

Oxendon House Care Home Limited

Oxendon House Care Home

Inspection report

33 Main Street
Great Oxendon
Market Harborough
Leicestershire
LE16 8NE

Date of inspection visit:
05 January 2023

Date of publication:
03 February 2023

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

About the service

Oxendon House Care Home is a residential care home providing accommodation and personal care for up to 45 people. The service provides support to older people, some of whom may be living with dementia. At the time of our inspection there were 36 people using the service.

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

Since our last inspection, improvements had been made to the quality of care people received. Quality assurance systems in place had improved and these improvements had been embedded into the practice of the service. The registered manager and provider had oversight of the service and worked together to continually improve the quality and safety of the service.

The registered manager was supported by senior management as well as senior staff within the home to maintain safety and provide people with a calm, happy home to live in. The registered manager understood and adhered to the regulatory requirements of their role.

People were protected from the risk of abuse and neglect. Risks to people's health and safety were appropriately assessed, monitored and acted on. There were enough suitably skilled and experienced staff to keep people safe. Medicines were well managed. The home was clean and tidy, and measures had been taken to reduce the risk of the spread of Covid-19. Learning from accidents and incidents took place to prevent recurrence.

People received care from staff in accordance with their assessed needs whilst protecting their rights and freedoms. Staff were well trained and supervised. People were supported to follow a balanced and healthy diet. Staff supported people to receive external healthcare when needed. When health and social care professionals came to the home to review people's care; their recommendations and guidance were followed by staff. The home was well maintained, and systems and processes were in place to ensure any defects were repaired or replaced in a timely manner.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by kind and caring staff. Care was provided in a dignified and respectful way. Where able, people were encouraged to make decisions about their care. Where unable, other relevant people were given the opportunity to contribute to decisions. People's independence was encouraged.

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 15 January 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oxendon House Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oxendon House Care Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was completed by 1 inspector and 2 Experts 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

Oxendon House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oxendon House Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We contacted Healthwatch about their views of this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also spoke with care commissioners from the local authority.

We used all this information to plan our inspection.

During the inspection

Due to the number of people who were living with dementia when we inspected, we were unable to speak with many people who were living at the home. We spoke with 5 people who lived at the home and 5 relatives. We asked them about their experiences of the care provided. We spoke with 2 members of the care staff, the registered manager, the deputy manager, a team leader, senior maintenance manager, cook, domestic assistant and a senior support manager.

We reviewed a range of records. This included part of the care records for 4 people as well as medication administration records and the daily notes recorded by care staff. We looked at staff files in relation to recruitment, supervision and training. We also viewed a variety of records relating to the management of the service, including policies and procedures and training records and spent time observing people's experiences and interactions with staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection people were not always protected from the risks relating to infection, prevention and control. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider followed government COVID-19 guidance on care home visiting. Visitors were given appropriate PPE.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and neglect.
- People and relatives told us they or their family members felt safe when staff provided care and support. One person told us, "I feel safe now." A relative said, "I totally trust them [staff]."
- The provider had policies and processes in place that enabled staff to identify potential examples of abuse, neglect and/or harm, and to report it. Where needed, investigations had taken place to reduce the risk of recurrence. Staff had received safeguarding training. This helped to keep people safe.
- We reviewed records which had been completed when a safeguarding concern had been identified. These were thorough, helped to identify any potential risks or concerns and where needed were reported to the relevant authorities such as the local authority and the CQC.

Assessing risk, safety monitoring and management

- People were provided with safe care because the risks associated with their care needs had been assessed and plans put in place to reduce risk.
- People and relatives told us they felt staff provided safe care and knew how to reduce risks to people's safety. Relatives told us they felt staff provided care in a way that reduced the risk of harm.
- Actions to reduce risks were identified in people's care plans. This included nutritional and pressure ulcer risks. Where needed, regular checks were carried out at night to ensure people were safe. We reviewed the re-positioning charts of 3 people who were at risk of developing pressure ulcers and saw they had been re-positioned in line with their care plans. We also saw people had individualised plans in place to help evacuate people in an emergency. This helped to ensure people remained safe.
- Staff could recognise signs of when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.

