Inspection report

Oxton House Residential Home For Older People
Care Home Service
14-18 Marywood Square
Strathbungo
Glasgow    G41 2BJ

Inspected by:            Gerry Tonner
(Care Commission Officer)

Type of inspection:     Unannounced

Inspection completed on: 8 August 2006
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Introduction
Oxton House has been registered with the Care Commission since April 2002 and provides residential care for up to 34 older people.

The property is situated on the southside of Glasgow and comprises of three floors with lift access to each. There are good public transport links to the service.

The stated aims of the service are to provide residents with a secure home for as long as it is needed, to seek the maximum development of the individual within their potential and to promote within each individual the belief that his or her life and activities are as valuable and as valid as those of the rest of the population.

Basis of Report
This service was inspected after a Regulation Support Assessment (RSA) was carried out to determine what level of support was necessary. The RSA is an assessment undertaken by the CCO which considers: complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service, action taken upon requirement etc.

This service was required to have a medium level of support that resulted in an inspection based on two of the national inspection themes (Fire Safety and Safer Recruitment) and any recommendations and requirements from the previous inspections, complaint or other regulatory activity.

The inspection was carried out over one day by two officers.

Over the course of the inspection the Manager/Proprietors, three care staff a visitor and eight service users were spoken with. Documents including three staff files, accident/incident records, fire safety documentation and five care plans were examined. An environmental check was carried out.

The report takes account of Statutory Instrument 114 the Regulation of Care (Requirements as to Care Services) (Scotland) 2002 Regulations and National Care Standards Care Homes for Older People and is a follow up to the inspection carried out in February 2006.

Action taken on requirements in last Inspection Report
There was one requirement made in the previous inspection:-

Regulation 13 (a) To ensure fitness of employees, application forms should be completed by prospective employees, and relevant checks including two references and a Disclosure check should always be sought.

Through sampling three staff files (one of which was the most recently recruited member of staff) it was evident that there remain significant gaps within the process adopted. Two contained no application forms and one contained an application form dated one week after commencing the post. There were also concerns in relation to previous convictions detailed on the returned Enhanced Disclosure. The Manager/Proprietor indicated that this was being discussed with the member of staff with a further meeting arranged.

Information obtained from examining staff files indicated that the requirement made has not been met and this shall be reflected as Requirement 1 at the end of the report.
Comments on Self-Evaluation
Prior to the inspection being carried out the electronic holding area was checked and it was noted that no electronic return had been made. The Proprietors indicated that there were plans to have this submitted in the near future.

View of Service Users
The majority of comments received from the eight service users were very positive in terms of the care and support offered. Comments included; - “The food is alright and staff are alright”, “It’s quiet living here which suits me”, “I am quite happy here” and “I’m okay, staff are alright, I tend to stay in my room”.

Other comments included; - “I feel there could be more variety of food offered”, “I don’t know who my keyworker is”, “I don’t get any help or feel I need any help”.

View of Carers
One visitor was spoken with. Comments received indicated that the individual was overall satisfied with the service provided.
Regulations / Principles

Regulation:

Strengths

Areas for Development

National Care Standards

National Care Standard Number 1: Care Homes for Older People - Informing and Deciding

Strengths

It was noted that further work has been carried out to the information pack which will be made available to current and prospective users of the service. This detailed that 24 hour care is provided and the types of activities that would be provided as part of the care offered.

Details with regards the current accommodation and links with professionals such as General Practitioners and District Nurses are included within the information pack.

Areas for Development

Once the above has been printed it shall be distributed to relevant parties.

National Care Standard Number 5: Care Homes for Older People - Management and Staffing Arrangements

Strengths

Staff interviewed demonstrated a good understanding of preferences of some of the service users. There remains a range of policies and procedures available to staff.

Through interviewing staff it was communicated that they felt well supported by management. It was evident that two of the three members of staff interviewed had SVQ II qualification.

Accidents are recorded.

The fire safety records were examined. It was evident that a fire action plan was in place, there was supporting information that equipment is serviced, equipment including the fire alarm is checked on a weekly basis and fire drills are carried out. See comments in areas of development relating to the fire drills, training and fire risk assessment.

Areas for Development
It was noted that there remains a need to develop a clear training and development plan and strategy for staff. This should include fire safety training as records indicated that this was last carried out in 2004. See comments under other issues section.

