

Marcus Care Homes Limited

Enstone House

Inspection report

Cox Lane
Chipping Norton
Oxfordshire
OX7 4LF

Tel: 01608677375

Website: www.enstonehousecarehome.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Enstone House is a residential care home registered to provide accommodation and personal care to older people some of whom may be living with dementia. The service can accommodate up to 36 people and there were 15 people living at the service at the time of the inspection.

People's experience of using this service and what we found

People were safe at the service and benefitted from a sufficient number of consistent and safely recruited staff. People were supported to have their medicines safely and as prescribed. Risks to people's individual conditions had been assessed and known to staff.

Staff followed good practice around infection control and had access to protective personal equipment (PPE). People were safe from risks surrounding the environmental, including fire and water safety.

Staff supported people with meeting their nutrition and health needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the records surrounding assessments of people's capacity needed improving but this had no adverse impact of the care people received.

There was an improved, caring culture at the service that emphasized staff using appropriate language and ensuring people received dignified support. People's confidentiality and privacy were respected. Staff told us the team worked better and throughout the day we observed a positive and a warm atmosphere.

The management team had introduced a number of governance systems since our last inspection. These systems needed embedding and to ensure they were fully effective.

There was a long-standing registered manager who was now supported by a deputy manager. The staff reported the teamwork had improved and staff told us they were listened to and supported. The management team praised the team for their hard work throughout the pandemic.

Staff worked with various external professionals to ensure people had access to health care services. An external professional complimented the improving standards at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 April 2020) and there were multiple breaches of regulation. The provider was found to be in breach of the following regulations: Regulation 9 HSCA RA Regulations 2014 (Person centred care), Regulation 10 HSCA RA Regulations 2014 (Dignity and respect), Regulation 11 HSCA RA Regulations 2014 (Need for consent), Regulation 12 HSCA RA Regulations 2014 (Safe care and treatment) and Regulation 17 HSCA RA Regulations 2014 (Good Governance). As a result,

we issued the provider with five requirement notices.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. Some aspects of the care documentation needed further improving and the quality assurance systems needed embedding.

Why we inspected:

This was our scheduled, planned inspection based on previous rating.

Follow up:

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

More information is in detailed findings below.

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 was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement 

Enstone House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Enstone House 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. The service had a manager, who was registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and took place on 11 May 2021.

What we did before the inspection

The provider was not asked to return a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection

We observed how staff interacted with people. We spoke with eight people who used the service and one visiting relative to gather their views about their experience of the care provided. We also spoke with the

registered manager, the deputy manager, two senior care staff, two care staff and a chef.

We reviewed a range of records. This included three people's care records and samples of people's medicine records. We looked at one personnel staff file, staff's supervision and training records. A variety of records relating to the management of the service, such as environmental checks and audits were also viewed.

After the inspection

We contacted three external professionals to gather their views about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was part of a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of Regulation 12.

- Risks surrounding people's conditions, such as their mobility or falls had been assessed, recorded, reviewed and updated when people's needs changed. A number of additional tasks had been introduced to manage the risk surrounding COVID-19. We observed staff testing each person's body temperature and blood pressure. This was carried out efficiently and people we observed participated with understanding and acceptance which meant they were familiar with the process.
- The management team ensured any potential risks to people were being identified and monitored. One person's notes demonstrated the person appeared unwell and the records clearly showed that appropriate action had been taken to ensure the person's condition was being monitored. This included carrying out close observation and seeking medical advice.
- People were protected from risks surrounding various scenarios, such as in case of a fire. We saw fire drills took place.
- The registered manager ensured relevant environmental checks, such as flushing of unused water outlets and water samples testing for Legionella took place.

Preventing and controlling infection

At our last inspection we found the provider had failed to ensure good infection control. This was part of a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of Regulation 12.

