

Oxton House Residential Home For Older People Care Home Service

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Type of inspection:
Unannounced

Completed on:
15 May 2024

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 27 people using the service at this inspection.

The property comprises of three adjoining Victorian terraced houses, situated in the south side of Glasgow, 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 a large public park with a pond area.

About the inspection

This was an unannounced inspection which took place on 14 and 15 May 2024. The inspection was carried out by one inspector 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 four of their family
- spoke with nine staff and management
- observed staff practice and daily life
- reviewed documents.

Key messages

- People living in the home benefited from a "home from home" values base.
- People were encouraged to be out and about in their local community.
- A stable staff group ensured people were supported by people who knew them well.
- The management team had been expanded within the home to ensure care and support was well co-ordinated.
- Support planning had improved; however further work was needed to ensure better outcomes for people.
- The environment benefited from an ongoing refurbishment programme.

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?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How good is our setting?	4 - Good
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?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People benefited from the warm, kind and caring relationships they had developed with staff. There was a relaxed and friendly atmosphere with positive and engaging interaction between staff and residents. Visiting families and friends reported they felt well-informed and included in the care of their loved ones. Their comments included:

"It's an extended family."

"I don't know what I would do without Oxton House."

"[Relative] never complains always seems happy and content."

People were supported to get the most out of life and engage in meaningful activities on a regular basis. People enjoyed getting out to their club twice weekly. A men's walking group had been created and there were morning exercise classes to get people moving. People experienced holidays with family members and were encouraged to stay in contact with their families and friends using the home's Facebook page and using mobile phones and iPads. This ensured people were supported with their social, physical and mental wellbeing.

The mealtime experience had improved with the development of a second dining room and a second sitting at mealtimes. This afforded people a choice of where and when to dine. People benefited from staff who knew their likes and dislikes and who produced wholesome home cooking. The relevant health and risk assessments were in place; however, some were not consistently reviewed with relevant support plans updated following any changes in people's conditions (see area for improvement 1 under How well is our care and support planned? of this report).

Staff demonstrated good knowledge of how to recognise when someone's health and wellbeing was deteriorating with timely referral and advocating for people with external healthcare professionals. This ensured people received the right treatment at the right time.

People's wellbeing benefited from receiving the right medication at the right time. The necessary legal frameworks and documentation to support this were in place to safeguard people.

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Improvements in the quality assurance processes within the service were evident. The development of the senior roles was a positive step forward. It gave staff a feeling of ownership and pride in their service, whilst supporting the manager to ensure that the service always benefited from effective leadership. Delegation of staff duties ensured staff knew who was responsible for what and when throughout the day. A mid-shift huddle had been implemented to ensure that any concerns regarding residents' wellbeing were highlighted, allowing early intervention and necessary changes to care and support to be made.

Staff described the management team as supportive both professionally and personally. This supported staff retention by offering flexibility in working patterns to support a work-life balance for staff.

A range of audits was in place. However, this could be further developed regarding frequency to ensure that any practice issues were highlighted timeously. Management agreed to review audit frequency.

Management overview of falls, accidents and incidents, with analysis of themes, trends and a lessons learned approach to reduce risks for people had been implemented.

Any complaints had been dealt with timeously and effectively to resolve any concerns raised. A service improvement plan had been developed which detailed planned improvement and identified who and by when work was to be completed. People living in the home shared their ideas and suggestions. The service should evidence that people have a voice in the day-to-day running of the service and improvements within their service improvement plan.

The service had volunteered, and was currently working in collaboration with the Care Home Improvement Programme initiative, with the Care Inspectorate on ways to further develop improvement within the service.

How good is our staff team?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People using the service and their relatives shared many positive comments in relation to the staff who worked within the service:

"It's a God send."

"Everyone is great."

Staff were positive about working in the service. A values-based care and work ethos was evident through staff discussions and observations to ensure good outcomes for those living in the service and the staff working there.

