

Oxtoncare Limited

Oxton Grange Care Home

Inspection report

51-53 Bidston Road
Prenton
Merseyside
CH43 6UJ

Tel: 01516539000
Website: www.springcare.org.uk

Date of inspection visit:
21 August 2018

Date of publication:
29 October 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

This comprehensive inspection on 21 August 2018 was unannounced and was planned to check whether the provider and the service had met the breaches previously identified in our inspection of 07 and 08 November 2017. After that inspection, the service had been required to submit an action plan which they did and they voluntarily submitted monthly updates to the action plan which showed that improvements had been made to the service.

Oxton Grange Care Home 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 is registered to provide accommodation to up to 60 people. At the time of our inspection there were 38 people living there. The building had been purpose-built 23 years ago. An extensive refurbishment programme is currently being undertaken. 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; however due to the current refurbishment programme, with the permission of themselves and relatives, they had been accommodated elsewhere in the home. 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, a relative's room and the administrative offices and had some bedrooms for people with general care needs. There was also a basement to the home, which accommodated the laundry, kitchen and the staff room, lift access equipment and had other storage for items such as cleaning materials.

At our inspection in November 2017, we found breaches of several of the regulations of the Health and Social Care Act 2008, namely, regulations 10, 12, 14, 17 and 18. These related to concerns about dignity and respect, safe care and treatment, staff training, supervision and appraisal, meeting nutritional and hydration needs, oversight of the service and having sufficient staff.

At this inspection, we found that the service was no longer in breach of these regulations as the home had made improvements in its provision of care to the vulnerable people it looked after, its staffing numbers, the way staff treated people with respect and dignity, the nutritional aspects of the care provided and the overall management of the service.

This service requires a registered manager. 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 of the Health and Social Care Act 2008 and the associated regulations about how the service is run. A registered manager was in post for this service and had been for three years.

We saw that people were treated with care and respect and dignity. This was confirmed to us by people and

their relatives.

People living in the home (service) had individual care plans and risk assessments which had been recently reviewed. People's risks were assessed and staff had guidance on how to prevent or mitigate these risks, which we saw was being followed. People, their relatives and friends and relevant health care professionals were involved in the writing and review of the care plans.

The home used safe recruitment methods. Staffing levels had increased and there were sufficient staff on duty to meet people's needs. The home had introduced a new training system since our last inspection, which included improved records and monitoring of staff induction and training for new staff. The vast majority of staff were now up to date with their training.

Peoples' mental health needs had been appropriately assessed and the registered manager followed the principles of the Mental Capacity Act 2005.

We saw that there were policies and procedures in place to guide staff in relation to safeguarding vulnerable adults and whistleblowing. Staff had training on this and information about how to raise safeguarding concerns was readily available in various places throughout the home. Staff told us that they felt people living at the home were safe, as did the people living there and their relatives.

Risk assessments and building checks were carried out appropriately and there were regular fire drills and training for staff. Plans were in place for emergency evacuation, if necessary.

The people we spoke with told us they enjoyed the food and drink at the home. The kitchen had undergone improvement work. The home had regular checks on such things as legionella risks and was safe, clean and tidy. People had personalised their rooms. The home was being decorated and furnished in a dementia friendly way.

Medication was correctly administered, stored and recorded. An electronic system for medication administration had proved successful in reducing errors and in improving the time of medication administration.

All the management team were open and transparent and had vigorously monitored the service and improved it since our last inspection. The staff were courteous and had actively engaged in improving the home.

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 

The service was safe.

Safe recruitment processes had been followed and employment policies were inclusive and far-ranging.

Staff knew how to safeguard the vulnerable people they supported.

Medication administration and storage was safe.

We found sufficient numbers of staff deployed in recent months.

Appropriate risk assessments had been undertaken and actions taken to mitigate the risks identified.

Is the service effective?

Good 

The service was effective.

Staff had received training in order to deliver the best service that they could.

Staff were now receiving regular supervision sessions.

Communication with people who use the service, their relatives and other professionals involved in people's care was good.

