House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oxbridge House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post however they were on long term leave. There was an acting manager in post who we liaised with during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 3 relatives about their experience of the care provided. We spoke with the acting manager, regional manager, and 5 members of support staff.

We conducted a tour of the service and looked at a wide variety of records. These included people's care and medicine records, monitoring documentation, staff files and audits used to monitor 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection the provider was not doing all that was reasonably practicable to mitigate risks and ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health & Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people had been identified and recorded. Thorough management plans were in place to reduce risks wherever possible.
- Improvements had been made to records relating to fire safety checks. Regular fire drills had taken place and checks to ensure the safety of the service and equipment had been completed on a regular basis.
- Accidents and incidents were recorded, and action had been taken to mitigate risks to prevent reoccurrence.
- Audits were used to identify any shortfalls in practice. When shortfalls were found, lessons had been learnt and shared with the staff team.

Using medicines safely

- Social leave was not managed in line with guidance and the service had no policy in place for staff to refer to.
- Staff told us annual health reviews and physical health monitoring took place however the service did not keep a record of these reviews taking place. Whilst on inspection the service had started to implement a tracking system to gain oversight.

We recommend the provider develop a process for oversight of annual reviews and develop their medicine policy to ensure it covers social leave.

- Medicines were stored securely with the appropriate temperature checks taking place.
- Guidance to support the administration of when required medicines was in place and contained detailed information about when staff should administer medicines.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines.
- People could take their medicines in different locations depending on where they preferred to receive

their medicines.

- Competency assessments were in place for staff who administered medicines
- Audits were robust and we saw evidence of findings in these audits being actioned.

Staffing and recruitment

- There were enough staff to provide support throughout the night and day as well as one-to-one support. The provider made sure there were enough staff to meet people's individual care package.
- Staff recruitment and induction training processes were effective. The provider and manager had worked diligently to recruit and retain staff. Staff retention was good and people enjoyed a consistent and motivated staff team.

Systems and processes to safeguard people from the risk of abuse

- Staff understood people's needs and how to manage any presenting risks.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. People and those who matter to them had safeguarding information in a way they could use, and they knew how and when to raise a safeguarding concern. Every safeguarding event was now subject to a review of how any lessons could be learnt from it.
- Staff managed the safety of the living environment. Regular checks on equipment and maintenance were made.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service. Government guidance in relation to testing was being followed.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visits to Oxbridge House were in line with government 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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the provider failed to ensure they had appropriate systems in place to check and maintain good care.. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Effective quality assurance processes to monitor the quality and safety of the service were in place.
- Audits had been completed regularly by the acting manager and regional manager and were effective in highlighting any shortfalls. Audits contained clear action plans to address any concerns found.
- The provider was actively involved in the service. The acting manager provided them with weekly and monthly reports which they used to monitor performance.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- There was a positive culture at the service which created a warm, relaxed and supportive atmosphere.
- Staff told us there had been many positive improvements to the service since the last inspection and they now felt much more included and listened to.
- Positive relationships existed between people, relatives and staff. People spoke highly of the staff team and their approach. Comments included, "I know I can talk to the staff here about anything", and, "Staff communicate with me at all times. They will ask me if I want to go with them to any appointments."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were actively involved in the service. Regular resident meetings took place and people were encouraged to share their views. We observed people choosing meals and activities throughout our visits.
- Staff felt valued and fully involved in the service. Comments included, "We are working in a much better way now and everyone is very clear on their role", and "You can speak up if you have any issues and are listened to."

- The service had good links with other professionals. Records showed that staff actively engaged with other professionals to ensure people received the support they required in a timely way. This help achieve positive outcomes for people.

Continuous learning and improving care

- The provider had learnt lessons following the last inspection and worked hard to ensure they improved the service.
- Staff were passionate about providing good care outcomes and took ownership for their practice. They understood their roles, responsibilities and their accountability.