The service had previously used a recognised dependency tool for assessing care needs and staffing ratios. However, management felt this fell short of capturing the needs of individuals and were relying on their professional judgement and knowledge of the people using the service. There was sufficient staff available during our visit to meet people's needs. We recommended management formalise a professional judgement pro forma to enable them to evidence how staffing decisions are made going forward.

Staff retention was high which meant there was little agency use within the service. This ensured people were supported by a consistent team who knew them well.

Regular staff meetings were in place and staff confirmed they felt informed and listened to by the management team. Improvement in the recording of staff input at staff meetings would ensure those not present at meetings received a balanced view of discussions.

How good is our setting?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People should benefit from an environment that supports freedom of movement and allows access to outdoor space.

People were able to move freely about the home with several breakout sitting areas to allow quiet space when desired. A lift allowed free access between the floors for people.

The garden area was easily accessed from two separate doorways. There were two seated areas available for people to sit and enjoy fresh air, with well-kept shrubbery and window planters for people to tend. A summer house was being used for storage; management assured us this would be cleared to allow shelter from the elements for people who wished to spend time outdoors in all weather. The garden was well-used and people spoke positively about getting outside.

People could also choose to go for walks in the local park or surrounding neighbourhood with families, staff or independently where able.

A refurbishment programme was ongoing within the service. People living in the service had been consulted on choices of décor and soft furnishings. People were able to personalise their room to their own taste. This gave people a voice on how their home is decorated. The laundry had been upgraded with new equipment and this kept people safe by reducing the risk of cross infection/contamination.

Due to the layout of the building, it was not possible to have en suite bathrooms in all rooms. People had the use of commodes, where needed, or shared toilet facilities.

Cleaning schedules, with management environmental checks, were in place to ensure a good standard of cleanliness throughout the home.

Maintenance records were in date with external contracts in place to ensure equipment was being examined and serviced aligned to manufacturers' guidance.

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate where strengths only just outweighed weaknesses.

Improvement was noted in people's personal plans. The introduction of the Lets Get to Know Me paperwork shared key information with staff on how to support people detailing their personal preferences and wishes. Further work was needed to ensure up-to-date health support plans were in place to maximise people's wellbeing (see area for improvement 1).

Personal plans needed to detail what individuals can do for themselves, promoting and maximising their independence. This would ensure that new staff were able to support people in keeping with their abilities and wishes.

Six monthly reviews were undertaken with family and social work input where available. This ensured that people's care and support needs were being met and reviewed, where necessary. These could be improved by capturing residents' views and identifying outcomes and future goals (see area for improvement 1).

People were encouraged to have an anticipatory care plan to ensure their wishes were supported if their health deteriorates in the future.

Areas for improvement

1. In order to maintain people's health and wellbeing, their personal plans should:

a) Identify what health conditions people are living with and direct staff on how best to support them with this.

b) Reviews of personal plans should reflect people's views and identify and adapt any outcomes identified.

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

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

To promote a positive dining experience for people and support good nutrition and wellbeing, 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 state that: "I can enjoy unhurried snack and meal times in as relaxed an atmosphere as possible" (HSCS 1.35).

This area for improvement was made on 13 April 2022.

Action taken since then

The dining experience had improved with the introduction of a second dining room on the upper floor and a second sitting. This afforded people a choice of where and when to have their meals.

This area for improvement has been met.

Previous area for improvement 2

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
- c) ensure staff undertaking quality assurance audits receive updated training.

This is to ensure that 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).

This area for improvement was made on 13 April 2022.

Action taken since then

Improvements in the quality assurance processes within the service were evident with training, support and shared responsibility across the newly developed senior team. This ensured people benefited from a cohesive management overview. A service improvement plan had been developed.

This area for improvement has been met.

Previous area for improvement 3

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 that 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).

This area for improvement was made on 13 April 2022.

Action taken since then

Some improvement had been progressed in personal planning. However further work was needed to ensure that health assessments and risk assessments were reviewed timeously following any changes and inform the development of support plans for the conditions that people live with. We have reworded this area for improvement under How well is our care and support planned? 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?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
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?	4 - Good
4.2 The setting promotes people's independence	4 - Good
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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