

## Oxford House Nursing Home







# Oxford House Nursing Home

### Inspection report

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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	

## Overall summary

The inspection took place on 10 September 2015 and was carried out as part of our schedule of comprehensive inspections. The inspection was unannounced which meant the provider did not know we would be visiting.

Oxford House Nursing Home provides nursing care and accommodation for up to 34 predominantly older people.

At the time of our inspection there were 30 people living in the home. 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.

We found a very good standard of care practice. People told us that they were very satisfied with the care they received and were settled and content. Relatives and health and social care professionals involved with the service told us their experiences were positive and that they were appropriately involved and supported effectively by staff.

# Summary of findings

Staff treated people as individuals and knew their likes, dislikes, preferences and care needs.

The provider, registered manager and staff from all levels of the service we spoke with were committed to provide a high standard of person-centred care.

Staff had received training in how to ensure people's rights were respected and how to safeguard people from abuse. The standard of training delivered to staff was good and helped them develop as individuals as well as to maintain good care standards.

Care plans were detailed and contained relevant risk assessments. They were used by staff as working documents which supported staff to provide the care and support that people needed.

Staffing levels were maintained at an appropriate and effective level and were adjusted to meet people's needs. Staff told us they were supported by the home's management and that they worked together as a team, including the provider, in order to provide effective support to people.

The service actively sought feedback from people on the quality of the service they received. This was used to identify areas where the service could improve, for example in planning refurbishment and re-decoration of those parts of the home which required it.

# Summary of findings

## 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.

There were sufficient staff available to meet people's assessed care needs.

Risks to people had been appropriately assessed as part of the care planning process and staff had been provided with clear guidance on the management of identified risk.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Good



### Is the service effective?

The service was effective.

Staff were highly motivated, well trained and effectively supported. Induction procedures for new staff were robust and comprehensive.

People received the assistance they needed with eating and drinking and the support they needed to maintain good health and wellbeing. External professionals were involved in people's care so that each person's health and social care needs were monitored and met.

People's rights were protected because staff were aware of their responsibilities under the Mental Capacity Act 2005. Staff obtained people's consent before they delivered care and support and knew what action to take if someone was being deprived of their liberty.

Good



### Is the service caring?

The service was caring.

People were comfortable and relaxed in the company of the staff supporting them. Staff spoke about people in a respectful way and supported their privacy and dignity.

The relationships between staff and the people they cared for were friendly and positive.

Staff knew people well and understood people's different needs and the ways individuals liked their support provided. Staff gave people choices and were patient and polite.

Good



### Is the service responsive?

The service was responsive.

People's needs were regularly reviewed to make sure they continued to receive appropriate care and support.

Relevant professionals were appropriately involved where additional support for people was needed.

People were supported to engage with the local community and maintain relationships that were important to them. Visitors were made welcome to the home.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

There was a registered manager and people spoke positively about them, the deputy manager and provider and how the service was run.

Staff worked well as a team and told us they felt able to raise concerns in the knowledge they would be addressed.

People who used the service and their relatives were encouraged to express their views about the standards of care. Robust quality assurance systems were used to keep checks on standards and develop the service.

# Oxford House Nursing 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 on 10 September 2015 and was unannounced.

The service was previously inspected on 5 December 2013 and met the requirements in all areas assessed at that time.

The inspection team consisted of two inspectors.

Prior to this inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

The provider had also completed a Provider Information Return (PIR). The PIR 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 the inspection the provider also gave us an evidence file they

had compiled throughout the period leading up to this inspection. This included a range of documentary evidence and other relevant information to help both the provider and the CQC make an accurate judgement about the service.

We spoke with six people who used the service, four relatives, a visiting health care professional, the registered manager and five members of staff during the course of our visit.

We looked at seven people's care records to see how their care was assessed and planned. We reviewed how medicines were managed and the records relating to this. We checked two staff recruitment files and the records kept for staff training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records.

We carried out an hour long observation in the main lounge to help us assess the experience of people who received care and support, including their interactions with staff.

We contacted local authority commissioners and five health and social care professionals associated with the home to ask for their views and to ask if they had any concerns about the home. From the very positive feedback we received there were no current concerns.

# Is the service safe?

## Our findings

People who lived at Oxford House Nursing Home told us they felt safe. "I definitely feel safe" one person said and a relative noted "I do not worry about them anymore; I know they are looked after well."

One health professional said; "In terms of safety, I feel Oxford House is a very safe and secure home". A local authority commissioner reported the service undertook regular audits of care plans; "To assess quality of care against needs to ensure the service user is in receipt of a safe service".