Through sampling accident/incident records and cross referencing this information with daily entries, it was apparent that there was a delay of several days in making referral/taking appropriate action for an individual service user who had experienced pain as a result of injury. The system for reporting, assessing and referring to appropriate agencies requires to be improved and this shall be reflected as part of Requirement 2.

It was noted that there was no fire risk assessment available for examination over the course of the inspection. This requires to be put in place as a matter of urgency and shall be reflected as Requirement 3.

Whilst fire drills are carried there is very little detail in relation to who participated. This should be developed further.


**Enforcement**

There has been no enforcement activity carried out by the Care Commission since the previous inspection.

**Other Information**

Through carrying out an environmental check of the building it was noted that several windows on the top floor had no restrictors in place and that this could pose a very serious risk to service users. The Proprietor arranged for repair of the same during the inspection.

There were a total of nine recommendations made in the previous inspection namely:-

1. A copy of the most recent inspection report should be displayed within the home. (Standard 11.8). A Copy of the inspection report is made available for service users and visitors. This recommendation has been met.

2. A development strategy and effective training plan should be developed. (Standard 5.9). It was recognised that six monthly appraisals are being carried out. However, there remains the need to collate information on the identified development needs and devise a plan and strategy to meet these needs. This recommendation shall be repeated and shall be reflected as Recommendation 1.

3. All accidents should be recorded in the accident log. (Standard 5.1). Through examination of records it is apparent that this recommendation has been met.

4. Amendments should be made to the information currently provided in relation to the Care Commission’s role in complaint investigations. (Standard 5.1). It was recognised that this has been altered within the introductory pack and feedback was offered during the inspection that amendment is required within the complaints procedure. This recommendation shall be repeated and shall be reflected as Recommendation 2.

5. Moving and handling assessments should be regularly reviewed. (Standard 14.3). Through sampling care plans and associated records it was noted that this remains outstanding and the recommendation will be repeated and shall be reflected as Recommendation 3.

6. A system for monitoring and reviewing residents' weights and BMI’s should be introduced. (Standard 14.6). Through examination of care plans it was noted that there are significant gaps remain in this area. There were concerns in relation to establishing a baseline in relation to BMIs and weights and the need for appropriate referring on to other agencies such as General Practitioners and dieticians. This shall be reflected as part of Requirement 2.

7. The domestic arrangements should be reviewed. (Standard 5.7 and 7.2). On the day of inspection there were no issues of note in this area and this recommendation has been met.

8. A risk assessment for the premises and equipment should be completed. (Standard 3.4). Through discussion with the proprietors it is evident that this has not been progressed. Additional information was provided with regards considerations for the content and that this should be considered for each level of the Home. This recommendation shall be repeated and shall be reflected as Recommendation 4.

9. Every resident should have a lockable space for personal belongings. (Standard 16.3). Through carrying out an environmental check it was evident that there is a small “secure box” in place for each resident. This recommendation has been met.
Requirements
For adherence to Statutory Instrument 114 the Regulation of Care (Requirements as to Care Services) (Scotland) 2002 Regulations the following requirements are made; -

Requirement 1; Regulation 9 (1) To ensure fitness of employees, application forms should be completed by prospective employees, and relevant checks including two references and a Disclosure check should always be sought. (Timescale; - 1 month from receipt of report). Repeat requirement.

Requirement 2; Regulation 4 (a) Ensure that there is a robust system in place linked to accidents and incidents for reporting, assessing and referring to appropriate agencies. Ensure that appropriate baseline and reviews are established for each service user by recording weight and BMI and ensure that there is a robust system in place for referring on to appropriate professionals when there is significant change to weights. (Timescale; - 1 month from receipt of report).

Requirement 3; Regulation 10 (1) Ensure that a current fire risk assessment is in place for the premises. (Timescale; - two weeks from receipt of report).

Recommendations
For adherence to National Care Standards; - Care Homes for Older People the following recommendations are made; -

Recommendation 1; - Standard 5.9 Collate information on the identified development needs of staff and devise a plan and strategy to meet these needs.

Recommendation 2; - Standard 5.1 Ensure that the complaint’s procedure accurately reflects the role of the Care Commission in relation to investigation of complaints.

Recommendation 3; - Standard 14.4 Ensure moving and handling assessment of each resident is regularly reviewed.

Recommendation 4; - Standard 3.4 A risk assessment for the premises and equipment should be completed.

Gerry Tonner
Care Commission Officer