Royal Mencap Society

# Oxclose Lane Care Home

## Inspection report

154-156 Oxclose Lane
Arnold
Nottingham
Nottinghamshire
NG5 6FF

Website: www.mencap.org.uk

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30 March 2016

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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 inspected the service on 30 March 2016. The inspection was unannounced. Oxclose Lane Care Home provides accommodation and support for up to seven people with a learning disability. At the time of our inspection there were six people using the service.

The service had a registered manager in place at the time of our inspection. 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.

Risks in relation to people's care and support were not always recognised and assessed appropriately and medicines were not always managed safely. People were supported by sufficient numbers of staff who knew how to recognise abuse and how to respond to concerns.

People were supported by staff who had the knowledge and skills to care for them and they were supported to make decisions. Staff knew how to act if people did not have the capacity to make certain decisions.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

People lived in a service where staff listened to them. People's needs were recognised and responded to by a staff team who cared about the individual they were supporting. People were supported to enjoy a social life.

People were involved in giving their views on how the service was run and benefited from an open and inclusive management team.

## 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 consistently safe.

Risks in relation to people's care and support were not always recognised and assessed appropriately. Medicines were not always managed safely.

People were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

There were enough staff to provide care and support to people when they needed it.

### Is the service effective?

**Good**

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support and where they needed support to make decisions they were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

### Is the service caring?

**Good**

The service was caring.

People lived in a service where staff listened to them and cared for them in a way they preferred. People's needs were recognised and responded to by a staff team who cared about the individual they were supporting.

Staff respected people's rights to privacy and treated them with dignity.

### Is the service responsive?

**Good**

The service was responsive.

People were involved in planning their care and support. People were supported to have a social life and to follow their interests.

People were supported to raise issues and staff knew what to do if issues arose.

## Is the service well-led?

Good

The service was well led.

People were involved in giving their views on how the service was run.

The management team were approachable and there were systems in place to monitor and improve the quality of the service.

# Oxclose Lane Care Home

**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.

We inspected the service on 30 March 2016. The inspection was unannounced. The inspection team consisted of one inspector 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

During the visit we spoke with three people who used the service and the relatives of two people. We spoke with three members of support staff, the assistant manager and the registered manager. We looked at the care records of two people who used the service, medicines records of four people, staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and registered provider.

Requires Improvement

# Is the service safe?

## Our findings

We looked at how risks to people were recognised and assessed and found that the risks in relation to one person who suffered from seizures had not been assessed or planned for appropriately. The person was unwell on the day we visited and staff said they were unsure if the person had suffered a seizure during the night. The person's care plan stated staff were to monitor the person for 30 minutes following a seizure; however we could not be assured that staff would know if the person had a seizure during the night and would give the required monitoring. This was because there were no waking staff during the night, with one member of staff sleeping in a room on the floor above the person. A monitor had been placed outside the person's bedroom door with staff taking the second part of the monitor to bed with them. This posed a risk staff would not hear the person if they had a seizure and this had not been recognised or steps taken to mitigate the risk. This meant the person was at risk if they had a seizure during the night. Following our visit the registered manager sought advice from external professionals and assured us this would be addressed.

We looked at the systems in place to ensure medicines were managed safely and we found that although people had been given their medicines as prescribed, there were frequent gaps on people's medicines administration record (MAR) where staff had omitted to sign for the medicines. Additionally variable doses of medicines were not being recorded appropriately, which posed a risk the person may receive less or more of the prescribed dose. The assistant manager told us that medicines audits were taking place but these were not being recorded. Following our visit the registered manager implemented medicines audit records.

One person had been assessed as safe to manage their own medicines and staff told us they carried out checks to ensure the person was taking their medicines as prescribed. However the checks were not being recorded and so we could not ascertain if this was happening and if the person was taking their medicines as prescribed by their doctor. The registered manager put checks in place following our visit and implemented records to show this was taking place.

