

Oxtoncare Limited

Oxton Grange Care Home

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

About the Service

Oxton Grange is a residential care home, providing regulated activities to up to 60 people. The service provides support to people who needed general care or Dementia. At the time of our inspection there were 57 people using the service.

People's experience of the service and what we found:

The service was nearly at completion of an extensive refurbishment programme. The building for use by people living there, was over four floors, the ground, first, second, and third. The first floor was designated for people with general care needs, the second floor was devoted to people who lived with dementia and the third floor was a mixture of people who needed general care or who were living with dementia. The ground floor was mainly devoted to the communal areas such as the dining room and the lounge, administrative offices and had some bedrooms for people with general care needs. There was also a basement to the home, which accommodated the training room, domestic storage, laundry, kitchen and the staff room, lift access, equipment and had other storage for items such as cleaning materials.

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.

Risks to people's health, safety and well-being were effectively managed. Medicines were administered safely. The provider had effective infection prevention and control systems in place.

People told us they felt safe when receiving support from staff. Staff were well trained in safeguarding and understood how to protect people from poor care and abuse. The provider had recruitment processes in place to ensure suitable staff were employed.

Care plans had been reviewed regularly to ensure they were accurate. People and staff spoke positively about the management of the service who they felt were approachable, and always listened to their views. Systems to monitor the quality and safety of the service were in place and were well managed. The provider was open to improvement and listened and acted on feedback.

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 Good (published 9 October 2018).

Why we inspected

We undertook a focused inspection to review the key questions of safe and well-led only.

For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating of Good.

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Is the service well-led?

Good ●

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

Oxton Grange Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 team consisted of 2 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.

Oxton Grange 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. Oxton Grange 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.

Notice of inspection

The inspection was unannounced for the first day 23 November 2023 and announced for the 29 November

2023.

What we did before the inspection

We sought feedback from the local authority and healthcare 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 this information to plan and prepare our inspection.

During the inspection

We spoke with the registered manager, deputy manager a visiting advanced nurse practitioner, the maintenance team and the kitchen team. We spoke to 10 staff members, 6 relatives and 13 residents.

We reviewed 7 peoples care records, including the administration of medicines. We looked at staff files in relation to recruitment and training.

We also reviewed a variety of records relating to the management of the service, including policies and procedures, audits, accident and incident records, safeguarding records and reports.

Is the service safe?

Our findings

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

Systems and processes to safeguard people from the risk of abuse and avoidable harm

People were safeguarded from abuse and avoidable harm.

- People and their loved ones told us they felt safe supported by Oxton Grange Care staff.
- Comments from people were "I feel perfectly safe. No worries at all" and "When I go to bed, I feel safe. All the people are very friendly. I never hear anyone arguing. There's too much going on for us to find the time to argue."
- Staff had received appropriate training and knew how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally.
- Staff were confident any concerns raised would be actioned by the registered manager.
- Comments from staff included: "I get on well with the management team, I can raise and discuss anything", "I have not had to report any concerns, the care is really good here".
- A health and social care professional informed us people were safe from abuse, she was very positive about the service and the communication, the service flag up any concerns to raise any risks and to prevent any further deterioration.

Assessing risk, safety monitoring and management

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.

- Risks to people were assessed and mitigated. Areas of risk considered included; supporting people with moving and handling, diabetes, skin integrity and safe swallowing.
- Risks associated with the property and environment were managed. Corridors were free from clutter and the communal areas were tidy and free of hazards.
- Systems and processes were in place to ensure fire safety within the home. People had personal emergency evacuation plans in place.
- Learning was shared through daily stand-up meetings, daily huddles, team meetings, staff supervisions and electronic communications to all staff. Records of recent incidents demonstrated how the management team had oversight and were evaluating to reduce further risks.
- Staff had completed the appropriate mandatory training to keep people safe. Staff told us they were kept fully up to date in all training including health and safety and in supporting people to stay safe. This was also evidenced in the training compliance record.

Staffing and recruitment

The provider ensured there were sufficient numbers of suitable staff.

The provider operated safe recruitment processes.

- People were supported by staff that were recruited safely. The provider's recruitment process required staff to follow an application process which included assessment of their history and qualifications to ensure they were suitable to work with people.
- All staff files reviewed contained a record of a valid DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer.

The information helps employers make safer recruitment decisions.

