

# Oxton House Residential Home For Older People

## Care Home Service

14 - 18 Marywood Square  
Strathbungo  
Glasgow  
G41 2BJ

Telephone: 0141 423 0285

**Type of inspection:**

Unannounced

**Completed on:**

18 December 2018

**Service provided by:**

Oxton House Residential Home for  
Older People

**Service provider number:**

SP2003000209

**Service no:**

CS2003001077

## About the service

Oxton House is registered to provide residential care for up to 34 older people; there were 33 people living in the home at the time of the inspection. The home was registered with the Care Inspectorate on 1 April 2011.

The property comprises of three adjoining Victorian terraced houses, situated on the south side of Glasgow, and consists of three floors accessed by an elevator. The home offers residents choice of sitting rooms and dining areas.

To the rear of the property the mature gardens and hard landscaping provide easily, accessible areas for people who use the service to sit or potter in the grounds.

The care home is well situated for public transport links and make use of the local amenities such as cafes and restaurants, shops, churches and large public park with pond area.

The aims of the care service are "to provide a safe and secure home for as long as is needed and to support residents to retain as much independence as possible, within safe parameters."

## What people told us

Feedback from people who experience care and their families spoken to during the inspection or had returned completed satisfaction questionnaires about the care they receive stated:

"I'm happy with my single room."

"Well run home."

"No complaints, very good care at all time."

"I am treated with great respect and kindness. Always kept informed of my relatives progress."

"I did not read previous inspection reports because the care home was recommended to me and my relative."

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	2 - Weak
How good is our staffing?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	2 - Weak

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

## 3 - Adequate

People who experience care were comfortable in the presence of the staff and positive about the care and support they received. However, there were long periods of time when staff did not engage with individuals which could stop them achieving their goals and retain their daily living skills.

People were confident that the staff received training and effectively supported those who showed signs of agitation and stressed and distressed behaviour. However, not all staff were observed to refer to residents in a dignified manner. Negative language about people who used the service could undermine the dignity and respect offered to some individuals. (See Area for Improvement 1)

Each person who experienced care and their families had provided information which helped with the writing of their care plan. The care plans sampled were sufficiently detailed to inform staff how they should provide support for an individual. The care plans could have been more person centred and highlight how the residents assessed needs and risk assessments had benefitted their care received or what further action and development was needed. (See Area for Improvement 2)

The health and wellbeing of people who use the service were supported by the visiting local health professionals including community psychiatric nurse, podiatrist, optician and pharmacist to meet their health needs. People could be confident that the way medication was managed, audit process and reviews were appropriate to protect their welfare and safety. The administration of medication was observed to take place in communal spaces, such as the lounge and dining room, which compromised the individuals' privacy and dignity.

There was a range of activities offered but this was not for everyone. We saw some people preferred to stay in their own rooms or were sleeping in chairs in the lounge areas. These observations gave the impression that people who experience care were bored or lacking in stimulation.

The care home had good links with other professionals and as it was near to public transport some people were independent to visit their doctor surgery, use local community facilities, visit the nearby park or use the rear garden in all seasons and weather to improve their physical and mental health. The provision of handrails in the garden area would provide more independence for people to walk about safely. (See Area for Improvement 3)

There was a lack of evidence of what methods the care service used to gather views from people about their care and support and improving the care service. There were no minutes of meetings or questionnaires. The service felt that due to the size of the service they were able to speak regularly to people who used the service and their visitors and they were listening and capturing their opinions. (See Area for Improvement 4)

### Areas for improvement

1. The service provider should ensure that all employees receive the necessary training to empower them to address people in an appropriate manner, using befitting language at all times.

This ensures that support is consistent with Health and Social Care Standards: I experience people speaking and listening to me in a way that is courteous and respectful, with my care and support being the main focus of people's attention.  
(HSCS 3.1)

2. The service provider should ensure that assessments relating to the care needs of residents are accurately completed and link to clear strategies to address the identified need. Care reviews should reflect outcomes being achieved as a result of the support and care provided.

This ensures that support is consistent with Health and Social Care Standards: I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change. (HSCS 1.12) and My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices. (HSCS 1.15)

3. The service provider should ensure that there are greater opportunities for all residents to participate in activities that are beneficial to them.

This ensures that support is consistent with Health and Social Care Standards: I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning opportunities every day, both indoors and outdoors. (HSCS 1.25) and I can maintain and develop my interests, activities and what matters to me in the way that I like. (HSCS 2.22)

4. The provider should ensure people who experience care are provided with opportunities to meet and share their views, opinions and suggestions for the continuous improvement of the service. The provider should ensure that there is a feedback facility circulated to all interested parties when the information gathered is collated and scrutinised and an action plan developed.