Staffing and recruitment

- There were enough staff in place to provide safe care and treatment.
- People and relatives told us, and our observations confirmed that staff were available when needed. A relative told us that although there were some agency staff working at the home; they worked there regularly and understood their family member's needs.
- Staff were recruited following a number of checks on their background such as; previous employment, education, criminal records and their right to work in the UK. This helped to reduce the risk of people receiving care from inappropriate staff.

Using medicines safely

- Medicines were, overall, well managed. People received the medicines they needed in a consistent and safe way.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely. Medicine administration records (MAR) were completed and signed appropriately. Medicine records contained relevant information including any allergies, how, when, why and the dosage of people's medicines.
- When people needed medicines on an 'as needed' basis, protocols for staff to follow were in place.

Learning lessons when things go wrong

- The provider had identified the call bell system required upgrading. The provider had listened to feedback from people, relatives and staff and invested in a call bell system suitable to meet people's needs which could also be monitored more effectively.
- We reviewed the incident/accident records that had occurred in the past 12 months. Records were thorough, reviewed by the registered manager and escalated to senior management where required. Where appropriate, notifications had been sent to the Care Quality Commission.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff conducted a thorough assessment of people's needs before they moved in. People and their relatives were invited to view the service and were introduced to people using the service and staff to identify if they would like to move in. One relative told us, "The assessment was really detailed, they asked lots of questions and that is how I knew they cared; because they wanted to get it right for [relative]."
- People's physical, mental and social needs were assessed, and their care, treatment and support were delivered in line with legislation, standards and evidence-based guidance. This included the National Institute for Care and Excellence (NICE) and other expert professional bodies.
- People were positive about their care. One person told us, "The staff make me feel really special." People's care plans demonstrated how people's current needs and choices had been assessed.

Staff support: induction, training, skills and experience

- Staff received appropriate training for their role. This included ongoing supervision and refresher courses. One relative told us, "The staff's knowledge of dementia is pretty good and I expect in part that's down to training."
- People and relatives felt staff had the skills needed to provide the appropriate care for them or their family members. A person told us, "Staff know me very well and know how to help me."
- Staff were encouraged to develop their roles and experience. This was either through internal opportunities such as senior care roles, or, via externally recognised qualifications such as diplomas in adult social care.
- All staff completed an induction which included full training and shadow shifts, to ensure they had the knowledge and skills to carry out their roles and responsibilities. Staff received regular 1 to 1 supervisions and annual appraisals.

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

- People received the support they needed to maintain a healthy and balanced diet that met their health needs.
- People and relatives told us they felt there was sufficient good quality food and drink provided. A person told us the food was good and they could normally have whatever they wanted. A relative said, "The food is good and [my relative] can help themselves to extra drinks and snacks." Another relative told us, "Food always looks well presented, it arrives on a tray with a cloth and nice cutlery."
- People were weighed regularly if required and if they showed signs of losing weight, they had been referred to their GP. Some then received nutritional supplements to help increase their calorie intake.
- Food charts were used to monitor people's consumption if required, and these were well completed and

evidenced that people were offered mid-morning, mid- afternoon and supper-time snacks in addition to the main meals. Fluid charts were used for people who required their fluid intake to be monitored. These were completed and evidenced regular fluids were offered and taken. This helped people to maintain good nutritional health.

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

- Care records indicated that people had access to specialist services when necessary. We saw people had been referred to the Speech and Language Therapy team for a swallowing assessment. A GP did weekly visits to the service to review people's care needs. One relative told us, "The GP comes in regularly, they were in with [my relative] when I visited."
- People had individualised plans in place should they have required a hospital stay. This included people's medication, communication needs and dietary requirements. This helped people to receive the consistent care and support needed.

