

Oxendon House Care Home Limited

Oxendon House Care Home

Inspection report

33 Main Street
Great Oxendon
Market Harborough
Leicestershire
LE16 8NE

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17 April 2018

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Website: www.oxendonhouse.co.uk

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

Oxendon House 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. Oxendon House Care Home is registered to accommodate up to 42 people; at the time of our inspection there were 27 people living in the home.

At the last inspection in May 2016 this service was rated good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive care that was safe. We saw that staff had been appropriately recruited in to the service and security checks had taken place. There were enough staff to provide care and support to people to meet their needs. People were consistently protected from the risk of harm and received their prescribed medicines safely. Staff followed infection control procedures to reduce the risks of spreading infection or illness.

The care that people received continued to be effective. Staff had access to the support, supervision, training and on-going professional development that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

Staff understood the principles of the Mental Capacity Act, 2005 (MCA) and ensured they gained people's consent before providing personal care. People were encouraged to be involved in decisions about their care and support and information was provided for people in line with the requirements of the Accessible Information Standard (AIS).

People told us their relationships with staff were positive and caring. We saw that staff treated people with respect, kindness and courtesy. People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences.

People knew how to raise a concern or make a complaint and were confident that if they did, the management would respond to them appropriately. The provider had implemented effective systems to manage any complaints that they may receive.

The service had a positive ethos and an open and honest culture. The manager and deputy manager were present and visible within 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? The service remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remained good	Good ●
Is the service responsive? The service remained good.	Good ●
Is the service well-led? The service remained good.	Good ●

Oxendon House 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.

The inspection took place on 17 April 2018 and was unannounced. The inspection was undertaken by one inspector and one assistant inspector.

The service did not have a registered manager in place. A temporary manager was overseeing the day-to-day running of the service and the provider was in the process of recruiting a registered manager..

Before our inspection, we reviewed the information we held about the service and the service provider. This included statutory notifications sent to us by the management about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make.

During our inspection, we spoke with six people using the service. We spoke with three care staff and the temporary manager. We contacted health and social care professionals to gain their views of the service. We reviewed five people's care plans, and five staff files. We also looked at other documents such as risk assessments, audits and meeting minutes.

Is the service safe?

Our findings

People told us they felt safe living within the home. One person said, "Yes perfectly safe. I've been here quite a while and I've always felt safe." All the people we spoke with made similar positive comments.

Risks to people were assessed to ensure that staff could support people in a safe manner. We saw that people had risk assessments for things such as moving and handling, mobility, skin care, and nutrition. Risks were scored and actions were created to inform staff of the safest way to support people. All the staff we spoke with were happy that they received the information they required to keep people safe, reduce the impact of risk, and respond when required. All the risk assessments we saw were updated regularly.

The provider followed safe staff recruitment procedures and there were enough staff employed by the service to cover all the care required. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. Staff we spoke with confirmed they were not able to begin work before these checks had been carried out. The provider had taken appropriate action to ensure staff at the service were suitable to provide care to vulnerable people.

Medicines were safely managed. Staff had received training and their competencies were tested regularly. Medicines were stored securely and medication administration records were completed accurately by staff. People we spoke with were happy that their medicines were administered correctly and on time.

People were protected by the prevention and control of infection. We saw that all areas of the service were clean and tidy, and that regular cleaning and maintenance took place. People and staff all took pride in the environment and felt that it was maintained and cleaned to a high standard. Staff were trained in infection control, and they had the appropriate personal protective equipment to prevent the spread of infection. The service had a five star food hygiene rating from the local authority. Records showed that maintenance was carried out regularly within the service as required to keep the premises and equipment safe.

Improvements were made when incidents had occurred or things had gone wrong. The temporary manager and staff were all able to speak about the journey that the service had been on and how improvements had been made throughout the service. We saw that through regular team meetings and staff supervision, issues were discussed and actions created to learn from mistakes and improve practice.

Is the service effective?

Our findings

People received pre assessments of their needs before moving in to the service to ensure that their needs could be met. One person told us, "I lived at home before moving here. I felt that they understood my needs very quickly and still do." We saw pre assessment documents in people's files that showed a comprehensive check had taken place to make sure the service was capable of meeting each person's needs effectively.

People received care from staff that had the skills and knowledge to provide the right care for people using the service. Staff received induction training based on current best practice and on-going training in areas such as, health and safety, moving and handling, infection control, and safeguarding. We saw that training records were maintained and kept up to date. All the staff we spoke with felt the training was of a good standard and enabled them to confidently support the people living within the service. Staff received regular supervision and support, and were happy they could feedback to the manager at any time.

People were supported to maintain a healthy and balanced diet, and choices were always offered. One person told us, "The food is marvellous. They spoil me with fruit." We saw that lunch was offered to people in the dining area which was a relaxed experience, and those that required help with eating received it. We saw that people were also able to eat within their own rooms if they were not able, or did not want, to eat in the dining area. Food and fluid monitoring took place for those that required it, and information around dietary requirements was documented within people's files.