This ensures that support is consistent with Health and Social Care Standards: My views will always be sought and my choices respected, including when I have reduced capacity to fully make my own decision. (HSCS 2.11) and If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account. (HSCS 2.12)

## How good is our leadership?

## 2 - Weak

We assessed at this inspection how the provider had progressed with the three areas for improvement, previously known as a recommendation, from the inspection 5 February 2018, to ensure that people had confidence in the organisation providing their care and support. We found the areas for improvement had not been met and this could compromise individuals by not taking part in reviewing the content of their own care plan to check it still meets their assessed needs. The provider had not gathered feedback from people who experience care and their carers to assist with the development of an improvement plan to strengthen the continuous development of the care service.

When we spoke with people they confirmed that they knew how to raise any issues or concerns with the manager and staff due to it being a stable workforce. People felt they were listened to and that their concerns were taken seriously. This made them feel valued.

The service communication and consultation with people who experienced care, their families and the staff who delivered support was not underpinned by a framework of meetings, surveys or questionnaires. We asked the service to ensure that participation and communication measures were in place to share information. The embedding of participation and communication regularly and daily to collect the views of all parties to ensure the improvement of personal outcomes for people who experience care and service development. (See Area for Improvement 1 a repeat of Recommendation 3 in inspection 5 February 2018).

The service had quality assurance and audit processes in place to assure its quality. The service needs to show clearly how their audit processes have identified areas of improvement and how the outcome has improved outcomes for individuals. This would ensure that people can be confident that the provider has examined the outcomes of their quality assurance processes and from the collated data written a service development plan to improve outcomes for people who experience care. (See Requirement 1 and Area for Improvement 2, a repeat of the Recommendation 2 in inspection of 2017).

People had been involved in developing their care plan. There were systems in place to ensure medication was being managed and administered safely. We asked the service to ensure that they met to evaluate the changing needs of each individual through the six monthly care plan review process. (See Area for Improvement 1 a repeat of the Recommendation 1 in inspection of 2017)

At the time of the inspection we found that some staff who are required to be registered with an appropriate body were not. We asked the service to ensure that robust systems were in place for checking that all staff are fit to practice, are registered with the relevant bodies and remain registered; otherwise this could compromise the health and safety of those who use the service. (See Requirement 2)

## Requirements

1. The provider must ensure that quality assurance and audit processes are in place to ensure people are fully involved in all decisions about their care and support, the service should meaningfully involve people in planning and reviewing their care at a minimum of six monthly intervals.

This is to comply with SS1 2011/210 Welfare of users 4.(1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale: To commence on receipt of this report and to be completed by 31 March 2018.

2. The provider must formally assess each staffs' registration is as directed by the relevant bodies and competency level as part of their practice is carried out to protect the welfare of people who experience care.

This is to comply with SSI 2011/210 Regulation 15 - Staffing - a provider must ensure that at all times suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users.

Timescale for Improvement: To start immediately on receipt of inspection feedback and update the Care Inspectorate of action taken and completed by 31 March 2018.

## Areas for improvement

1. In order to ensure that people have confidence in the organisation providing their care and support, the service should afford people using the service the opportunity to give their opinion about the support they receive from staff.

This ensures that support is consistent with Health and Social Care Standards: I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve. (HSCS 4.8)

2. In order to ensure people have confidence in the organisation providing their care and support, the service should use the information from its quality processes for the development of an ongoing improvement plan to detail the future direction of the service

This ensures that support is consistent with Health and Social Care Standards: I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes. (HSCS 4.19) and I use a service and organisation that are well led and managed. (HSCS 4.23)

## How good is our staff team?

## 3 - Adequate

People are confident that they are supported by a stable workforce, who are knowledgeable and receive training to do their jobs. The provider had a safer recruitment process so that residents could be confident new staff were being safely recruited and inducted to the service. We asked the service to review that the induction process was sufficiently robust to ensure staff fitness to practice and that people experienced a high quality of care and support. (See Area for Improvement 1)

The provider was supporting staff to access and achieve a recognised qualification for registration purposes with the Scottish Social Services Council (SSSC). We asked the service to consider the use of best practice tools as part of supervision, such as reflective practice, to give staff the opportunities to discuss and learn from situations they had been involved in. We asked the service to ensure that a training audit for the workforce be created to create an embedded learning culture and support staff to identify their strengths, interests and gaps in learning. We asked the service to ensure a clear quality assurance system and audit process would provide an overview of what courses have been requested and when training was due or out of date. (See requirement 1)

Staff told us that their personal development and training to ensure they are knowledgeable and well trained workforce to support residents was delivered in electronic and face-to-face formats. We saw records of good practice that staff were supported through meetings and individual supervision by an approachable management team to support personal and care service development. We asked the service to ensure that the health, wellbeing and safety of people who experience care is supported by frequent staff meetings with robust agenda contents for discussion. (See Area for Improvement 2)

## Requirements

1. The service must create a staff analysis, training matrix and calendar to ensure staff have access to relevant up to date course content to ensure that residents experience a high quality of care and support that meets their individual assessed needs.