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

- The premises was appropriate for people's needs. Communal areas were clean and tidy and supported people living with dementia the opportunity to engage with others.
- Bathrooms and toilets were easily accessible for all. People's bedrooms were personalised to their own taste. There was a planned redecoration and refurbishment program in place, and we were able to see a large number of bedrooms and en-suites which had benefitted from the refurbishment. The newly refurbished rooms were modern and fit for purpose.
- Garden spaces were plentiful and were well kept. In warmer months people were encouraged to access the garden areas more regularly. A development plan was in place to make the garden area even more accessible; which planned to include a bar and a summer house.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met. We found that they were.

- Mental capacity assessments were in place where required. Best interest documentation had been completed that included views of families and professionals. This ensured decisions were made in people's best interests.
- Where people had a DoLS in place, these had been appropriately completed and conditions adhered to. This reduced this risk of people's freedom and liberty being unlawfully restricted.

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 our last inspection we rated this key question good. At this inspection the rating has remained as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated well by staff. They were supported to lead fulfilling lives whilst respecting their right to live their lives in their chosen way.
- People and relatives found staff to be kind, caring and respectful. A person told us they found the staff to be kind and caring and the home had a peaceful atmosphere. A relative said, "The carers are lovely, not just with [relative], I observe them being the same with other residents."
- The provider had policies in place that supported people's right to lead their lives as they wished, whether that was following a specific religion or having their cultural heritage respected.
- We observed staff interacting with people throughout this inspection and witnessed numerous positive, warm interactions between people and staff. There were some particularly warm and effective interactions between staff and people living with dementia. Staff were calm, attentive and reassuring and this resulted in positive experiences for all.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make decisions about their care and other decisions that could affect the home, such as the décor of bedrooms, choices of activities and meals.
- Although many of the people were living with dementia, staff still ensured they were involved with decisions. People were given choices and staff always explained to them what they were doing.
- We observed meals being served and people were given their choice of meal. Some asked for alternatives options or additional food and this was provided. We discussed with the registered manager the mealtime experience could be improved for people. The registered manager was planning to undertake some mealtime experience audits to see how this area could be improved.

Respecting and promoting people's privacy, dignity and independence

- People were provided with dignified care that respected their privacy and where possible, encouraged independence. One relative told us, "Staff help [relative] choose appropriate clothes for the weather and lay them out on the bed, [relative] is then able to dress themselves."
- We observed people's privacy being respected. Staff knocked on people's doors and waited for a response before entering. A relative told us, "[Relative] dignity is always respected, they are always in clean clothes and their glasses are clean."
- We also observed staff discreetly taking people to the toilet when required, this included when a person had become incontinent. The staff supported this person in a dignified and respectful way.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained as 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; Meeting people's communication needs

- People experienced care that was personalised, and care plans contained detailed daily routines and preferences specific to each person. Assessments were undertaken to identify people's individual support needs and their care plans were developed outlining how these needs were to be met. For example, people's care planning documentation detailed how they preferred their hot drinks to be prepared and how many pillows and blankets people liked on their bed. One person was also supported to have a newspaper delivered daily.
- People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Staff were able to describe the care and support required by individual people. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted accordingly.
- People and where appropriate, their relatives and other health professionals had been involved in creating and updating people's care plans. A relative told us, "I was fully involved in the care planning and I am kept up to date with any changes." Care plans were regularly reviewed and updated to ensure staff had all the information required to offer care and support specific to the person's needs and wishes.

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans were personalised and described an accurate picture of the person and their individual needs. People's communication needs were well documented.
- We observed one person liked to use a magnifying glass when reading, we saw this was documented in the person's care plan and staff ensured it was always available for them.
- People's care plans had information regarding their communication needs including information regarding any visual or hearing aids required and if a person was able to communicate verbally.