- At the time of inspection there were enough staff on duty to meet people's needs. Comments from people and relatives included, "The staff are lovely. Their patience is on elastic – it stretches and stretches and never ends and never snaps." "I can't fault the place from the kitchen upwards. All the staff are wonderful. The manager is approachable."

Using medicines safely

People were supported to receive their medicines safely.

- Medicines were managed and stored safely and administered by trained staff. Staff followed safe procedures when giving people their medicines.
- People had medicines guidance in place for as and when required medication.
- Medicines records were complete and matched stock balances.
- The registered manager ensured staff received medicines training and had processes in place to assess their competency.
- People's medication records and medication audits confirmed they received their medicines as required.
- Comments from people included "With my tablets, they stand and tell me what each one is. They never leave them in my hand".

Preventing and controlling infection

People were protected from the risk of infection as staff were following safe infection prevention and control practices.

- 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.
- 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's infection prevention and control policy was up to date.
- At the time of inspection there were no restrictions for relatives or loved ones to visit people.

Learning lessons when things go wrong

The provider learned lessons when things had gone wrong.

- The registered manager ensured lessons were learned and practice changed if any trends were identified by using the monthly evaluations and feedback process.

The provider had systems in place to support staff reporting and recording any accidents and incidents.

Is consent to care and treatment always sought in line with legislation 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act.

- Staff training records confirmed that they were fully trained.
- People's mental capacity and ability to be involved in decisions about their care and give consent to care was assessed and recorded within their support records.
- Staff demonstrated a good understanding of supporting people to make decisions and told us they were kept updated with MCA training.

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.

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

There was a positive and open culture at the service.

The provider had systems to provide person-centred care that achieved good outcomes for people.

- From our observations there was a friendly, open, positive, and supportive culture at Oxton Grange. Staff interacted with people in a kind and considerate manner, treating them with dignity and respect. People told us, "I'm very happy. I'm very well cared for. The staff are very good. They look after me very well. They are very kind. I get about and do things". "Oh yes, it's great. We are all friends. We all get together. We are always happy, laughing and joking". "I can't fault the place from the kitchen upwards. All the staff are wonderful. The manager is approachable" and "We have all sorts- singing, telling stories".
- We undertook observation of the interactions between the staff and the people living at Oxton Grange, we found staff to be very positive and responsive.
- A family member told us, "There are sheets to say what activities are available. There are manicures, bible study group, singing, quizzes. The hairdresser has cut mum's hair twice since she's been here. There's always someone around for her to chat to. She can also have visits from friends because the home is adapted for the disabled".
- The registered manager demonstrated an understanding of their responsibilities under duty of candour.

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

The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.

- Staff were clear about their roles and responsibilities, this included what tasks they were accountable for.
- Staff told us they received regular supervision and felt empowered to share ideas with the registered manager.
- Auditing and monitoring systems were robust. This gave the registered manager and the provider oversight of the home.
- There was evidence that learning from incidents took place and appropriate changes were implemented.
- The registered manager analysed incidents, such as safeguarding events, to determine whether lessons were learnt, if improvements to the service had been made, and what identified tasks had yet to be completed.

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

People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.

- The registered manager told us "We aim to make the most of each resident's strengths so they can be as

fulfilled and independent as possible. We believe the diversity of residents is our greatest asset and that through the formation of positive relationships they can continue to be part of a vibrant community".

- People felt engaged, involved and well informed. The registered manager sought the views of staff, people who used the service and their family members through individual and group meetings.
- Family members told us they were kept updated about people's needs through regular communications from the staff team. We were told, "Staff will ring with any concerns," "The staff are friendly. They are very responsive. If I ring up and say can you do this or that they do it. I can always ring up and get an honest response."
- Information contained within care plans demonstrated the staff at Oxton Grange worked in partnership with other agencies.
- People told us, "I'm very happy here. Everyone is very friendly. The home is very caring. The residents are not just a number or a name. the home appreciates differences". "It is very well organised. Everyone seems happy with what's going on. You never hear anyone complaining. We have meetings and the manager comes to all the meetings."

Continuous learning and improving care

The provider had created a learning culture at the service which improved the care people received.

- The leadership team demonstrated their commitment to enhancing the lives of people with Dementia .
- Their management team were assessing the environment with qualified professionals, educating staff and families through family and residents' meetings and are looking to engage in further specialist education for both staff and family members.
- Monitoring systems in place included regular audits and checks of staff practices, support plans and the quality of the care which showed positive outcomes.