This should not be regarded as an exhaustive list:

- New Health and Social Care Standards
- Dementia Standards - Promoting Excellence
- Care Planning and Review Process including finance
- Scottish Vocational courses
- Registration requirements to meet individual's roles and responsibilities
- Management development programme
- Maintenance, Health and Safety
- Hotel type services - planning and auditing

This is to comply with SS1 2011/210 Staffing 15. A provider must, (b) ensure that persons employed in the provision of the care service receive: (i) training appropriate to the work they are to perform.

Timescale: To commence on receipt of this report and to be completed by 31 March 2018

## Areas for improvement

1. The service should develop an induction programme that ensures staff are supported to develop their skills, awareness and implementation of best practice, to ensure they are competent to practice and meet the assessed needs of people who experience care.

This ensures that support is consistent with Health and Social Care Standards: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. (HSCS 3:14)

2. The service should develop a plan to ensure staff are supported to maintain their capacity to practice through the provision of a framework of meetings that aid communication, awareness and implementation of best practice, reflect on daily experiences and the continuous development of the service.

This ensures that support is consistent with Health and Social Care Standards: I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes. (HSCS 3:14)

## How good is our setting?

### 3 - Adequate

The building has security systems in place to ensure no unwanted entry to the premises.

People had their own part-ensuite bedrooms and some had been personalised so that individuals had the comfort of having familiar items around them and were offered the choice to keep their own key so as to retain their independence. People accessed communal bathing facilities, with specialised equipment. We asked the service to ensure that everyone who had been assessed as requiring the use of specialised equipment had an appropriate sized sling for their personal usage, which would protect their health and welfare and good practice infection control.

People had access to secure, outdoor space where they could enjoy fresh air.

We saw records that the service had visited an agency regarding best practice for those who have a diagnosis of dementia and cognitive impairment. We did not see that the service had implemented their learning or undertaken The Kings Fund environmental audit to see how dementia friendly the environment of Oxton House was. The inclusion of residents and their families in such an audit process would provide a wide collection of views and opinions regarding the environment and how the service could improve the surroundings. The service would implement the action plan to meet the assessed needs of the residents and best practice, such as not to overstimulate, through the décor, those with cognitive impairment or dementia.

There was opportunity for people who experience care to entertain guests in lounge areas on each floor. We thought that the service through consultation with all people who use the service could discuss the use of available space on each floor for the safe storage of records, reduce intrusion of staff in communal residents' areas so to protect individuals' privacy and dignity.

The people could be confident that the provider had employed specialised staff for catering, laundry and domestic duties. We asked the service to ensure their procedures promoted good infection control to prevent any malodours. We observed that plated food was not covered when taken to those people who chose to dine in their bedroom or lounge area. We asked the service to ensure good food hygiene practice is promoted to protect residents wellbeing and they have an enjoyable dining experience. (See Area for Improvement 1)

As Oxton House is a converted terraced house the provider has protected the health and safety of those who experience care through the installation of safety gates at the top of the staircase. All people have access to a public lift for ease and safe movement between the floors.

We looked at maintenance records, generic and individualised risk assessments, and upkeep of specialised equipment to improve resident's health and safety and reduce the possibility of accidents and incidents. We asked the service to review its record keeping to ensure it is more robust so that the welfare of all people who use the service are protected and risk is reduced. (See Area for Improvement 2)

## Areas for improvement

1. The provider should ensure that all people who experience care or visit the service are protected by the implementation of a planned cleaning schedule and adherence to the providers Infection Control and Food Hygiene policy and procedures to ensure no malodours and health risks throughout the home.

This ensures that support is consistent with Health and Social Care Standards: I experience a high quality environment if the organisation provides the premises - My environment is relaxed, welcoming, peaceful and free from avoidable and intrusive noise and smells. (HSCS 5:18)

2. The provider should ensure that through the implementation of their maintenance systems and the audit process that the upkeep of equipment meets the frequency of cleaning and servicing to protect the welfare of people who use the service.

This ensures that support is consistent with Health and Social Care Standards: I experience a high quality environment if the organisation provides the premises - I experience an environment that is well looked after with clean, tidy and well maintained premises, furnishings and equipment (HSCS 5:22) and If I live in a care home I can control the lighting, ventilation, heating and security of my bedroom. (HSCS 5:12)

## How well is our care and support planned?

**2 - Weak**

People who experience care and their families had been involved in the development of the individual's care and support plan. The care plans on the whole contained core details and included relevant information. A range of general assessments were used to assess the individual's needs, wishes and highlight risk. This gave people a sense of inclusion in planning their care.