The service followed the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberties Safeguards.

Is the service caring?

Good 

The service was caring.

People and their relatives told us that staff interactions with them were kind, helpful and caring.

Staff treated people with dignity and respected people's privacy, decisions and individuality.

Staff gave information and explanations to the people they

supported and encouraged them to be as independent as they were able to be.

Is the service responsive?

Good ●

The service was responsive.

The care plans that we saw were person centred and had been recently reviewed.

Information was available to people in a range of different formats.

The complaints procedure was available to people who lived in the home in a very accessible format. Any complaints were dealt with appropriately.

The activities in the home were varied and extensive and appreciated by the people who lived there.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives commented to us that they had seen a great deal of improvement since our last inspection.

We saw that rigorous audits and quality assurance processes had been undertaken and that improvements had been made.

The service worked well with other health and social care professionals.

Regular residents and relatives' meetings were held and any issues identified actioned. Staff meetings were also held regularly.

Oxton Grange 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.

This inspection was unannounced and took place on 21 August 2018.

The inspection team consisted of two adult social care inspectors, a specialist nurse adviser 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. This expert by experience had experience in dementia care.

We checked with the local authority and looked at our own records to see if there was any information we should consider during this inspection. We looked at the information the service had sent to us such as statutory notifications and a provider information return, which had been requested by us and returned to us, completed. We also looked at the local Healthwatch website to see if they had recorded any concerns about the home.

We spoke with 10 people who lived in the home, 11 visitors and relatives and two health and social care workers. We spoke with 17 care, nursing and ancillary staff, plus the registered manager the assistant operations manager, the operations manager and two unit managers. We also spoke with five agency staff who were working in the home at the time of our inspection visit.

We reviewed seven complete care records, seven staff records and rotas for August. We checked four medication records in detail plus other medication and health related records. We looked at staff training records for the whole staff group. We looked at other information important to the running of the service such as utilities certification, maintenance records and policies and procedures. We also carried out a SOFI (short observational framework for inspection), which observed the interactions of people who had difficulty communicating and the staff supporting them. We looked at the fabric of the home, its cleanliness and observed general practices and communication between people and the staff.

Is the service safe?

Our findings

At our last inspection in November 2018, we found that the service was in breach of regulations 12 and 18 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, due to having insufficient staff to meet people's needs and lack of safe care and treatment. At this inspection we found that the service had addressed these breaches and that there were now sufficient staff who provided safe care and treatment to the people who lived in the home.

One person told us, "Staff are so nice to all of us, we can rely on them". Another said, "Staff are on the ball here. Whenever the call bell rings, someone responds".

The service used a dependency tool to calculate staff requirements, but they also considered people's and staff views and experiences and other factors regarding staff numbers and we noted that some adjustments to the calculation had been made. For example, a recent falls analysis had shown that there were a higher number of falls at particular times of the day. The causes of these had been analysed by the management staff and increases in staff numbers, falls management training for the staff and referrals to the falls team had subsequently occurred. Additional staff were now available at these crucial times which were in the early morning and late afternoon. We saw a graph which demonstrated a decrease in the number of falls since May 2018. There was a new falls policy and all the people living in the home had been reviewed for risk of falls. Close liaison with the 'falls coordinator' and Wirral local authority quality assurance teams, plus the implementation of a falls champion and specific exercises run by the activities coordinator, had also contributed to the decrease.

We saw during our inspection and in the staff rota records that there appeared to be a sufficient number of staff working to meet people's needs and to promptly provide them with assistance when they needed it. For example, we noted that call bells were answered quickly and we saw that there was enough staff to assist and encourage people who needed support at mealtimes. We were also told that staff were available to assist someone who wanted to go to bed early after their evening meal. One person told us, "I have never been so well looked after".

The staff rota identified that the provider also utilised bank and agency staff. We spoke with five agency staff during our visit and they told us that they had received robust training and safety checks prior to working at the home. They also said they worked consistently at the home which assisted them to get to know the people who lived in the home and understand their individual needs.

