

Oxton House Residential Home For Older People

Care Home Service

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Type of inspection:
Unannounced

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13 April 2022

Service provided by:
Oxton House Residential Home for
Older People

Service provider number:
SP2003000209

Service no:
CS2003001077

About the service

Oxton House Residential Home for Older People is registered to provide a care home service to a maximum of 34 residents. There were 25 people using the service at this inspection.

The property comprises of three adjoining Victorian terraced houses, situated in the south side of Glasgow, and consisting of three floors accessed by a passenger lift. Residents have a choice of sitting rooms and dining areas.

There are mature gardens with a summer house to the rear of the property providing accessible areas for people who use the service.

The care home is well situated for public transport links and close to local amenities such as cafes and restaurants, shops, churches, and large public park with a pond area.

About the inspection

This was a full inspection which took place on 12 and 13 April 2022. The inspection was carried out by two inspectors from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we spoke with eight people using the service and nine of their family. We spoke with nine staff and management. We also observed practice and daily life and reviewed documents.

Key messages

- Staff worked collaboratively to support people.
- People living in the care home were supported to stay connected to their local community.
- People living in the care home were supported to maintain relationships with those important to them.
- The management team planned to make improvements to the quality assurance system in the care home.
- The care home planned to make improvements to the environment.

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?	3 - Adequate
How good is our staff team?	4 - Good
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

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

We made an evaluation of adequate for this key question. Whilst we saw some key strengths in staff practice and relationships between staff and residents, these were outweighed by the areas that require improvement.

There was a stable staff group in the service, which meant that staff and residents knew each other well and staff were able to recognise and respond to changes in people's wellbeing. There were good links with external health professionals. This helped to keep people well.

Medication was managed well. The required protocols for the administration of 'as required' medication were in place. We asked management to ensure that personal plans reflected the correct measures to assist people who wish to manage their own medication. This would ensure individuals were supported to take the right medication at the right time.

There was a relaxed atmosphere at mealtimes. The food looked nutritious and appetising, and people who needed support were assisted timeously and in a caring manner. People could choose to dine in their room. There was a small dining room that could not accommodate all the residents at one sitting. This meant some residents ate their meals in the lounge area. To enhance the dining experience, we suggested the service consider either a second dining room or offering two sittings. This would allow people the opportunity to eat in the dining area (see area for improvement 1).

People were supported to maintain relationships with those important to them. Residents and their families spoke very positively about the staff and the home's approach to 'Open with Care' guidance. One person told us 'Visiting is good now, I can turn up any time'. There were appropriate infection prevention and control (IPC) safeguards in place for visitors. This meant individuals were protected from the risk of infection.

The service employed an individual, who along with care staff, coordinated activities to meet the social and recreational needs of the residents. People, if able, were encouraged to go out independently to local clubs and nearby shopping precinct. This promoted people's physical and mental wellbeing, independence, choice, and sense of enjoyment.

Communal areas offered a comfortable and homely environment for people, however, standards of cleanliness of furniture, carpets, and equipment varied throughout the home. There was an accumulation of dust in higher areas, window blinds, and equipment. Some carpets and seating could not be effectively cleaned and needed replaced. Cleaning schedules were in place, but not always completed. A small team of ancillary staff were frequently supported by care staff with cleaning processes. To minimise the risk of cross infection, the service needs to ensure that all staff involved in domestic roles have received the necessary training and have access to the current best practice guidance in the 'National Infection Prevention Control Manual for Older People and Adult Care Homes' (see www.nipcm.scot.nhs.uk), (see requirement 1).

Staff had received training in relation to hand washing, and donning and doffing with direct observations of staff practice taking in place. However, management need to ensure any actions from these observations are recorded (see requirement 1).

