Oxendon House Care Home Limited

Oxendon House Care Home

Inspection report

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Market Harborough
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LE16 8NE

Website: www.oxendonhouse.co.uk

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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

This unannounced inspection took place over two days on the 5 and 6 May 2016.

Oxendon House provides accommodation for people requiring personal care and is registered to accommodate up to 33 people. At the time of our inspection there were 31 people using the service many of whom were living with Dementia.

There was a registered manager in post. 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.

At the last inspection in March 2015 we asked the provider to make improvements to the staffing levels. We also asked the provider to make improvements to the quality of food and drink provided to people and the processes used to measure and improve the quality of the service. We found that these actions had been completed.

People told us that they felt safe. Staff had a good understanding of safeguarding vulnerable adults and knew what to do to keep people safe. Individual risks had been assessed and measures put in place by the provider to manage risks to people.

There were enough staff on duty in the home to ensure that people received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed by medical practitioners.

People were supported by staff that had the skills and knowledge necessary to provide safe and effective care and support. People's consent was sought prior to care and support being delivered by staff.

People received sufficient amounts to eat and drink and told us that they were happy with the food that they received. People's nutritional needs had been assessed by the provider and their day to day health needs were met by the staff and external health professionals as required.

Care records were personalised and contained up to date information about people's needs and how staff should meet these needs. People and their relatives were involved in the development of their plans of care.

There were a range of activities which people told us that they enjoyed. These included one to one activities as well as group activities and days out.

The registered manager and the provider had effective quality assurance systems in place to help maintain standards of care and support. Audits focussed on areas such as care plans, the environment and health

and safety. Where shortfalls were identified action plans were developed and these were quickly addressed by the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were kept safe from the risk of harm because the provider had systems in place to recognise and respond to allegations or incidents.

Individual risks had been assessed and managed to ensure peoples safety.

There were sufficient numbers of staff available to meet the needs of people who used the service.

People were supported to take their medication as prescribed.

Is the service effective?

Good

The service was effective.

Staff had completed training relevant to their role that had equipped them with the skills and knowledge to care for people effectively.

There was an induction process in place for new staff to help them to develop the necessary skills.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and peoples consent was sought appropriately.

Is the service caring?

Good

The service was caring.

People were involved in planning their care and support and staff had a good understanding of people's needs.

Staff treated people with dignity and respect and respected peoples right to privacy.

People received the support they needed from staff that knew them and treated them with respect and kindness.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before moving into the service to ensure that their needs could be adequately met by the provider.

There were procedures in place to received and respond to complaints. People knew how they could complaint about the service if they needed to.

People's needs were regularly reviewed and any changes responded to quickly.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place. People knew who the registered manager was and they were able to speak to them should they wish.

There were effective quality assurance processes in place. The registered manager and provider took prompt actions to address any areas that required improvement.

People felt that the service was well-led and that the registered manager was approachable.

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.

This inspection took place over two days on the 6 and 7 May 2016. The inspection was unannounced and the inspection team consisted of one inspector.

Prior to our inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications sent to us by the provider. We also spoke with local health and social care commissioners to gather information about the service. Before the inspection, the provider completed a Provider Information Return (PIR) which we reviewed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we spoke with the registered manager, four care workers, a cook, a maintenance man and 2 domestic staff. We spoke with 5 people using the service and 3 relatives. We undertook general observations in communal areas and during mealtime. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed the care records of 3 people who used the service and 4 staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Good

Is the service safe?

Our findings

At our last inspection in March 2015 we concluded that this domain required improvement. This was because we found that there were not sufficient numbers of staff available to provide an appropriate level of care.

During this inspection we found that there were adequate numbers of staff available to meet people's needs. One person said "If I need any help from staff I always get it and never have to wait long." Another person said "There are always enough staff here. I don't have to wait if I need help." A member of staff said "There are enough of us on shift now. We have time to stop and talk to people." Staffing levels were assessed by the provider using a dependency tool and were based upon people's need for care. A dependency tool is a system used by the provider to calculate the number of staff needed to meet the care and support needs of people using the service. We saw that if people's need for care changed, staffing levels were also changed to ensure that there were adequate numbers of staff available. The registered manager told us that she was able to source additional staff from agencies should she need to. During our inspection staff responded to people's requests for care in a timely manner and staff had time to stop and interact positively with people.

People told us that they felt safe within the home and people were relaxed and comfortable. One person said "I feel very safe here; I am happy as Larry." Another person said "I feel so safe here; its great knowing that there is always someone around if you need some help" and a relative said "I've no doubt that [relative] is safe here. I have never had any concerns".