We checked whether lessons had been learned and improvements made and noted that the standard of care and other records had considerably improved. There was a clear plan with a time scale in which to improve the standard of all care records across the home. This was being audited and we saw this was almost completed. This was in direct response to our previous CQC inspection and report.

We looked at care files and saw that risks in relation to people's needs and safety had been properly assessed with risk management plans in place to mitigate any risks identified. These included risks in

relation, for example, to infection control, elimination, moving and handling, falls, nutrition and personal evacuation plans. Staff had guidance to follow to prevent or minimise any potential risk of avoidable harm. For example, moving and handling risk assessments all contained specific information about each individual person in terms of how many staff would be needed to assist and the role of the staff member. Each care plan advised on how to approach each person and advised on any specific difficulties they may have including sensory concerns and how staff needed to ensure residents understood what was happening.

We saw that there were policies and procedures in place to guide staff in relation to safeguarding vulnerable adults and whistleblowing. Staff had had training on this and information about how to raise safeguarding concerns was readily available in various places throughout the home. Staff told us that they felt people living at the home were safe, as did all the relatives and other visitors that we spoke with. They were satisfied that the people living in the home were safe and well cared for and that they would not hesitate to raise concerns if they had any. A person told us, "I definitely feel safe here".

People were cared for in a safe environment. Throughout our inspection the people we saw were in a comfortable situation with sufficient staff to meet their needs. During our inspection we looked around the home and found that it was clean and well-maintained throughout. The provider had risk assessed the building in relation to health and safety and fire risks. There was equipment and procedures in place to keep people safe in the event of a fire and this was regularly serviced and tested. The provider had a plan to ensure that people's care could continue in alternative premises in the event of an emergency such as a fire or flood at the home.

There were systems in place to reduce the risk of the spread of infections. The home environment was clean and smelt pleasant. The provider employed housekeeping staff and we observed them cleaning the home throughout our inspection. Staff had been trained in infection control and were observed following best practice. Staff made use of personal protective equipment (PPE), such as gloves and aprons, when providing care to people. For example, we observed staff using gloves and aprons when serving food to people. Later, we observed a staff member using safe hygiene practices and washing their hands before administering medicines to someone. The provider carried out regular checks such as an infection control audit and regular checks of people's rooms and equipment such as mattresses, to ensure their cleanliness and suitability.

We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and maintained. We saw legionella checks had been appropriately carried out. Legionella is water-borne bacterium often found in poorly maintained water systems. Other checks on the building were documented and if any issues found, were actioned and recorded.

A fire risk assessment of the premises had been carried out and this was regularly reviewed. We saw that fire safety and firefighting equipment at the home had been regularly checked and maintained. Staff had received fire safety awareness training. There was a personal emergency evacuation plan (PEEP) for each person giving clear information about what assistance they would need to evacuate in an emergency. These were easily accessible so could be referred to quickly in the event of an emergency and were regularly reviewed and updated by the registered manager. Risk of injury in the event of fire was also reduced as the home carried out regular fire drills.

We saw that accident and incident policies and procedures were in place and there was an effective system to record any accidents and incidents that had occurred. Appropriate action had been taken in response to those incidents that had occurred. For example, one person had had a fall. Staff identified that old footwear

was the most likely cause and provided them with new footwear to reduce the risk of them falling again.

Staff were safely recruited. Criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. We also saw that official identification, such as a passport, a birth certificate, or driving licence and verified references from applicants most recent employers were also kept in staff files. The registered manager confirmed that they were planning to review and improve the structure of these files. The provider had employment policies in place which included a modern slavery policy which was also published on its website and which included staff, recruitment agencies and suppliers in its brief. This demonstrated that the provider was transparent and open about its recruitment processes.