Other people had been assessed as not being safe to administer their own medicines and so relied on staff to do this for them. People we spoke with told us that staff gave them their medicines when they were supposed to. A relative we spoke with told us they felt their relations medicines were given when they should and said, "[Relation] knows when it's time to take their tablets."

People were protected from the risk of abuse. The people we spoke with told us they felt safe and the relatives we spoke with also felt their relations were safe in the service. One relative told us, ""[Relation] would have told us about anything that would be worrying her." We saw there was information on display giving guidance to people on what was considered as bullying and abuse so that people would know what they should report.

People were supported by staff who recognised the signs of potential abuse and how to protect people from harm. Staff had received training in protecting people from the risk of abuse and staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm and to escalate concerns to the registered manager or to external organisations such as the local authority. Staff were

confident that any concerns they raised with the registered manager would be dealt with straight away.

The registered manager had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the registered manager carried out checks to determine if staff were of good character and requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

People were supported to access the community safely. Risks to individuals when they were out in the community alone were assessed and staff had access to information about how to manage the risks. People we spoke with demonstrated an awareness of safety when they went out into the community independently. They told us they ensured staff knew where they were going and when they would be back and this gave them reassurance. Staff we spoke with told us they felt assured people were safe when they were out alone as they had built up good links with a number of local businesses in the area. The businesses knew the people who used the service well and would report any issues to the staff. People told us this worked for them and gave them assurance and independence. One person told us, "I have freedom, I don't go far." Another person said, "I have full freedom, happy freedom."

All areas of people's daily living were assessed and there was information in their care plans guiding staff on how to minimise the risk. For example, one person was at risk when they went out into the community and there was guidance in place informing staff how to keep the person safe.

Where people sometimes communicated through their behaviour, we saw there were detailed care plans in place informing staff what might trigger this behaviour and how to respond in order to protect the person and other people from potential harm. The guidance detailed how the person communicated through their behaviour and how the triggers could be avoided.

People were living in a safe, well maintained environment and were protected from the risk of fire. We saw there were systems in place to assess the safety of the service such as fire risk and the risks of legionella. Staff had been trained in relation to health and safety and how to respond if there was a fire in the service. People who used the service were involved in regular fire drills to ensure they knew how to exit the building safely in the event of a fire.

People received the care and support they needed in a timely way. People we spoke with told us there was always a member of staff available if they needed support. One person told us there was a member of staff available, "When I need it." The relatives we spoke with also felt there were enough staff working in the service to give their relation the care and support they needed. One relative told us, "Those who need help get it and those who don't need help are just supported to live their lives well."

On the day of our visit we observed there were staff available to meet the requests and needs of people. Staff spent time chatting to people who used the service in a relaxed and unrushed way and staff were also available to escort people in the community.

The assistant manager told us that when more staff were needed, for example for social time away from the service, staffing levels were increased. Staff we spoke with said they felt there were enough staff to meet the needs of people who used the service and that if there was staff absence then the team of staff generally covered for each other. They told us the registered manager was also currently recruiting part time staff to produce extra cover for staff absences.

Good

# Is the service effective?

## Our findings

People were supported by staff who were trained to support them safely. People we spoke with felt the staff did their jobs well and the relatives we spoke with told us they felt staff had the right skills to understand and support their relation. One relative said that, "They knew how to deal with [Relative] in the right way." Another relative told us, "[Relation] has total faith in the staff. Knows each staff member and what their role is in [relation's] life." We saw one relative had commented in a recent survey carried out by the registered manager that; 'Part of the success of Oxclose Lane is the recruitment and selection of sensitive and skilled staff.'

People were supported by staff who had the skills and knowledge they needed to do their job safely. Our observations confirmed that staff were confident in what they were doing and had the skills needed to care for people appropriately. Staff we spoke with told us they had been given appropriate training which provided them with the knowledge they needed to support the people who used the service. There was a system in place which identified if staff needed their training refreshed and staff told us that if a specific training such as safeguarding adults 'red flagged' they were not permitted to work until they had refreshed this training. We saw records which showed that staff had been given training in various aspects of care delivery such as safe food handling, moving and handling and infection control.