- The environment was clean and free of unpleasant odours. People told us staff ensured the cleanliness within the home. One person said, "They always keep my room clean for me".
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- The registered manager worked closely with the local safeguarding team.
- Staff received further training which resulted in them understanding the importance of reporting concerns. One staff member said, "We can whistle blow, we should not be afraid (to do so), the law will protect us."
- People told us they were safe at the service. One person said, "Yes, we feel safe, it is the right place for us, we came here, and we feel comfortable here, most of my mates have died of old age now." A relative said, "It is a very safe and a very loving environment here".

Staffing and recruitment

- There were sufficient staffing in place. We observed people were assisted promptly and rare call bells answered quickly by the staff.
- Staff told us there were enough staff on duty and referred to the fact there were less people occupying the home. One staff member said, "It helped us to focus on quality."
- The provider followed safe recruitment practices when recruiting new staff.

Learning lessons when things go wrong

- The registered manager introduced a new system to monitor accidents. The monthly summary was in place which allowed the management team to look for any patterns or trends.
- The management team told us how they piloted a various templates of auditing tools to ensure this was fit for purpose.

Using medicines safely

- People received medicines safely and as prescribed. Medicines were stored safely and securely including medicine needing cold storage.
- Staff ensured they signed the medicines records when people had taken their medicine.
- When people had been prescribed 'when required' (PRN) medicines, protocols were in place that guided staff when people might needed them.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support could be inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

At our last inspection we found the provider had failed to ensure people's choice was respected. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of Regulation 11.

- People's choices were respected. One person said, "I can have a bath when I want a bath". People's choices were reflected in their care plans and known by staff.
- The information where people gave their relatives a Power of Attorney was held in people's care file.
- We however identified the records surrounding assessments of people's capacity were not always in line with good practice. For example, one person's capacity assessment included multiple decision, some related to decisions either taken weeks earlier or anticipated to happen in a future. This meant these assessments had not been carried out in line with the MCA Code of Practice to ensure people's capacity was being assessed for specific decisions at the time of making those decisions.

Staff support: induction, training, skills and experience

- Staff received ongoing training and told us they had plenty of refreshers courses using an online video teleconferencing.
- Feedback from the management team demonstrated they planned to source further dementia specialist

training which they had not been able to during the pandemic. Our observation confirmed some staff would benefit from such training to ensure they had the knowledge and skills to appropriately support people living with dementia

- The management team introduced a new supervision form for staff to ensure their supervision sessions were meaningful and included areas such as personal development, coping with stress and work practices.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain good nutrition and their care notes gave details of their diets and likes or dislikes. One relative told us, "[Person] had an infection but it is amazing how [person] has recovered. It took two weeks for [person] to be able to get up, they encouraged [person] with pureed food at first but [person] is back on solids now."
- People complimented the food. Comments included, "I like my breakfasts, I usually have cornflakes and toast", "We have tea and cake in the afternoons" and "We eat normal food here, we don't grumble, everything that they give us we like."
- We observed the lunch service which was a positive, social experience with people's choices in respect of where and what they wanted to eat being respected.
- When required people's weight was being closely and regularly monitored to ensure people were protected from the risk of malnutrition.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Records reflected staff involved various external health professionals as needed.
- People's relatives confirmed this, "The link with doctors, the GP is very good, the GP is coming tomorrow (to see person) about an infection, [person] has had her second (COVID-19) jab recently."
- Feedback received from external professionals showed there had been improvements in the way staff at Enstone worked with external professionals. One professional said, "They work really well with us now, we had a few hiccups which boiled down to poor communication at the time, which we put behind us."

Adapting service, design, decoration to meet people's needs

- The service offered two sitting rooms at the front of the building and a large community room also used as a dining area. There were two courtyard garden areas to either side. One room was converted into a COVID-19 safe visiting room, it was accessible from the garden area by visitors without needing to use the main entrance. We saw the room was in use during the day of our inspection. There were some elements of dementia friendly décor, such as railing alongside the corridors we saw people had been using. The management team planned to introduce further dementia friendly items such as memory boxes.
- We saw people were able to personalise their bedrooms with their own items of importance to them.
- There were ongoing refurbishment works on the first floor, this included new equipment in the shared bathroom which had been identified as in a need of attention at our last visit.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There had been no new admissions to the service throughout the pandemic. The registered manager had a system to ensure people's needs were assessed before their admission. The assessment ensured the team were able to meet people's needs. The assessments included people's physical, health and emotional needs.
- The information gathered during these assessments, combined with, where applicable, assessments provided by the commissioners were used to draft people's care plans.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting people's dignity

At our last inspection we found the provider had failed to ensure staff used dignified language when speaking with people and people had not always received a dignified approach. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of Regulation 10.