Medication was correctly administered, stored and recorded. We looked at people's medication administration records (MARs) which were now on an electronic system called 'eMAR'. The use of this system had dramatically reduced medication errors since it was first used in February 2018. Medication stocks tallied with the MARs. The staff we spoke with told us that they were confident managing people's medication and people received the right medication at the right times, because the eMAR warned the staff if the medication was incorrectly timed. We discussed with the management team the difficulty staff had on most of the top floor of receiving a Wi-Fi signal for this system and were assured it was being looked into. We saw that relevant staff had received training on medication administration and there were policies and procedures in place to support staff. Staff were now wearing red tabard's with 'do not disturb' on them to ensure protected time whilst administering medication.

Is the service effective?

Our findings

At our last inspection in November 2018, we found that the service was in breach of regulation 14 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, due to the service not meeting the nutritional and hydration needs of the people living in the home. At this inspection we found that the service had addressed the breach and nutrition and hydration for the people living in the home, had improved.

One person who lived in the home said, "The food here is really good" and another told us, "I enjoy the choice and quality of food". During lunch we noticed staff on all floors making positive efforts to encourage and assist people to have their meal. There was convivial chat between staff and the people living in the home. Staff displayed a high degree of care and professionalism throughout, which clearly assisted people and the place settings were pleasant and appropriate to people's needs.

Dining cutlery and utensils were suited to people living with dementia and other needs. For example, the provider had introduced coloured plates which research had found often helped people living with dementia and whose vision had been affected by this or other causes. This colour had been found, in many cases, to help people easily identify the food on their plates and to be more able to eat independently. The weight charts for people who lived in the home showed that many people had gained weight after this introduction. The home also kept nutrition and hydration charts to monitor people's intake of food and drinks.

We saw that menus were available and were in both pictorial form and written form. People we spoke with and their relatives told us that there were many food choices available and the portion sizes were very good. Throughout the day drinks were available to everyone throughout the home and we noticed that there were jugs of water and juice in people's rooms. One person told us "It is just nice that you can always get a drink if you want one". The dining areas had been re-decorated and organised and were more intimate, attractive and friendly.

We saw that the kitchen was clean, well-organised and that the records were well maintained. The kitchen had been given a 'three stars' food hygiene certificate by the local authority in November 2017 which meant that it was considered to be generally satisfactory. The issues identified in that inspection had been addressed and the service was waiting for a new inspection by the local authority.

All the meals, puddings and snacks were prepared from fresh ingredients and staff who worked in the kitchen knew about people's preferences and needs. There was information on a notice board in the kitchen about people's needs and the type of food and the way it should be prepared for them. The kitchen was able to cater for cultural diets but at the time of our inspection there were no people living in the home who required these.

Other improvements were being made to the dining areas on the ground floor such as the installation of a tearoom and a small bar. The dining rooms were bright and airy and welcoming.

People benefitted from a home environment that was tailored to their needs. The home was large and purpose-built and we observed that there was space for people who used walking aids and wheelchairs to easily access all areas of the home. The home was undergoing a period of renovation and one of the floors had been vacated in order to decorate and upgrade people's rooms and communal areas with minimal disruption to them. They had been moved with their permission to other rooms on a temporary basis. There was signage in place to enable people to orientate themselves within the home. The provider had used information from research to provide a dementia friendly environment.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

At the time of our inspection there were 23 people subject to a DoLS. Most of these people had restrictions placed on their liberty to leave the premises. We discussed the MCA and DoLS with the registered manager and other managers in the home and found that they had good knowledge about the procedures. We saw the records in place to show that the appropriate applications had been made for a DoLS and which recorded the responses from the local authority. In the care plans, we saw evidence to support that a capacity assessment or best interest meeting had been undertaken with a person and their relatives and professional carers in order to meet their needs. We saw that there were references which recorded that this lack of capacity was decision specific. We found assessments around capacity and best interest to be of a good standard

People who were not under such a safeguard were enabled to leave the premises as and when they wished. There were keypads in place on all floors and at the front and rear entrances which enabled people to be secure. People who were able to, were given access to the code for these keypads. All the care plans we looked at acknowledged the person's mental health issues and showed how these needs would be met. All mental health needs care plans showed depth and clarity for help staff to manage dementia and complex mental health needs.