When we looked at care records we found assessments of risks to people were in place, for example from falls or weight loss and included any specific health needs, for example diabetes. Risk assessments included details as to how risks were to be eliminated or managed to maintain people's health and safety.

In their provider information return (PIR) the provider informed us; "We are working with our local authority partners and health partners to improve hospital discharge processes. These can sometimes be rushed, leading to either unsafe discharges or unsatisfactory initial experiences for the people involved." This meant people were being better protected from the risks associated with unsatisfactory and potentially unsafe hospital discharges.

The service had a comprehensive safeguarding adults policy. This included contact details for the appropriate safeguarding authorities referrals could be made to when necessary. Staff received training in safeguarding adults and discussions with staff demonstrated they understood how to safeguard people against abuse. The staff we spoke with said if they had any concerns they would report these to the manager or provider. They told us they were sure any allegations would be fully investigated and appropriate action taken.

People felt there was enough staff to meet their needs. People told us; "Staff are so attentive" and "They respond very quickly when I press my bell".

Staff rotas showed staffing levels were maintained consistently over time. Staff said they felt there were enough staff to provide a safe service for people, because;

"We work together as a team and help each other out where necessary". From our observations, staff responded quickly if people needed assistance and had time to sit and talk with people.

Recruitment checks were in place to ensure applicants for employment had the appropriate skills and knowledge needed to provide safe care to meet people's needs. Staff recruitment files contained relevant recruitment checks to show staff were suitable and safe to work in a care environment.

Medicines were stored and administered safely. People told us they received their medicines at the appropriate times. Although staff tried to ensure there was a continuous supply of medicine, this had sometimes proved challenging. This was due, in part, to the number of surgeries involved with the service. Because, positively, people were given the option to retain their existing surgery when they moved into Oxford House Nursing Home, the service dealt with one pharmacy but seven surgeries. Different working practices with these had led, on some occasions to delays in obtaining repeat medicines in a timely fashion. However, in those circumstances appropriate action had been taken by staff to obtain them with minimum delay and minimise any risk to the people concerned.

We were told that where people were able to self-administer their medicines, appropriate processes and risk assessments were put in place.

A suitable system was in place to return and/or dispose of medicine.

In the majority of cases medicine administration records (MAR) were completed correctly. We checked the accuracy of three controlled drug records. Controlled drugs are those that are subject to specific legal requirements as to their storage and administration. Those records checked were accurate.

We checked six further medicines administration records. We found one error with a medicine which was administered as and when it was required and one error in recording another person's medicines. The other records seen were satisfactory and accurate.

## Is the service safe?

We were told these errors should have been picked up at the next audit of medicines. Nursing staff who were responsible for administering medicines were already registered to undertake additional training under the auspices of the local authority.

During the inspection visit we were told there was no one person with specific overall responsibility for medicines, the responsibility being shared between nursing staff. Following the inspection we were informed action had been taken to provide more consistent oversight of medicines and one nurse would now have responsibility, under the home's manager to achieve this.

Incidents and accidents were suitably recorded and records showed that, where appropriate, suitable action had been taken. Staff told us there were good links with GP's and other specific health services should people need specialist support.

People were protected by systems and procedures in place in respect of essential services. The heating, electrical system and water supply had been tested to ensure they were safe to use. There was a system of health and safety risk assessment which included an assessment to minimise the risk of Legionnaires' disease. There was appropriate fire safety equipment, for example fire extinguishers. Fire alarms were checked by staff and there was a record of fire drills. There was an assessment made by the Royal Berkshire Fire and Rescue service in January 2014 that systems in place were; "suitable and sufficient".

# Is the service effective?

## Our findings

People told us they felt their needs were met appropriately. "They know what I need and what I like and just do it" was one assessment. Another person told us; "I'm happy here, the staff are nice, they look after me". A healthcare professional told us; "Oxford House staff are very adept at meeting their service users' needs and treat each one as an individual".

One relative noted in the most recent quality survey; "My mum has only been in Oxford House for a short time. .... through the lovely caring staff we now have our mum back. ...she is safe and cared for by a wonderful team".

The staff we spoke with demonstrated a good understanding of people's needs. A significant number of the staff had worked at the home for several years and this had enabled them to build up a good understanding of individuals' needs. The people who lived in the home, who we spoke with, said staff were approachable if they had a problem. All the health and social care professionals we received feedback from said they felt the staff were competent to carry out their roles. One noted; "When I needed to show a staff member exercises to do with a resident, they were able to oblige...I was then able to get information from them as to how well the exercise were being done".

People received care and support from staff who were appropriately trained and supervised. We spoke with five members of staff and with members of the management team. They were all positive about the training they received. Staff told us they had received a full induction when they started working. An induction checklist was completed for each new staff member. The registered manager said they were aware of Skills for Care induction guidance regarding the Care Certificate, and said this would be taken into account in the future when the service needed to recruit.