We saw that staff were given an induction when they first started working in the service. This was an in depth process which covered all areas of safe work practice. Throughout the process staff completed work books which tested their knowledge of all areas of the induction. Following the initial induction staff shadowed other more experienced staff for a week and during this time they completed a daily diary of what they had learned that day. We saw one member of staff had recorded they had spent time reading care plans and speaking with people to get to know how they needed to be supported. We spoke with one member of staff who had completed the induction and they told us that values, which put people who used the service at the forefront of everything staff did, were being passed onto new staff. The member of staff told us, "The staff who trained me were absolutely amazing." The registered manager told us that new staff were going to be completing the care certificate. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. Staff we spoke with were knowledgeable about the systems and processes in the service and about aspects of safe care delivery.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss their development needs. Staff told us they had regular supervision from the registered manager and were given feedback on their performance and we saw records which confirmed this.

People were supported to make decisions about what they did on a day to day basis. People we spoke with told us they made decisions about their care and support. One person told us, "I can go out when I like." We observed people decided how and where they spent their time and made decisions about their life. For example one person wanted to manage their own medicines and this was respected. We saw a relative had

commented in a recent survey carried out by the registered manager, 'Each member of staff knows the importance of respecting [Relative's] rights. This is a strong feature of provision and ethos.'

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.

Staff we spoke with had a good understanding of the MCA and their role in relation to this. They were able to give us examples of when a meeting may be needed to determine a decision in a person's best interest, where the person lacked the capacity to make the decision themselves. We saw that where a person's capacity to make a certain decision was in question, the registered manager had completed an assessment to ascertain if the person had capacity and what decision needed to be made in their best interests. For example one person did not have the capacity to make decisions about their medicines or their finances and we saw a best interests meeting had been held to ensure the person would receive support which was in their best interests.

The assistant manager displayed an understanding of DoLS and the registered manager had made applications for people where there were indications they may be deprived of their liberty. This meant people were not being restricted without the required authorisation.

People were supported to eat and drink enough. We spoke with people about the food and they told us they had enough to eat and we observed people had access to food when they wanted to eat. People told us they enjoyed the food available and that they could make food and drinks when they wished to. One person told us, "I make drinks when I want to. Sometimes I make drinks for everyone else." One relative told us, "[Relation] has never come to me to complain about the food and [Relation] would do if it was a problem." We observed there was fresh fruit and snacks available in the kitchen for people to help themselves to if they wished.

People's nutritional needs were assessed and there was information in care plans detailing what support people needed. Staff told us people were encouraged to try different food options with staff introducing a variety of, "little and often." Staff had an understanding of the importance of a healthy balanced diet and told us they promoted this with people where needed. Staff told us that some people ate their main meal at lunch times to support them with a healthier life style and diet.

We saw one person was at risk of choking and there was detailed guidance in place informing staff how to support the person and minimise this risk. This included details of how the person should sit and what specialist equipment they needed and how this should be placed. Staff we spoke with were able to describe the support this person needed, in line with what was recorded in their care plan.

People were supported with their day to day healthcare. We saw people were supported to attend regular appointments to get their health checked. A relative we spoke with stated that the staff were very quick in

obtaining doctors' appointments if their relation was showing signs of being unwell. This was confirmed by a second relative who said, "They (staff) are very efficient in getting a doctor's appointment on the day."

Records showed that people were supported to attend annual health checks and routine appointments to the optician and dentist. One person had a health condition and they were supported to have regular appointments to have this monitored.

Staff sought advice from external professionals when people's health and support needs changed. For example staff had involved the Speech and Language Team (SALT) and the Occupational Therapist to support a person with their communication and engagement in activities.

Good

# Is the service caring?

## Our findings

People we spoke with told us they were happy living at the service and that staff were kind and caring towards them. One person said that staff were, "Very kind, sensible, caring." Another person said, "Nice staff. They listen and help." Relatives also commented positively on the service and on the staff. One relative said, "[Relation] is incredibly happy there. The staff are very caring. They are quick to help." Another relative said, "I can't do what Oxclose does for [Relation]. I have a lot to thank them for. [Relation] is so happy; Incredibly happy."