The staff and the management worked effectively with other organisations to ensure people's health care requirements were met. One person told us, "I have a nurse come in and look at my legs regularly. If I need something, I get it." We saw that referrals were made to various health professionals as people required, and an up to date log of input each person had, was recorded within their files. Staff we spoke with all had a good understanding of people's health needs.

People felt the environment they lived in was homely and welcoming. We saw that people were encouraged to personalise their own rooms, and use the communal facilities which included lounges, dining areas and gardens, that were accessible for people to enjoy. The temporary manager showed us that the service was undergoing a refurbishment plan, and many of the rooms had recently been updated.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA.) The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff told us, and records showed they received training on the MCA and DoLS legislation. The temporary manager and staff understood and worked within the principles of the MCA legislation. People were supported to have maximum choice and control of their lives. Staff were observed to promote equality and diversity and demonstrated their responsibility to protect people from any type of discrimination.

Is the service caring?

Our findings

People told us they were treated with kindness and respect by all staff. One person said, "They [staff] are marvellous, I can't complain at all. They are always respectful and kind." Another person said, "My [relative] also lives here. I am very happy that they get the help they need. [Relative] will tell you that they get on very well with staff." We observed staff interacting with people in a positive manner, and saw that staff clearly knew people well and were able to take the time they needed to build positive relationships with people.

People were supported to express their views and be actively involved in making decisions. A keyworker system was in place, which allocated staff to people, and ensured they were able to review and feedback about their care. One person told us, "Yes I feel like they listen to what I have to say, and that I am in control of things." Care plans we looked at reflected people's personality and informed staff of the way in which people wanted to receive care.

Staff respected people's wishes in accordance with the protected characteristics of the Equality Act. People were supported to maintain relationships with friends and family. One person told us, "The staff understand and respect who I am." All the staff we spoke with told us that people were encouraged to express themselves and have a voice.

People felt their privacy and dignity was respected by staff. All the people we spoke with confirmed they felt respected by staff when any personal care took place, and that staff knocked on doors before entering. During our inspection, we observed staff interact with people in a respectful manner. Information about people was protected and kept securely, and the service complied with the Data Protection Act.

Information was available for people on using advocacy services if and when they required it. Advocacy services represent people, where they have no family member or friend to represent them.

Is the service responsive?

Our findings

Care and support was personalised to meet individual needs. The care plans we looked at outlined the care tasks that were required for each person, and included detail specific to each person. We saw that throughout the care planning, person centred information was present which included people's preferences and likes and dislikes. This enabled staff to understand more about each person and engage with them in a personalised way. We saw that a 'my life so far' document was created for people which informed staff about important events in a person's life, what their childhood was like, and their family history. We saw that one person had displayed certificates of some of their lifetime's achievements within their room, and proudly talked about their involvement in these achievements to us and to staff.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, the safeguarding procedure and complaints procedure had been produced in a large print format for people to access.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. One person said, "I haven't made any major complaints, things get sorted out quickly if anything is wrong. I can tell the staff and they will act upon it." We saw that complaints were logged and recorded according to the service policy, and that actions were created and carried out when required.

No end of life care was being delivered to people at the time of inspection, but the temporary manager told us that support could be offered to people around end of life care and decisions, if required. We saw that people were supported to make decisions surrounding end of life arrangements and that their wishes were recorded and reviewed.

Is the service well-led?

Our findings

The service did not have a registered manager in place, but did have a temporary manager and were in the process of recruiting 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had a clear vision and was committed to delivering person centred care that respected people's diversity, personal and cultural needs. People told us that the temporary manager had been key to driving recent improvements within the service. Staff acknowledged that the service had been through several management changes over recent times, and that the changes had been difficult at times to deal with. Staff now felt that the service had improved a lot, as the temporary manager was already known to them in a different capacity. Staff we spoke with felt that clear structure and guidelines had been setup, morale was high, and that they were positive about the service moving forward.

The service had a positive and open culture that encouraged people using the service, relatives and staff to influence the development of the service. People's views had been sought via a questionnaire that specifically looked at the food on offer. Another general feedback questionnaire was sent out to gather feedback on all aspects of the care at the service. We saw that results were reviewed and analysed, and actions taken up when required. We also saw that people had the opportunity to feedback at residents meetings, designed to update people on service developments and allow people's voices to be heard.

Quality assurance systems were in place to monitor all aspects of the service. Care files, staff files medication records and the general environment were all reviewed and audited on a monthly basis to ensure that standards remained high.

The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

The service worked positively with outside agencies. This included holding strategy meetings where appropriate and liaising with the local authority and safeguarding teams. We saw that the local authority had been communicating with the service and that management had created a service improvement plan. This showed us how progress had been made from the actions that were set, and demonstrated that the relationship with all other social care professionals was positive.