- Staff were observed to use their initiative to make sure people were presented in an dignified manner. One person's clothing had risen up and we saw a member of staff promptly adjusting this for the person saying to them, "It will make you look smarter."
- Staff appeared to be caring, there were lots of examples of gentle, unrushed care during the day. Staff appeared to get on and support each other and there was no visible tension between them. There were some encouraging examples of good nature and banter between some residents and staff and vice versa. Throughout the day we observed a positive and a warm atmosphere.
- People's relatives told us, "They always make sure [person] is washed and dressed."
- People's care plans had all been rewritten to ensure the language used was appropriate. We saw people's files included a leaflet created by the management team around good record making practice guidance which included phrases that were not recommended to be used.

Supporting people to express their views and be involved in making decisions about their care. Promoting people's privacy and independence

- People complimented the care. One person said, "They (staff) are very good here and look after you, I don't think I would change anything at all here, if you ask it is usually done".
- People's privacy and dignity was protected. People's care documentation was stored securely and in the lockable office.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the care at the home. One person said, "We get on alright with the others here, some are still here but some have passed on, we wouldn't like to live on our own now, there would be no one to talk to and no one to look after us." Another person said, "This is a very good place, they look after people very well."
- People's individual needs including people's faith were assessed and recorded. A staff member told us,

"The team is open to diversity."

- Staff knew people's needs well and we saw people were enabled to receive support in a way they preferred. One person was observed to enjoy their lunch in a small lounge where they chose to sit.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

At our last inspection we found the provider had failed to people received person centred care. This was part of a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of Regulation 9.

- People's care plans had all been rewritten with consideration given to their individual needs and wishes.
- Our observations showed staff listened to people's needs and people received prompt support that met their needs. Where people were observed to walk with purpose they appeared content in their patterns and staff enabled them to do so. One person liked to eat alone and in a certain way, which we saw staff were aware of.
- We received good feedback from people and their relatives about the care. One relative said, "We researched long and hard before selecting Enstone, what swung it was that we like the informality here, people are encouraged here and for the most part the same staff have been here since when [person] moved in."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we found the provider had failed to people received meaningful activities. This was part of a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of Regulation 9.

- The provision of activities such as going out or hosting external entertainers had been inevitably affected by the pandemic and the lockdowns. One relative praised the staff for arranging regular video calls with the family living overseas who was unable to visit during the pandemic.
- People's care plans included information about people's interests and past hobbies and highlighted the importance of ensuring people were protected from social isolation. Two people told us about gardening they did the day before, "We did the plants in the greenhouse yesterday, I have done two trays, can you see, those two on the end" and "We went out into the garden and planted the plants yesterday. It was something for me to do, it will be good to see how the sweet peas do."
- Staff told us they recognised, due to people's dependency, people were responding better to one to one

or small group activities which staff provided. A staff member gave us example how they read to one person. We observed one person kept themselves private and sat apart and read a newspaper quite contentedly. In the afternoon a person was sat in the lounge and a staff member brought a colouring book and crayons for them. We saw the person engaged with this activity happily and remarked, "I enjoy doing this, it is good that I have a new book now."

- We observed staff taking one person out, person clearly enjoyed being in a garden, in the sun and we saw staff picking flowers and handing these to the person. One person told us proudly, "I do the tables, I do things to help, I do the table cloths and help lay the tables, it makes me feel useful."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At our last inspection we found the provider had failed to people's communication needs were met. This was part of a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of Regulation 9.