We observed staff interactions with people and we saw staff were kind and caring to people when they were supporting them. People looked relaxed and comfortable with staff and we saw there was a family type atmosphere in the service. A relative commented on this and told us, "They make you feel like you are one of the family." People using the service had developed positive relationships with each other and with staff and we saw people greeted each other warmly when they arrived home after being out in the community. One person had been shopping and another person greeted them and asked, "Would you like a drink? What did you buy?" Two people who used the service had developed a friendship and regularly went out into the community together. We observed staff giving people praise for achievements. One member of staff praised a person following them completing a task and said, "Well done [Name] give me a high five."

Observations showed that staff clearly knew people's needs and preferences. When we spoke with staff they had an in-depth knowledge of people and their personalities. They spoke about people with warmth and were able to tell us about people's likes and dislikes in a positive way. We saw in people's care plans that their preferences for how they were supported were recorded, along with their likes, dislikes and what was important to them.

People were supported to make choices about how they spent their day and when and what they ate. Their choice and independence was an integral part of the way they were supported by staff. We observed people deciding what they were going to eat during the day. One person was being supported by staff to look for food ideas from a book to plan their meal. Another person was engaged in making their own lunch with a member of staff supporting them.

One person told us, "Sometimes, I just see what's in the freezer or about. Whatever takes my fancy." People chose what time they ate their main meal of the day, with some having their main meal at lunch and some having it in the evening. People planned menus each week and were encouraged to add their favourite meals to the menu; however this could be changed on the day if people decided they wanted something different. We saw people ate their lunch at different times, dependent on their choices and their lifestyle. People had autonomy over their own laundry and
We saw people using the laundry room to independently wash their clothing.

We saw that where people had difficulty in communicating verbally, there were plans in place detailing how the person communicated. For example one person could not communicate verbally and there was detailed guidance in place describing how the person could communicate choices, such as tapping on a drinking

glass. The plan also described how staff would recognise if the person was unwell or upset and took into account the person's known preferences.

The registered manager told us that no-one was currently using an independent advocate to support them with decision making but that people had been supported to use them in the past. This meant that people had access to advocacy services when they needed it. Advocates are trained professionals who support, enable and empower people to speak up.

People were supported to have their privacy and were treated with dignity. People we spoke with told us they felt staff were respectful. We observed people were treated as individuals and staff were respectful of people's preferences. We observed staff respecting people's privacy when people were in their bedrooms by knocking on residents doors and asking to come in. People we spoke with told us this was always the case and said that if they did not want staff to enter they could say so and the member of staff would respect this. Relatives we spoke with told us they felt their relation's privacy and dignity was respected, for example people were given their own mail to open and if they were away it was saved and given to them on their return.

Staff were mindful not to have discussions about people in front of other people and they spoke to people with respect. Staff were given training in privacy and dignity values and the assistant manager told us that this was a part of the induction staff received. Staff we spoke with showed they understood the values in relation to respecting privacy and dignity and we saw information about the dignity values were displayed in the service.

Good

# Is the service responsive?

## Our findings

People and their relatives were involved in planning and making choices about their care and support. People we spoke with knew about their care plan and said they were involved in the reviews of their care and support. Relatives we spoke with talked about being involved in the care reviews of their relation and said they felt included in this.

Staff were responsive to people's changing needs. We saw one person's mobility had deteriorated and staff had held a meeting with the person to consult them about moving into a ground floor bedroom. Records showed the person had agreed with the move and had been involved in choosing the colour scheme for the new bedroom.

People were supported by staff who were given information about their support needs. We saw that people's care plans contained information about people's physical and mental health needs and guided staff in how to support them. For example one person had epilepsy and we saw there was guidance in place for how staff should recognise the person was having a seizure. Care plans were regularly reviewed and updated to ensure staff had up to date information about how people needed to be supported.