People were supported by staff who were knowledgeable about potential risks and who knew how to protect people from harm. Staff had received training in safeguarding people and the staff we spoke to had a good knowledge of how to recognise the signs that someone may be at risk and the steps to take to escalate concerns to the registered manager or other outside agencies. One member of staff said "I would tell the manager if I felt that anyone was at risk. I know that that she would respond quickly, she always listens to us." We saw that the provider had made appropriate notifications to the safeguarding team should they have concerns that individuals may be at risk. Where safeguarding notifications had been referred back to the provider to investigate appropriate investigations had been conducted and appropriate action taken.

Safe recruitment processes were in place to protect people from the risks associated with the appointment of new staff. We saw that references had been obtained for new staff prior to them working in the service as well as checks with the Disclosure Barring Service (DBS). One member of staff said"I couldn't start working in the service until the manager had two references from my previous employers and I had my DBS check back".

People were kept safe because effective systems were in place to ensure that risks to people's health and safety were identified and managed. We saw people had a range of risk assessments in place as part if their individual plans of care. Staff we spoke with were knowledgeable about the risks to people described in their individual plans of care and the steps that they should take to reduce these risks. Staff told us that where risks were identified steps were taken in a timely manner to reduce these risks. For example we saw

that one person who was now cared for in bed had a risk assessment in place stating that their call bell should be left within touching distance of them. We observed staff checking where the call bell was located when giving this person a cup of tea.

People received their medicines as prescribed and were protected by the safe administration of medicines. One person said "Staff give me my medicines every morning, regular as clockwork." Another person said "I have my medicines with a glass of water. All of the staff know that and they give me tablets and water at the same time and watch me take them." We observed staff administering medicines and saw that they wore a red tabard to identify that they should not be disturbed. This was because the provider had identified that the risk of a medication error occurring was more likely if staff were interrupted or distracted. The member of staff checked each individuals Medication Administration Record (MAR) sheet before dispensing medication and ensured that people received the right medicines at the right time. We spoke with a visiting pharmacist who was auditing the medicines in the home on the day of this inspection. The pharmacist reported that the home was implementing their medication policy effectively. Staff who administered medicines had received appropriate training and had had their competency to administer medicines assessed by a member of the management team prior to them administering medicines unsupervised.

Good

Is the service effective?

Our findings

At our last inspection in March 2015 we concluded that this domain required improvement. This was because people told us that the quality of food provided was variable.

During this inspection we found that the quality of food had improved and that people were provided with a healthy and nutritious diet. One person said "I don't have any complaints about the food, it's very nice." Another person said "The food is very good. I chose toast and scrambled egg this morning." We spoke with one person's relative who said "Whenever I've been here at a meal time [relative] is more than happy with their meal. I think the food is very good". People enjoyed the meals that were provided and were given a choice of what they would like to eat. We spoke with the cook who told us that she changes the menu on a regular basis and always asked people what they would like to be on the menu. The cook was knowledgeable about people preferences and individual dietary requirements.

People received sufficient support to meet their nutritional needs. We observed the lunch time service. Tables were nicely set with table cloths, napkins and condiments. People who were able to eat independently did so alongside those who required staff to support them to eat and drink. The atmosphere was relaxed, unrushed and social with people chatting to each other and staff whilst eating their meal. We observed that some people used aids such as plate guards to enable them to eat independently. People who chose to eat their meals in their bedrooms were able to do so and also had a choice of what food they would like to eat. Staff were knowledgeable about people who were at risk of not eating and drinking enough and spent time discreetly encouraging them to eat their meal. When required referrals had been made to dieticians for people known to be at risk of not eating or drinking enough. Individual plans of care had been developed for people at nutritional risk and they had been provided with a fortified diet and their weight monitored on a regular basis.

People were supported by staff who had received effective training to equip them with the skills and knowledge they needed to support people safely. One person said "The staff definitely know what they are doing." A relative said "I think the staff are very well trained, I've seen them use the hoist and they knew what they were doing." Another visitor to the service told us "The staff are very knowledgeable. They care for my relative and know so much about dementia; they have been able to care for them very well." Training records showed that staff had accessed a range of training relevant to their role. We spoke with staff who were able to reflect upon their training and tell us how it had made them more understanding when supporting people with dementia. One member of staff told us "I think the training has been very good, It's helped me to understand why people here need some of the help that they do." Another member of said "I am a dementia champion, this has taught me to be more aware. Its helped me to understand why some of the residents get upset and made me realise that it's so important just to stop and spend some time chatting to them." Staff told us they were encouraged by the registered manager to attend training on a regular basis to update their skills and knowledge.