- We saw people's care records had been reviewed and now included details of people's preferred communication needs.
- People's care records gave details of people's hearing or sight. One person's 'one-page profile' record stated, "I wear glasses." A one-page profile is a summary of the person's needs where their key needs, including communication needs were recorded.

Improving care quality in response to complaints or concerns

- No people or relatives we spoke with raised any complaints.
- There was a complaints policy available to people and the registered manager had a system to log complaints, none had been received since our last inspection visit.

End of life care and support

- No people received end of life support at the time of our inspection visit.
- Information about people's end of life wishes including their resuscitation wishes was included in their care plans.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. Although leaders and the improved culture they created supported the delivery of high-quality, person-centred care the provider's governance and quality assurance required embedding.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

At our last inspection we found the provider had failed to establish effective governance. This was part of a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of Regulation 17.

- Following our last inspection, the provider sourced help from an external consultancy firm who assisted the registered manager with assessing the quality and formulating action plans.
- A number of new audits had been introduced; these included health and safety, infection control, environmental checks, equipment cleaning and more. The management team told us they had started using the new quality assurance systems in the last few months and therefore these needed embedding. This is to ensure these are fully effective before the service returns to operating at its full occupancy levels. The registered manager told us they piloted various versions of auditing tools and improved these when required so these were fit for purpose.
- We however found the care plan audit was not fully effective as it didn't identify the issue, we found about people's care records. The only section of the care plan audit tool that corresponded with areas surrounding documentation used to assess people's capacity asked, "MCA section complete?" This meant the auditor was able to confirm the fact the assessments had been completed but were not able to determine the documentation was not in line with the good practice. The registered manager took prompt action and after our site visit, they shared with us updated version of the audit tool they were going to pilot to test its effectiveness.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection we found the provider had failed to create a positive culture. This was part of a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of Regulation 17.

- There has been a change within the managerial structure and since our last inspection a new deputy manager had been appointed. This meant a number of managerial tasks were now shared by two senior staff which was a huge help to the registered manager who historically had no such support.
- The management team praised their staff team and their commitment, especially of working throughout the pandemic, they said, "Staff had been absolutely amazing and worked so hard." They went on to tell us how working through the pandemic 'brought the team together'.
- An improved atmosphere was also noted and appreciated by staff. They told us, "Things improved now. We all pulled in together" and "[Registered Manager] listens now, we are a close team."
- The registered manager was visible, and people knew her, we saw people recognized and communicated with the registered manager and several people used her first name. The deputy manager also spent time working among staff which enabled them to monitor staff practices.
- Following our last inspection a concerns box was introduced so staff could share any feedback and worries anonymously. The registered manager told us after the box was used a couple of times this led to improved transparency and staff re-gaining faith in the senior team.
- Staff reported increased transparency, and reminiscing on some of a poor feedback we heard at our last inspection which clearly led to improvements they said, "If you don't speak up things will not change."
- Staff told us about the plans to implement a number of further lead roles. In addition to an existing medicines, records and care champion there will be further roles available for staff to develop their chosen areas of interests.

Engaging and involving people using the service and the public, fully considering their equality characteristics

At our last inspection we found the provider had failed to create a culture that involved people and staff. This was part of a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of Regulation 17.

- The provider had carried out a satisfaction survey people's with relatives, we saw the results of the recent one which demonstrated some positive comments had been received. When an action, such as the need to display information on how to raise an issue had been raised, this had been completed.
- Staff told us the teamwork had improved and the management now listened.
- People's relatives were consulted about people's care plan reviews and there was an open-door policy with the management team being open and approachable.

Working in partnership with others

- Staff worked in partnership with the local external health and social care professionals as required.
- External professionals' feedback we had demonstrated an improving picture. One professional said, "They definitely moved on from how it was last year. They received a lot of equipment so it's a lot better now. It feels good now, the fact they've had a smaller number of clients for some time, helped them to focus on improving."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager ensured good communication was maintained with people's relatives.
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager was

aware of her responsibilities and kept people's relatives informed as required.