People were supported to follow their interests and engage with the community. People had varying levels of support needs for undertaking activities and accessing the community. Social activities were organised around people's wishes and varied from week to week for some people. Other people who needed more structure had a 'weekly board' which detailed their planned activities.

Some people undertook voluntary work in local shops and others attended day services to take part in activities. One person had recently been supported to access social activities in the community and because these were new to the person there needed to be careful planning. We saw there had been a meeting held and a structure put in place to ensure the person had the opportunity to take part in the activities. The person's relatives and health professionals had been involved in the planning of this and we saw the person's relative had written in a recent survey, "Grateful for continued efforts to give [Relative] varied and enriched experiences."

We saw people were supported to plan holidays and staff supported them to look at holidays on the internet and people chose where they would like to go and who with. People spoke of doing activities they enjoyed such as shopping, going out for lunch and coffee. One person was supported to maintain a relationship with a person who lived in another nearby service. The person told us, "We meet up regularly and go on day trips." One relative told us, "They (Rrelation) have more of a social life than I do."

People knew what to do if they had any concerns. The people and relatives we spoke with told us they would feel comfortable to speak up if they had any concerns. One person told us, "I would go to staff." A relative told us, "I would be the first to know if [relation] wasn't happy and that hasn't happened"

The registered manager told us they had not received any complaints in the last two years and so we were

unable to assess how well complaints would be responded to. However staff were aware of how to respond to complaints and were given training on this as part of their induction. The registered manager had systems in place to deal with complaints if they arose and there was a complaints procedure in the service so that people would know how to escalate their concerns if they needed to.

Good

# Is the service well-led?

## Our findings

People lived in an open and inclusive service. We saw that people were involved in shaping the service and what happened there. For example, we saw there had been a meeting held for people to plan a Christmas party which their relatives would be invited to. We saw people were given an opportunity to have their say and then took on responsibilities, such as deciding the menu.People were also given the opportunity to be included in the recruitment of staff. One person told us that a group of people who used the service were involved in the interview process and said; this made them feel, "Happy about getting new people (staff)." Where people needed individual engagement to plan changes in the service there were meetings held called, 'important things'. We saw a meeting had been held with one person to discuss a possible move into a different bedroom and we saw this was done in full consultation with the person.

There had also been a recent 'reflection event' with staff and people who use the service coming together in an informal meeting to discuss activities and other aspects of living at Oxclose Lane Care Home. There were discussions held to look back over the year at things they had, or had not achieved. Objectives had then been planned following the meeting.

There was a registered manager in post and people we spoke with knew who the registered manager was and felt she was approachable. The registered manager also oversaw another service in the area and so split her time between the two services. Staff told us that this worked well and there was an assistant manager who ran Oxclose Lane when the registered manager was not in the service. Staff told us the registered manager was always available if they needed to speak with her and they found the assistant manager was approachable and worked well with them. The registered manager was clear about her responsibilities and had notified us of significant events in the service.

Staff told us that many staff had worked in the service for many years and one said they felt this worked well as it provided, "continuity for the residents." We saw staff performance was recognised by the registered manager in 'shape your future' meetings which had been implemented. Staff were rated on their performance based on their strengths and weaknesses. We observed staff working well as a team. They were efficient and communicated well with each other.

People were given the opportunity to have a say in how the service was run through regular meetings and through being given the opportunity to complete an annual satisfaction survey. We saw people had completed a survey recently and the results were very positive. Any actions arising from the surveys were addressed. For example, one person had asked for support to attend a new activity and records showed this was being addressed by staff.

People's relatives also had the opportunity to complete an annual survey giving their views of the service. The results of the most recent survey were very positive with relatives praising the service on the care and support their relations' received. One relative had said, 'Staff do everything they can to help [relation] choose how [relation] lives their life.'

The registered provider carried out regular audits in relation to the environment and cleanliness of the service. An area manager acting on behalf of the registered provider also visited the service at least monthly and spoke with people who used the service to discuss if they were happy with the care and support they were receiving. These meetings were documented and any agreed actions were shared with the registered manager.