Requirements

1. By 8 July 2022, to ensure a safe environment for people experiencing care and service staff, the provider, at a minimum, must :

- a) ensure that there is sufficient ancillary staff on shift to ensure the home is kept clean at all times and in a good state of repair;
- b) ensure that all staff knowledge and skills are up-to-date and all staff consistently follow good infection prevention control practices outlined in the 'National Infection Prevention Control Manual for Older People and Adult Care Homes'; and
- c) implement robust auditing processes to demonstrate a satisfactory standard of cleanliness throughout the home. This should include observation of staff practice.

This is to comply with Regulation 4 (1)(a) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience an environment that is well looked after with clean, tidy, and well-maintained premises, furnishings and equipment.' (HSCS 5.22)

Areas for improvement

1. To promote a positive dining experience for people and support good nutrition and well-being, the provider should review the dining experience to ensure all residents have the option of using a designated dining area.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible' (HSCS 1.35).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas needed to improve.

Residents, relatives, and staff spoke positively about the management team and confirmed they had a positive impact in the service. We saw evidence that team meetings had taken place. This allowed the staff team to share their views on the service. The management team were approachable and visible within the care home and available to support staff where required. This made staff feel valued.

Some quality audits had been completed but actions plans were not always in place to address any areas highlighted for improvement. This meant that we could not be clear where improvements had been identified and that they had been acted upon. We found that areas such as environmental audits and infection prevention and control (IPC) audits were not always completed or actioned.

We saw good recording of accidents and incidents but could not see any meaningful analysis or evaluation. For example, falls were reported correctly but there was no management overview evident to look for trends or themes regarding these. This would support staff to reduce the risk from falls by highlighting any hot spots or at-risk people (see area for improvement 1).

Since the pandemic there had been no process to collate feedback from residents, families, and external professionals. The service would benefit from re-establishing this to support stakeholders to influence the delivery of care and support and improving the service.

Staff supervision and observations of practice were up-to-date, however, these could be improved by ensuring evaluation of any training undertaken is incorporated into the process.

People who live in a care home should be confident that the service regularly evaluates the care and support, ensuring it reflects the current best practice guidance. The service had an improvement/development plan, this was now out of date. The service needed to re-visit this to address the improvements required and to ensure best practice guidance is being implemented (see area for improvement 1).

We concluded the deputy manager would benefit from further training and support in quality assurance processes. This would benefit both residents and staff by ensuring the service operates a culture of continuous improvement (see area for improvement 1).

The management team acknowledged that improvements were needed to ensure that quality assurance systems informed positive change.

Areas for improvement

1. To ensure that the service is provided to people in a safe manner and in line with best practice, the provider should improve the quality assurance system to include as a minimum:

- a) analysis and evaluation are built into the quality assurance process;
- b) develop an improvement plan, which includes specific and measurable actions designed to lead to continuous improvements; which should be shared with stakeholders; and
- c) ensure staff undertaking quality assurance audits receive updated training

This is to ensure that the care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes.' (HSCS 4.19)

How good is our staff team?

4 - Good

We made an evaluation of good for this key question, as several important strengths, taken together, clearly outweighed areas for improvement.

Staffing arrangements were determined by regular assessment of people's care needs. We found that there were sufficient staff to respond to people's needs. There was a consistent staff team with minimal need for agency staff. This meant that people could be confident that care staff knew them well and how best to support them.

Interactions between staff and residents were warm and caring. People benefited from positive relationships and this made the care home a pleasant place to live. Residents and families spoke very highly of the staff team, and some commented that "they feel like part of our family". Staff worked well together and demonstrated a strong team ethos.

The manager and deputy manager were visible within the care home and worked alongside care staff. Staff told us management were very supportive and available to support staff where required.

Newly appointed staff had received an initial induction to the care home, and were supported with shadow shifts alongside a colleague for as long as they felt necessary. This took account of key areas of training and allowed for protected time to adjust to their new role.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

People should expect that their environment is well looked after with clean, tidy, and well-maintained premises, furnishings, and equipment. People told us that they chose to stay in Oxton house because of the homely, less clinical environment. However, lessons learned following the pandemic have shown that to minimise the risk of infection, environments need to be easily cleaned and furnishings need to be able to withstand this cleaning regime.