Staff training records showed they were up to date with their training determined to be essential by the provider; for example moving and handling, safeguarding and infection control. The registered manager showed us the systems which helped them ensure staff were up to date with the appropriate training for their role. This included the registered manager and their deputy working alongside staff.

All of the staff we spoke with, except one who had only recently joined the staff team, said they had received some one to one formal supervision with a manager. People's experience of the frequency of formal supervision varied, some thought it was monthly and others three or six monthly. However, they all told us they felt supported and that they could approach the registered manager, deputy manager or the provider at any time they needed to. They also confirmed they attended regular team meetings and we saw minutes of these.

Staff had knowledge and understanding of the Mental Capacity Act 2005 (MCA) and had received relevant training. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments in line with legal requirements, so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as appropriate to make a decision in their 'best interest' as required by the MCA.

When we spoke with staff we found they understood the importance of gaining consent from people before providing any care. Throughout the inspection, we found staff spoke clearly and gently and waited for responses.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there were any restrictions to their freedom and liberty these had been authorised by the local authority as being required to protect the person from harm. We found that the registered manager understood when an application should be made to the relevant authority and how to submit one and were aware of a recent supreme court judgement which widened and clarified the definition of a deprivation of liberty. Care records included appropriate records to support this process.

People described the food as "marvellous". One person said "the meals are lovely", another told us in response to our questionnaire; "I really enjoy the food, everyone is very kind. Everyone is pretty good at what they do, I have no complaints". We saw people had access to a regular supply of fluids. This was supported by management monitoring all food and fluid intake for everyone in the home. Where



## Is the service effective?

there were issues arising from monitoring, appropriate action was taken. For example, staff were advised of the need for enhanced monitoring at staff handover meetings between shifts.

People told us that one of the best things about the service was the homely feel and lack of any kind of institutional

environment. We noted a number of the bathing and toilet areas appeared tired and needed refurbishment. The provider told us this had already been identified and that quotations had been obtained ahead of the necessary work being carried out.

# Is the service caring?

## Our findings

People felt the staff were caring. They told us they found the service and staff; "Very homely, caring place", "welcoming, the most caring of carers and management you could possibly ask for", "very caring staff".

Relatives had very positive views of the service and staff; "The staff are so kind", "they care, nothing is too much trouble" and "It truly is a care home, people feel loved". One relative told us that they had viewed a number of homes prior to their relative being admitted to Oxford House, "I chose this place due to the staff... they really care".

We observed caring and compassionate support by staff, who understood people and knew their personal preferences. People appeared very relaxed in the company of staff, laughing and joking with them. We observed interactions between residents which demonstrated a community spirit and appropriate familiarity, people told us they knew other people living in the home; "really well".

Relationships with staff, relatives and fellow residents was well established, one person who had recently been admitted to the home advised that they had spent time with staff and the cook, discussing likes and dislikes.

Where people needed to be supported with complex manual handling, this was conducted in a way which promoted people's dignity, staff spoke with people throughout the whole process. When people expressed discomfort and asked either for a change of cushion or a blanket this was responded to very quickly and with as much involvement as possible with the person concerned.

The service had dignity champions and their names were visibly displayed, the activities co-ordinators had supported people to make a dignity tree, which identified

what dignity meant for them. People we spoke with felt their dignity and privacy was maintained. This was also supported by what relatives told us. The provider told us they actively promoted dignity and respect and held a "Dignity Week". This emphasised the key role of respect for people's dignity whilst care was provided.

People were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People were able to make choices about their day to day lives for example if they wanted to spend time with others in one of the lounges, or if they preferred to spend time alone in their rooms.

People were also involved in the running of the home. Resident and relatives meetings were held on a regular basis. These provided people with the forum to discuss any concerns, queries or make any suggestions. Minutes showed people spoke about, for example, activities, food options and staffing. Where people made suggestions, the provider and registered manager acted upon these wherever possible to do so.

We received a positive assessment of the service from an advocate who was familiar with Oxford House. They told us "I can honestly say there is a very friendly and welcoming atmosphere." They also gave examples as to how their role as advocate was supported and facilitated by care staff in a very positive way.

Some of the responses to our pre-inspection questionnaires were; "I am always happy to go there as a health professional because I know that staff will listen and take on board what I say" another health professional reported; "Very caring staff, one of the best care homes in the area. Staff always listen to my recommendations".

# Is the service responsive?

## Our findings

The service was responsive to people's needs. One person who had recently been admitted to the home, was able to communicate their likes and dislikes, in consultation with the staff a care plan was devised to suit her needs. A change in food was provided and there was evidence that staff had gathered further information to provide person centred care to them.