Within almost all the care plans that we looked at, we noticed they were not person centred or outcome focused. The development of the original information collected prior to admission to the care home could have been further expanded. This would have captured the individuals changing social and health requirements and how the service would meet them. We asked the service to ensure invitations are provided for the participation of all parties in the six monthly review process and record the effectiveness and measurable outcomes of the individuals goals contained in their plan. (See Requirement 1)

We noticed that the service did not securely store individuals care plans which compromises respect and privacy. The paperwork retained in the files was of poor quality and from various sources not all relevant to the professional agencies used in the location of the care home. We asked the service to ensure that the care plans are securely stored and the content documentation is up to date and legible to permit staff to implement its usage and appropriately meet the needs of each individual. (See Area for Improvement 1)

The manager should have an overview of the whole service through the inhouse care plan audit process which included each resident's risk assessments and specific care plans, such as skin integrity, protection of nutrition and hydration, finances, wishes and goals are kept up to date and accurate. We directed staff to sources of information and asked them to ensure that with the completion of an overview of the audit processes the organisation would be aware of any issues and how staff were dealing with them. (See Area for Improvement 2)

## Requirements

1. The provider must have person centred and outcome focused care plans that detail how residents prefer their support to be carried out and minutes of the six monthly reviews record the discussion and effectiveness for the individual.

This is to comply with SSI 2011/210 Regulation 5 - Personal Plans and Welfare of users 4.(1) A provider must (a) make proper provision for the health, welfare and safety of service users.

Timescale: To commence on receipt of this report and to be completed by 31 March 2019.

## Areas for improvement

1. The Provider should ensure the full involvement of people who experience care and their advocates in the development of an outcome focussed and measurable care plan and all are confident its storage is respectful and protects the privacy and dignity of individuals.

This ensures that support is consistent with Health and Social Care Standards: I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change (HSCS 1.12) and My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices (HSCS 1:15)

2. The Provider should ensure that the information contained in care plans is completed in totality to inform staff how to support the individual. This document is accessible to people who use the care service and could be considered as part of the improvement work for the organisation.

This ensures that support is consistent with Health and Social Care Standards: I am fully involved in assessing my emotional, psychological, social and physical needs at an early stage, regularly and when my needs change (HSCS 1:12) and I am supported and cared for sensitively by people who anticipate issues and are aware of and plan for any unknown vulnerability and frailty. (HSCS 3:18)

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

In order to ensure that people are fully involved in all decisions about their care and support, the service should meaningfully involve people in planning and reviewing their care.

**This area for improvement was made on 13 March 2018.**

#### Action taken since then

This area for improvement has not been met.

People had been involved in generating their care plan but there were no records that they had participated in the review process, held a minimum of six monthly in the sample of plans during the inspection.

#### Previous area for improvement 2

In order to ensure that people have confidence in the organisation providing their care and support, the service should use the information from its quality processes for the development of an ongoing improvement plan to detail the future direction of the service.

**This area for improvement was made on 13 March 2018.**

#### Action taken since then

This area for improvement has not been met.

Although the service had carried out some maintenance matters, purchased new furnishings for the dining room there was no written improvement or development plan. The service also explained the forthcoming improvements such as the upgrade to the public lift.

#### Previous area for improvement 3

In order to ensure that people have confidence in the organisation providing their care and support, the service should afford people using the service the opportunity to give their opinion about the support they receive from staff.

**This area for improvement was made on 13 March 2018.**

## Action taken since then

This area for improvement has not been met.

The provider does not hold residents or family meetings, or provide surveys or questionnaires for all stakeholders to provide their views and opinions.

The provider feels they speak to everyone in the home and those who visit the service.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.1 People experience compassion, dignity and respect	4 - Good
1.2 People get the most out of life	3 - Adequate
1.3 People's health benefits from their care and support	3 - Adequate

How good is our leadership?	2 - Weak
2.2 Quality assurance and improvement is led well	2 - Weak

How good is our staff team?	3 - Adequate
3.2 Staff have the right knowledge, competence and development to care for and support people	3 - Adequate

How good is our setting?	3 - Adequate
4.2 The setting promotes and enables people's independence	3 - Adequate

How well is our care and support planned?	2 - Weak
5.1 Assessment and care planning reflects people's planning needs and wishes	2 - Weak

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## Contact us

Care Inspectorate  
Compass House  
11 Riverside Drive  
Dundee  
DD1 4NY

[enquiries@careinspectorate.com](mailto:enquiries@careinspectorate.com)

0345 600 9527

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