New staff received a period of induction before they commenced working independently in the home to ensure that they had the skills and knowledge required to support people effectively. The registered

manager told us that this consisted of a period of one to one time with one of the management team to go over policies and procedures and then a period of working alongside more experienced care staff. We spoke with one member of staff who had recently started their employment with the provider who said "My induction has been very good so far. I'm learning as I go, as well as all of the courses I've done and I get plenty of support and guidance from the other staff." Staff told us that they received regular supervision. "We get supervisions regularly as well as a yearly appraisal." The provider had an effective system of supervisions and all staff had received regular supervisions to enable them to reflect upon the practice.

People were asked to give consent for their care and support and staff were knowledgeable about their responsibilities in relation to the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager had made appropriate DoLS applications to the local authority where people had been assessed as lacking capacity to be able to consent to their care.

We observed that staff sought consent from people before delivering care. Where required people's mental capacity had been assessed by the registered manager and best interest decisions had been made and appropriately documented following input from people's family, next of kin and advocates. Staff had a good understanding of the mental capacity act and how this influenced their day to day practice. One member of staff said "I always ask for people's consent before I do anything." Another member of staff said "I know that [resident] doesn't have capacity to manage their own medication and that's why we have to give it to them."

People were supported to maintain their health and wellbeing and were supported to access health care services appropriately. One person said "Whenever I need to see my doctor the staff arrange the appointment and someone takes me." Staff responded to changes in people's health care needs in a timely manner and coordinated appropriate support for people from external healthcare professionals. We observed staff arranging a GP appointment for one person who was using the service for short breaks and coordinating a district nurse to administer new medicines that their GP had prescribed.

Good

Is the service caring?

Our findings

People were treated with compassion and respect. One person said "I feel so at home here the staff are so friendly". Another person who used the service said "The staff are very nice. Very friendly and respectful. The don't make you feel out of place. This is a real home, like a big family."

We observed that staff demonstrated warmth and fondness towards people. One person said "I have a laugh with all of the staff here." Staff were considerate towards people for example one member of staff told a person that she was nearby with a trolley. The member of staff told us that she had warned the resident that she was nearby because she knew that the resident had a visual impairment and did not want to startle them. Staff took time to understand people's life histories and used this information to tailor their care and support. For example the registered manager told us that they considered peoples previous jobs and hobbies and tried to create roles for people within the home linked to their life histories. One person who had previously been a farmer now replenished the bird feed on the bird table in the garden. The registered manger told us that this had helped the person settle in the home.

People were treated with dignity and respect. One person said "They never make you feel like you're a nuisance, if you need help and ask they are more than happy to give it to you." Staff knocked on people's bedroom doors before entering and closed people's doors if they were providing care. Staff were aware of who was around them when they discussed people's care needs and ensured that they respected people's privacy and confidentiality. One member of staff said "When I come to work I always support people here how I would want them to care for my mum or dad. "The service had a dignity champion and staff had received training to promote dignity in care. People had been encouraged to personalise their bedrooms and one relative said "They have really encouraged [relative] to put her photos up. They went through photo albums with her and taken time to get to know her and really help her settle." Another person's relative said "I can visit at any time and I am always made to feel welcome."

People's preferences in relation to their daily routines and activities of daily living were listened to and respected by staff. Staff treated people as individuals, listened to them and respected their wishes. We observed that one person chose to stay in bed on first day of inspection because they did not feel well. Staff supported them in their bedroom and provided activities and meals to them in their room. People looked well cared for and were also supported to make decisions about their personal appearance, such as their choice of clothing.

People were encouraged to express their views and received care and support in line with their individual preferences. People were given a range of choices about their daily care and were able to make choices about their personal appearance and when they where and when they would like to have their meals. People were encouraged to attend resident meetings to provide feedback about the running of the home. Where people chose not to attend residents meetings staff asked people for their feedback on a 1:1 basis.

Good

Is the service responsive?

Our findings

People were assessed prior to moving into the home to ensure that the service could meet their needs. These assessments were used to develop individual plans of care and to help staff find out about people's life histories and interests in order to aid their transition into the home. One person's relative said "They changed the layout of my relative's bedroom and redecorated it before they moved in so it was more like their home and they could bring their own furniture with them." People and their relatives were involved in the development of their individual plans of care and all of the care records we looked at contained information about people's life history, their interests and hobbies. We saw that staff used this information to develop creative plans of care. Staff reflected upon any incidents within the service and tried to identify the root causes of peoples behaviours based upon their life histories and developed innovative strategies to prevent incidents from reoccurring. People were given roles in the home linked to their previous employment and interests which meant that people felt valued and respected. The strategies employed by staff and learning from incidents had successfully reduces instances of people displaying unsettled behaviour.