One relative informed us that they have always found the service to be responsive, they gave as an example of this that the service had purchased an extra-long telephone cable so the person could accept telephone calls from their relative. Another relative gave an example of how their relative's room had been reorganised to make communication with the resident easier as they, had few verbal communication skills. Another relative told us "they are so responsive and so accommodating" another "they are so attentive and follow up on everything" "I know the staff and they know X."

We looked at the arrangements in place to ensure that people received care that had been appropriately assessed, planned and reviewed. Each person had an individual care plan. A care plan is something that describes in an accessible way the care and support being provided to an individual. Each section of the plan covered a different aspect of the person's life, for example personal care, mobility, mental health, continence, communication and emotional support. Care plans were personalised to the individual and included how the individual preferred to be supported. Where it had been possible to obtain it from the person concerned or those close to them, information was available on the person's past, such as family members, their employment history and what was important to them.

Monthly reviews took place, assessing the effectiveness of the care plans and whether any changes to the person's needs had taken place.

We observed activities being undertaken, staff actively involved people in decision making about what was happening, and offered choice. One person told us "we get involved in what goes on." Where people displayed distress or pain this was responded to quickly and escalated to the qualified staff promptly. We observed one person expressing pain and soon after saw they were offered pain relief.

One health professional told us in response to our questionnaire; "I find this a very competent and friendly nursing home. Activities often happening when I visit and residents seem very comfortable and happy". Another reported; "Always a help in caring for patients to us GPs, very competent staff." Two health professionals rated Oxford House as; "Best nursing home in Slough in my opinion" and "I think this is the best nursing home in the area." A comment by one GP was; "As a GP, it would be helpful for all staff to be fully aware of Sip feed guidelines before requesting these items, thanks. Overall care excellent!"

One person who lived at Oxford House was unable to attend the religious service in the communal area, but had arrangements in place to practise their religious beliefs in their own room. People who attended the religious service in the communal areas, spoke very highly of it and looked forward to the event.

People and relatives we spoke with were aware how to make a complaint and all felt they would have no problem raising any issues. People we spoke with told us they had not needed to complain and that any minor issues were dealt with informally and with a good response. One person told us "I will speak with the manager and they will sort things for me if needed".

The complaints procedure and policy were accessible for people on display boards in the home and complaints made were recorded and addressed in line with the policy. In the PIR, the provider confirmed that in the previous 12 months they had received 46 compliments and 3 complaints.

# Is the service well-led?

## Our findings

People commented very positively on the leadership and management of the home. Relatives we spoke with told us that they felt the registered manager was very approachable. We observed good interaction between staff members; teamwork was evident throughout the day of inspection.

We observed that the provider and the management team were very familiar with the needs of people living at the home. Residents spoke very highly of the provider. A relative described Oxford House as "having an open culture, the management are always around", "there is a consistent staff team."

The home had a very relaxed atmosphere, we observed a number of family members who visited, and all felt able to approach the management team.

People told us the manager was available to discuss any concerns that they may have about the care they received. The registered manager told us they had an 'open door' policy for people, their relatives and staff.

There was a clear management structure and staff knew who to contact in the event of any emergency or concerns. Staff felt able to raise concerns and they were confident concerns would be acted on. One told us "The manager is very approachable and takes the time to listen if I have any issues".

Staff gave positive comments when asked if they felt supported. One staff member told us they were able to speak up and voice their views and raise any concerns. Another told us "We have regular staff meetings and daily handovers of care."

Staff commented on how well they worked together as a team. We found staff interacted with the registered manager and each other to support with everyday tasks to ensure people were cared for in a timely manner.

People were supported to be involved in the running of the home through meetings. The minutes of recent meetings showed a range of issues had been discussed, such as activities and food.

Staff meetings were held regularly, this gave an opportunity for staff to raise any concerns and share ideas as a team. Recent minutes of staff meetings demonstrated that staff were involved with discussing the new care standards and key working with people.

Regular audits of the quality and safety of the home were carried out by the registered manager and the provider. Action plans were developed where needed and followed up to address any issues identified during the audits.

The registered manager told us how staff worked closely with health care professionals such as GP's and nurses to ensure people received the correct care. The registered manager told us "We work closely with external teams like the quality in care teams for support and guidance."

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. The provider was aware of the new requirements following the implementation of the Care Act 2014, including the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

One social care professional told us in a questionnaire response; "Oxford House provides excellent support for the service users which I have placed there. The management is always working along with me to ensure all is working well for the benefit of the service users. Keep up the excellent work and thank you."