Although some of the communal lounges and dining area were nicely decorated, clean and odour free, the décor and furnishings in others were tired and difficult to clean. This meant these did not meet current good practice guidance.

Some bedrooms had recently been refurbished, they were freshly decorated with renewed soft furnishings. Other rooms looked tired and in need of redecorating. The management need to develop a refurbishment plan to ensure that all rooms and furnishings are easily cleaned and maintained in keeping with best practice guidance. This will reduce the risk of cross infection for people (see requirement 1).

There were some rooms that had a shared occupancy for individuals who do not like to be in a room on their own. We have asked management to look at how they could improve the privacy for those individuals by upgrading the room dividing screen. This would ensure people's dignity and privacy is better respected.

Residents were able to access all three floors via the stairs or the lift. There was good outdoor space to the rear of the home that is well used in the warmer weather. Management advised they are about to upgrade the garden to introduce opportunities for residents to tend to raised garden planters. This will support meaningful activity and exercise for residents.

We could see that the maintenance records were up-to-date and there were various checks and servicing of equipment carried out to ensure people were not exposed to harm and were kept safe. People's choices and rights to freedom of movement should not be compromised. We noted that risk assessments and consent forms for controlled access doors, the use of bedrails, and chair alarms were all in place and signed by individuals or their representatives. This ensured the correct safeguards were in place to keep people safe.

Requirements

1. By 8 July 2022, to ensure that people are supported in an environment that is clean, tidy, and well maintained, the provider must put in place as a minimum:

- a) an audit of the home identifying areas for refurbishment and furniture needing replaced to meet current best practice guidance; and
- b) a refurbishment plan for the home with reasonable timescale for the refurbishment to be undertaken

This is necessary to comply with Regulation 10(2)(b) and (d) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22)

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate. While the strengths had a positive impact, key areas need to improve.

Personal plans help to inform staff about people's support needs and their choices and wishes. There had been an improvement since our last inspection, however, further development is needed.

Individual care needs were supported by a range of health assessments. Where the health and wellbeing assessments identified specific interventions, additional support plans were not always in place, or lacked detail to guide and support staff in care delivery. This meant that individuals could not be confident that they were being supported by a staff team that were aware of their current health and support needs (see area for improvement 1).

There was inconsistency in the level of detail in people's support planning. Senior staff were undergoing training and support to develop this area. This is to ensure people are supported by a staff team who know their choices and current needs regarding their care and support.

There was evidence of supporting legal documentation in place to ensure support was carried out in a way which protects and upholds people's rights. However, there was a delay in ensuring that people moving into the service had the appropriate frameworks in place. This put people at risk of potential delay in any treatment required. The service needs to ensure the necessary legal framework is put in place timeously on admission to the service.

The service had an overview of six monthly reviews which identified those that had taken place and those planned. People living in the service and their families told us they were included in the review process. This is important to give those living in the care home and those closest to them the opportunity to be involved in their care and support.

Areas for improvement

1.
The provider should continue to develop personal plans to ensure individual needs and wishes are met. This will ensure positive outcomes that reflect the person and inform the care that they receive on a day to day basis.

This is to ensure care and support is consistent with Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support because people have the necessary information and resources.'
(HSCS 4.27)

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

The manager should ensure that activities are organised to improve physical and mental wellbeing for people. This would enshrine the right of people to take part in activities that are of interest and meaningful to them.

This is to ensure care and support is consistent with the Health and Social Care Standards, which state:

"I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day, both indoors and outdoors." (HSCS 1.25)

This area for improvement was made on 23 September 2020.

Action taken since then

There was a detailed activities programme in place, and we observed activities taking place during inspection. People were able to go on outings to the local area and home for family visits. There was good access to the use of outdoor space with further development planned. This meant people were afforded and supported with choices of activities.

This area for improvement had been met.