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

- People were supported and encouraged to take part in group activities and social events as well as individual activities that were important to them.
- People were engaged in meaningful, fun activities. We saw photographs of group and individual activities

that had taken place in recent months. One relative told us, "[Relative] has their nails done in their bedroom [preferred place]." Another relative said, "They have lots of things going on at the home but [relative] does not to join in; the staff encourage but [relative] still does not go."

- The activities coordinator had recently left, and a new person had been recruited; however, they were not yet in post. A staff member told us they were currently offering activities as a 'team effort' and trying to ensure everyone received some 1:1 time. People told us they enjoyed visiting the hairdresser and were looking forward to spending more time in the garden in warmer months.

Improving care quality in response to complaints or concerns

- When complaints had been received, either formally in writing or verbally, these were investigated, and actions taken to address them. One relative told us, "[Registered manager] is very responsive; if I am not happy with something I have a chat and it gets put right."
- The number of complaints was low; people and relatives told us they were satisfied with how any issues they had were dealt with.

End of life care and support

- End of life care and support was available where needed.
- At the time of the inspection no-one was receiving end of life care.
- People had basic end of life care plans in place that contained some detail on people's wishes. The registered manager advised us this was an area they were progressing with and had planned to use advanced care planning as part of a holistic approach when new people were moving into the home or as part of care plan reviews.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure that effective governance processes were in place to help to identify, monitor and act on the risks to people's health and safety. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- Improved quality monitoring and auditing systems had meant the provider had made improvements in all areas which we highlighted during our previous inspection.
- A new registered manager was in post. They were supported by senior management to implement and effectively use a wide range of audits. These audits helped to identify any areas for improvement, before they could impact people's health and safety.
- Daily, weekly, monthly, quarterly and annual audits were in place. Some of these were delegated to other members of the team such as the deputy manager, team leader, maintenance and cook. When audits were completed, any concerns were highlighted to the registered manager. When any issues were identified, plans were put in place to address them and progress reviewed. This helped to reduce the risk to people's safety.

At our last inspection, the registered manager and provider had failed to notify the commission 4 notifiable safeguarding incidents. This was a breach of regulation 18 (Notification of other incidents) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

- The registered manager was aware of their role and responsibilities about meeting Care Quality Commission (CQC) registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported. Notifications were submitted in a timely manner

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

outcomes for people

- There was a positive atmosphere at the home. Staff felt empowered to carry out their roles to their best of their ability, helping people to achieve good outcomes.
- People and relatives told us they felt the home was well managed and staff understood how to provide care in a way that was best for them. A relative praised the staff calling them "approachable" and "caring".
- People and staff spoke highly of the management team. People and staff felt supported and respected and told us the registered manager was available at all time. One staff member said, "The manager is on the ball, they are very considerate to everyone." Another staff member told us, "I have nothing bad to say about [registered manager] It really feels like a great team."

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 provider had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns acted upon.

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

- People, relatives and staff were supported and encouraged to be involved with decisions about the home.
- All felt able to discuss any concerns with the registered manager and other senior staff. Staff were able to thank their colleagues for their support and hard work through a peer to peer recognition scheme which staff told us worked really well.
- People and relatives were provided with a regular opportunity to meet with the registered manager and other staff. Some of these meetings were well attended by relatives, sometimes not so, but the registered manager told us they were always available to discuss people's and relatives concerns.

Continuous learning and improving care; Working in partnership with others

- The service liaised with healthcare professionals to coordinate better care for people.
- When people's need changed, we saw staff had good communication systems in place to share this information.
- Staff were encouraged to develop their roles and improve their knowledge and understanding. Staff were provided with an on-going training package with additional training where required. A care-coordinator role had been recently developed to bridge the gap between care staff and team leader. Staff told us this had been very effective in ensuring care plans were reviewed and updated in a timelier manner.
- Adaptations to the existing call bell system had been made to ensure people were safe while waiting for the new system to be installed. This had been researched by the registered manager to ensure it met the required needs of the current people living at the home.
- The provider kept up to date with national policy to inform improvements to the service.