We saw evidence that people had been asked for and given their consent, for such things as having their photograph taken. We also saw that people were asked for consent for staff to enter their rooms or to deliver support.

We saw throughout our inspection that staff communicated well with the people they supported, being patient and clear about the subject matter. No one in the home at the time of our inspection spoke any language other than English as their first language. We were told that should the occasion need one, an interpreter and other services would be commissioned.

The people who lived in the home, relatives and friends who we talked with were very clear in stating that they felt that staff knew what they were doing and that the residents were well looked after. We saw the training records for the whole staff group. We saw that training was up to date for most staff and that the

training included MCA and DoLS. The training records also showed that staff had received up-to-date training in for example, safeguarding, moving and handling, dementia awareness, privacy and dignity and equality and diversity. There was further specialist training, for example, for staff to support people to live well with dementia. Training with a mix of face-to-face and online training.

New staff were inducted and were trained in the provider's mandatory training and they completed a probation period before being confirmed in post. We saw that supervision was scheduled regularly six times a year for all staff and that there was an annual appraisal scheduled. These meetings enabled a two-way conversation about a staff member's understanding of their role and their line managers observation of their performance. Our observation of the staff showed that they had knowledge about the people they were supporting and knew how best to do this.

We noted that there were good and positive interactions and communication between other interested parties, such as opticians, GP's, district nurses, physiotherapy and dietetics departments, advocates and community services such as hairdressers and churches or other religious groups. Information about these was displayed on notice boards in the home and references and documents relating to communications with other parties, was stored in care files and other relevant files. A relative explained to us that they were very grateful for the ongoing working partnership and communication between Oxton Grange staff and the GP, thus ensuring that timely medical and care needs were administered appropriately to their mother.

Is the service caring?

Our findings

At our last inspection in November 2018, we found that the service was in breach of regulation 10 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, due to the service not treating people with dignity and respect. At this inspection we found that the service had addressed the breach and people were now treated with dignity and respect.

Most staff had received privacy and dignity training and also training in equality and diversity. Four dignity champions had been appointed after receiving specialist training.

We observed staff interacting well with people, approaching them with respect and generally being attentive to their needs. The home felt relaxed and the general feedback from the people who lived in the home and the staff was that they were happy where they lived and worked. One person told us, "All my life I've been the one looking after my family; it is lovely now for me to be so well looked after". A relative told us, "Staff have shown that they are really willing and able to act with clear thought, speed and efficiency".

During the inspection we observed numerous caring interactions between people and staff. Staff interacted with people in a way that showed kindness and commitment to them. For example, in the morning of our inspection, one person became anxious. Staff responded calmly to the person, placing a hand on theirs and diverting them by talking about the day. The person told us, "I sometimes get anxious, so I like the carer sitting with me and holding my hand".

We observed that people's independence was promoted through the provision of appropriate equipment and environment throughout the home. We saw staff encouraging people to be independent in a safe way.

People, their relatives and friends all told us that they considered staff to be kind and caring and helpful. The thoughtful approach of staff was appreciated and commented on during our conversations with the people who lived in the home and their visitors. A relative said, "Staff are always so welcoming".

One person told us, "You need to be able to rely on staff and I know I can go to them any time". Throughout the day we saw that the staff naturally and easily engaged with residents. The atmosphere all day, we felt, was one of happiness and contentment. Throughout the inspection we noticed that there always appeared to be something going on, with interaction between people and staff seamlessly taking place. During our inspection we did not observe any negative interactions between staff and the people they supported.

We observed a good team spirit within the staff groups on each of the floors and communication was seen to be positive between staff themselves and the people they supported. People who lived in the home told us that they felt the staff were caring and they respected them and treated them with dignity. We noted that staff provided explanations and information about anything that was going to impact on that person.

One person told us, "I like the staff here, they are good to me". All the relatives we spoke with were very happy about the way the home communicated with them. One relative told us that the communication was

very proactive and another told us that they were always contacted if there were any concerns, changes or any other issues about their relative in the home. We also noted that there was good communication between the service and other health and social care professionals and the communication was good with relatives and other people important to a person. The activities coordinator had taught themselves to finger spell so that they could communicate with a person who had lost their sight.