Previous area for improvement 2

The service should continue to develop personal plans to ensure individual needs and wishes are met. The service provider should involve people who use the service and relatives/carers in the production of their own care plans. This will ensure positive outcomes that reflect the person and inform the care that they receive on a day to day basis.

This ensures care and support is consistent with Health and Social Care Standards which state that:

"I experience high quality care and support because people have the necessary information and resources." (HSCS 4.27)

This area for improvement was made on 23 September 2020.

Action taken since then

Whilst we could see that people living in the service and their families were involved in regular reviews of care, we concluded further work was needed in the development of personal plans for people.

See "How well is our care and support planned?" in this report

Previous area for improvement 3

The provider should ensure that protocols for administration of as required medication, including non-pharmacological approaches, should be put in place to protect the welfare of people who are supported with their medication.

This ensures that care and support is consistent with the Health and Social Care Standards which state that:

"Any treatment or intervention that I experience is safe and effective." (HSCS 1.24)

This area for improvement was made on 23 September 2020.

Action taken since then

We reviewed the medication processes and noted that the relevant supporting documentation for "As required medication" was now in place. This meant that people could be assured they received the right treatment, safely and effectively.

This area for improvement had been met

Previous area for improvement 4

The service should ensure that there is a clear audit of the environment and where it had been identified that furnishings, including lounge chairs, and mattresses were damaged that these were replaced.

This ensures that care and support is consistent with the Health and Social Care Standards which state that:

"I am able to access a range of good quality equipment and furnishings to meet my needs, wishes and choices." (HSCS 5.21); and

"I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment." (HSCS 5.22)

This area for improvement was made on 23 September 2020.

Action taken since then

Cleaning schedules were in place, but not always completed, a small team of ancillary staff were frequently supported by care staff with cleaning processes. Environmental audits were taking place but we did not see any plans for the replacement of furnishings no longer suitable for use. We have reported on this under "How well do we support people's wellbeing?" in this report.

Previous area for improvement 5

The service should have an appropriate tool in place to measure and review the changing needs of people. This will ensure the home has enough suitably qualified, competent, skilled, and experienced staff in place to meet the needs of people experiencing care.

This ensures that care and support is consistent with the Health and Social Care Standards which state that:

"My needs are met by the right number of people." (HSCS 3.15)

This area for improvement was made on 23 September 2020.

Action taken since then

The service was using the Indicator of Relative Need (ioRN) assessment tool to provide a summary of people's functional needs and level of dependence/independence. They used the results to calculate the staffing numbers required per shift to provide support for people. We could see there were adequate staff available to ensure people were supported with care needs.

This area for improvement had been met.

Previous area for improvement 6

The service should ensure there are appropriate risk assessments in place which will show how they will manage the risk to people when it was not possible for them to practice social distancing.

This ensures that care and support is consistent with the Health and Social Care Standards which state that:

"My future care and support needs are anticipated as part of my assessment." (HSCS 1.14)

This area for improvement was made on 23 September 2020.

Action taken since then

Social distancing was no longer a requirement during this inspection. The service had plans in place in the event of further outbreaks and how to support people to reduce the risk of cross infection.

This area for improvement had been met.

Previous area for improvement 7

To ensure people are supported to stay safe and always receive care and support using best practice guidance, the provider should ensure that all staff undertake refresher training in infection, prevention, and control, and the use of personal protective equipment. This should be evaluated through supervision and observations of practice.

This ensures that care and support is consistent with the Health and Social Care Standards which state that:

"I experience high quality care and support based on relevant evidence, guidance and best practice." (HSCS 4.11)

This area for improvement was made on 23 September 2020.

Action taken since then

We saw that staff had undertaken refresher training in IPC and that direct observations of staff practice were taking place. However, recording of these was inconsistent and needs to be improved on to evidence that the service is doing all it can to reduce risk of infection for people living in the service and working there. We have reported on this under "How well do we support people's wellbeing?" in this report

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	4 - Good
1.4 People experience meaningful contact that meets their outcomes, needs and wishes	4 - Good
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.2 The setting promotes people's independence	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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