There was a varied programme of activities available for people and effective arrangements were in place to meet people's social needs. One person said "There is a lot to do here. There is a music man that visits; they are very good. I never get bored." Staff encouraged people to join in activities and that the provider employed an activities coordinator who planned a schedule of activities for staff to follow. One member of staff said "We all do fundraising together to help us provide more activities. We have a reading club, knitting club as well as other activities that we do regularly." There was a lively atmosphere during this inspection; there were a number of people who enjoyed the planned activities. Staff also spent time with people that were cared for in their bedroom to ensure that their social needs were met effectively. One activity took place that encouraged people to reminisce about music that they liked. This encouraged a communal conversation and helped to create a social and engaging atmosphere. Staff encouraged people to take on a role within the home which helped to create a sense of community and made people feel valued. One person who was laying the tables in the dining room at lunch time told us that "I like helping out here. I enjoy laying the table for lunch; it's like being back at work. It makes me feel useful and gives me something to do."

People had detailed documented personalised plans of care which staff were knowledgeable about and were able to put into practice. These were regularly reviewed were reflective of their current care needs. One relative said "They are very good at monitoring [relative] and noticing when her needs change. They always update me about their care and if they are doing anything differently." The staff we spoke with were knowledgeable about people's needs and told us that they had time to read people's care plans.

There were systems in place to respond and deal with people's complaints. One relative said "I've never made a complaint but I know how to if I need to." We saw that people had been given a copy of the provider's complaints procedure and that a copy of this was displayed within the home. Staff were aware of the complaints procedure and told us that they would report any complaints to the registered manager and that they would respond. We saw that when complaints had been made they were investigated and

responded to in line with the provider's complaints procedure.

Good

Is the service well-led?

Our findings

At our last inspection in March 2015 we concluded that this domain required improvement. This was because there were not effective processes in place to assess and identify opportunities to improve the service.

During this inspection we found that the provider had effective quality assurance procedures in place. The provider regularly completed a range of audits including audits on care plans, health and safety and the premises. We saw documentary evidence that where any actions were identified an action plan was developed and the registered manager took effective steps to rectify any areas that required improvement. There were systems in place to monitor the quality and safety of the service with the registered manager monitoring safeguarding notifications, accidents and incidents to try and identify any trends or patterns that may need to be addressed.

People who used the service, their relatives and staff spoke highly of the manager and told us that the service was well-led and that they felt listened to. One person said "I know the manager. She is very nice and always has time for a chat." We saw feedback from one relative to the registered manager which said "I would like to thank you for your time, your patience and continuing kindness. You've shown this not only to my relatives currently in your care but also the never ending support and advice which you have offered me." Staff told us that "you can approach the manager at any time she always has an open door." Another member of staff said "The manager is approachable. I've never worked anywhere like this before where I feel that the manager is so approachable." The registered manager had introduced a daily "10 at 10" staff meeting each morning. This meeting was used to aid communication between staff and share any updates about the service, changes in people's needs, tasks that needed completing as well as any recent learning from incidents or accidents. When appropriate people were able to join this meeting which contributed to a feeling of community in the home. One person said "It's like a big family here with all of us".

The registered manager acted as an effective role model and had created a positive culture in the home. Staff were clear about the vision and values of the service and were able to tell us how they put these into practice. We saw that the registered manager referred to "One team one goal" in team meetings and that staff were encouraged to "Provide the best professional care for all residents". One member of staff said "We work here as if we were supporting our own family. I would be happy for my mum or dad to move in here. We treat people like equals, with dignity and respect". The provider also encouraged of positive culture within the home completing dignity in care audits and arranging dignity in care training for all staff.

People who used the service and their relatives were asked for their views about the care and support that was provided. We saw that the registered manager chaired regular relatives' meetings and that staff conducted regular meetings for people who used the service. The outcomes of these meetings were shared with staff during their team meetings and we saw that the registered manager had made changes to the service as a result of people's feedback. Staff told us "I know that the manager will always listen and act on the feedback that we give her if we ever see any issues as well as the residents and relatives". Annual satisfaction surveys were also sent to people using the service and their relatives by the provider. The

registered manager told us that the provider would be sending these out to people again soon. We saw that the provider had collated the responses from last year's surveys and that the learning from the results of these surveys had been discussed in staff meetings.

The service was being managed by a registered manager who was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. The registered manager had submitted the appropriate statutory notifications to CQC such as DoLS authorisations, accidents and incidents and other events that affected the running of the service.