Care records were kept in secure locations which could only be accessed by the appropriate staff which meant that people's information was kept confidentially. People were able to see visitors in private should they wish. People told us that staff would knock on their door before entering and we witnessed this occurring throughout the day of our inspection. One person told us, "They treat me with respect and always knock on my door, I like that".

People were enabled to have an advocate if they required one and information about advocacy were displayed on notice boards throughout the home.

We looked at compliments received and noted there had been 36 from January to the date of this inspection. These compliments praised staff for their caring nature and the positive impact this had had on people. One compliment from a relative said, 'We thank you for settling [Name] in and for the care and consideration provided' and another said, 'Wonderful care, we are delighted as a family that you have provided [name] with such loving care'.

A relative told us, "It is reassuring to know that when I go home after a visit, I know [Name] is in a good place and will be looked after".

Is the service responsive?

Our findings

One person told us, "Staff are always responsive, I never get dismissed".

There was a clear plan in place with a timescale to review and improve the standard of all the care records across the home and this was very near to completion at the time of our inspection. We saw that care plan evaluation training had been completed with all senior staff. We were told that all the remaining care plans would be reviewed and updated within two weeks from our inspection. We have since been told that this has happened. The standard of the care records we looked at was very good and it was easy to obtain information from them. The care plans were written in a person-centred way. A visiting healthcare professional told us, "I can always find the information I want".

We saw evidence within the care plans that people's medication needs had been assessed and reviewed. It was also clear within the care plans that the person themselves, their family and friends and other health and social care professionals had contributed to the plan. Each care plan included the person's history, where they were brought up and previous occupations, preferences and choices. This meant that staff could better understand the individual. We saw that people had had been consulted or agreed with changing aspects of their care planning. Care plans recorded that monthly reviews had taken place.

One care plan, for example, extensively explored a person's preferences around their preferences to bathing, choice of clothing and their history. We found that the information within all the care plans we reviewed was very personal and demonstrated that each care plan was individual to the person it was about. The people we spoke with confirmed that they felt they were listened to and that their individual care plans were tailored specifically for them.

People were able to choose whatever they wanted to do each day, for example, what time they got up and went to bed, how and where they spent their day, what they chose to wear and eat, how they were addressed and what activities they did. We saw that staff respected and enabled these choices. Some people did not want to participate in group activities. One-to-one activities were provided by the activities coordinators, for people who did not want to participate in group activities.

One person told us, "The activities put on in this home are second to none". We saw that there was a full activity programme throughout the week. This included visits to other venues on the Wirral, armchair exercises, arts and crafts, baking, visits from entertainers and visits from a local nursery where young children interacted with the people living in the home. During our inspection we saw a group of young children, very excited, waiting in the foyer about to visit some of the people. The activities coordinator told us that these visits had proved very successful for old and young alike. There were also plans underway to develop a sweet shop off one of the dining room areas. A relative told us, "My mother is looking forward to the sweet shop opening soon". Another relative told us, "The monthly breakfast club on the first Saturday of each month allows relatives to join service users and is a really nice touch". A third relative said, "Without a doubt the many varied activities for service users is a real strong point". We found that on speaking with people who lived in the home, their relatives and friends and with staff that they valued the importance of

activities as adding real value to people's lives. One person said to us, "I never want to move out of here".

The innovative use of technology by the activities coordinator had been a great success and people told us that they enjoyed it. This technology involved a virtual reality headset which was enjoyed by many people who, through it, were able to experience an immersive experience of history and their environment. The use of technology also extended into people's rooms where such things as sensor mats were utilised in order to alert staff to people's movements once out of bed, if they were at risk of falls.

A new initiative had started with the falls team who were looking to develop a training programme for an exercise routine aimed at reducing falls. The armchair exercise sessions that the activity coordinators at Oxtan Grange had created, had been noted by the falls team who were looking to work collaboratively with the home to develop the training programme.

At the time of our inspection one person was receiving end of life care. The service used the 'six steps' programme which supports a person at the end of their life to have a comfortable, dignified and pain-free death. We saw that staff had been trained to use this for this particular person.

The service had a complaints policy which was clear and understandable and used pictorial information to assist people in their understanding about how to make a complaint. Complaints were logged and responded to within a timescale and any actions arising from the complaint was recorded.

Other information was available in a range of formats. The information available on notices for example, was in large print and contained pictures relevant to that information, such as menus.

Is the service well-led?

Our findings

At our last inspection in November 2018, we found that the service was in breach of regulation 17 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014, due to a lack of good governance. At this inspection we found that the service had addressed the breach and the governance of the service had improved.

A relative told us, "The management are certainly working hard to re-shape things, change is visible".

After our inspection in November 2017, the service had been required to submit an action plan to us to show how they would address these concerns and they had continued to submit monthly updates to this action plan. The most recent of these action plans showed that all the areas of concern identified at our inspection in November 2017 had been addressed. During this inspection we saw evidence that this had been the case.

The provider had brought in additional resources to address the concerns we found. These included more care staff and additional management staff in order to support the improvements required. This included an assistant operations director who daily supported the registered manager to improve the service. We saw that they had jointly instigated improvements to the service. The provider's quality assurance processes had been rigorously followed and we saw that internal action plans had both identified and addressed issues. 'Flash' weekly meetings had been introduced with heads of departments and senior staff.

The registered manager and the assistant operations director had a clear understanding of their role and were forward thinking and clear about the vision of the home. They had recorded their actions to us on a monthly basis which demonstrated that they were open and transparent. This documentation showed that they were accountable for the identified issues. The people who lived in their home and the staff praised the management of the home. One person told us, "Staff are always welcoming and looking to help, which I think is a great reflection on the leadership of the team".

A relative told us that the previous inspection report, 'had hurt', but that the hard work of management and staff had put them back on the right track. We found that the feeling throughout the home was optimistic and it was felt by some that this was down to the registered manager returning to work after a period of absence. Another relative told us, "[Name] has really made a difference since they came back". People and relatives also praised the assistance of the deputy manager. Other reasons for the continued improvement to the service which were told to us by people and their relatives were; regular training, visible information and notices for staff, the exceptional activities model and that staff, 'buy in' to the service. We saw that staff and managers appeared to get on well together and that there was respect between the two. Most of the staff we spoke with complemented the management and the new way of working.

During our inspection visit and subsequent to writing this report, we found that the management team have been cooperative, transparent, open and honest. They operated in a visible way, interacting with the staff and the people they supported. They told us at our last inspection that their vision was to be the best they could and we have seen that they have made great progress towards that. They doubled their efforts to

question their own practice and to improve it. They were rigorous in their approach to audit records and care plans and to ensure that the service provided good quality support. The service had worked well with other health and social care agencies and a visiting professional was very complimentary about the improvement in the care plans.

A relative said, "The culture seems to be open and fair and the team well organised" and another relative said, "It is really nice that management encourage relatives to get involved".

We saw that there were relatives and residents' meetings every month which were well attended. The dates were emailed out to people and their relatives and alternative dates given to allow more people to participate. Relatives told us that actions identified at previous meetings were acted upon by staff. One relative told us, "I am really grateful for the consideration given to monthly meetings. Not only are issues for discussion circulated, but it is really helpful that the home tries to have two meeting dates in the same week, so that more people can make it".

Regular staff meetings also took place and we saw that minutes were available for all the meetings.

A relative told us, "Staff are always welcoming and looking to help, which I think is a great reflection on the leadership of the team".

The provider had a range of policies to ensure that correct procedures were utilised to manage the home and to provide guidance for staff. These were regularly reviewed and updated as required.

We saw that there are excellent community links with both health and social care professionals and other organisations such as day nurseries, schools, and other organisations on the Wirral. We noted that the previous inspection rating was displayed on the providers website and at the home itself.