

Oxendon House Care Home Limited

# Oxendon House Care Home

## Inspection report

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Great Oxendon  
Market Harborough  
Leicestershire  
LE16 8NE

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Website: [www.oxendonhouse.co.uk](http://www.oxendonhouse.co.uk)

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Oxendon house care home is a residential care home providing personal care to 35 people aged 65 and over at the time of the inspection. The service can support up to 45 people.

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

We identified that notifiable incidents had not always been reported to CQC, the incidents had been investigated and reported to the local authority.

We found fire doors to be propped open as the releases on the fire doors did not work. We also found that some fire doors did not fully seal when closed.

We found a prescribed medication had not been stored correctly, there was a risk people using the service could access this.

We gathered feedback from the relatives of people using the service, most of the people we spoke to told us they had experienced problems with the front door and telephone not being answered when they visit or call.

People also told us the staff knew their relatives well, one person told us "They know [person] well, especially [person] they have a great relationship" One person using the service told us "I love my room, I am happy here"

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 24 May 2018)

### Why we inspected

We received concerns in relation to the safety and wellbeing of people using the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

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.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service

We have identified breaches in relation to fire safety and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

This service was not Safe

See our detailed findings below

**Requires Improvement** ●

### **Is the service well-led?**

This service was not Well-Led

See our detailed findings below

**Requires Improvement** ●

# 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 Care Act 2014.

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

The inspection was carried out by two inspectors.

#### Service and service type

Oxendon House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 registered with the Care Quality Commission. This means that they 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.

#### What we did before the inspection

The provider was not asked to complete a provider information return 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.

#### During the inspection

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, a senior care worker, care workers, a kitchen assistant and a housekeeper. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and action plan the manager had put in place.

# 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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- During the inspection we found fire doors to be propped open as the releases on the fire doors did not work. We also found that some fire doors did not fully seal when closed. This meant that in the event of a fire people were at risk. We raised this immediately with the manager who arranged for corrective works to be completed.
- Staff told us the home was regularly cleaned, but this had not always been recorded. We found gaps in the home's cleaning schedules. The provider told us they are making changes to their audit paperwork and are recruiting additional housekeepers.
- Individual risks to people were regularly assessed and reviewed, measures were taken to mitigate the risks identified. This ensured people received care and support in a consistent and safe way.

### Using medicines safely

- During the inspection, we found a prescribed medication not stored correctly, we informed the manager of this as there was a risk people using the service could access this.
- The provider had systems in place to ensure people received their medication safely and as prescribed, however these had not identified that the required pharmacy advice for medication which had been authorised by a GP to be crushed and given covertly was not in place. We raised this with the manager who then sought this advice.
- People received their prescribed medication by trained and competency checked staff.
- We found medication had been administered correctly, where people were prescribed 'when required' medication there was information available to staff on how and when these should be administered.

### Systems and processes to safeguard people from the risk of abuse

- Staff received training in how to safeguard people from abuse, staff understood how to report their concerns and worked in line with the local authority's safeguarding policy and procedures.
- Staff understood the provider's whistleblowing procedures, Whistleblowing is when a worker reports suspected wrongdoing at work. A worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if anyone's health and safety is in danger.

### Staffing and recruitment

- Staff were recruited safely. The service followed safer recruitment processes to ensure people were

suitable for their roles. This included undertaking appropriate checks with Disclosure and Barring Service (DBS) and they had obtained suitable references.

- There were enough staff to meet the needs of the people using the service, we observed staff supporting people positively and in a timely manner.

Learning lessons when things go wrong

- Accidents and incidents were reported correctly by staff to a senior staff member, these were reviewed, and actions were taken to reduce any further risks.

Preventing and controlling infection

- 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 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.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The provider did not have a record in place to evidence that touch points were regularly cleaned.

We have also signposted the provider to resources to develop their approach.



# 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 good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes to alert the management team about environmental and medication issues needed strengthening. Staff had not alerted the manager that fire doors were propped open or that a prescribed medication incorrectly stored.
- Effective auditing systems were not in place to identify areas of risk. The provider had failed to identify risks around the fire safety and medication.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection. They confirmed all the actions identified in relation to fire safety were now completed and suitable checks of the environment and equipment were in place.

- The registered manager and provider had failed to notify the commission of 4 notifiable safeguarding incidents; however, the incidents had been reported to the local authority.

This placed people at risk of harm. This was a breach of regulation 18 (Notification of other incidents) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- The majority of the relatives we spoke to said they had encountered issues with the time it takes staff to answer the front door or the telephone when they call. The relatives told us they had raised this with the provider. We asked the registered manager about this who informed us they were putting measures in place to rectify this.
- People using the service had regular opportunities to suggest improvements to the service.
- The registered manager had created an action plan which identified areas for improvement.

#### Working in partnership with others

- The service worked in partnership with other professionals such as district nurses and GP's to support people to access healthcare. The relatives we spoke with told us they were kept updated with their relatives changing needs.
- Staff attended regular team meetings, where updates and relevant information was shared to ensure staff were kept informed of any changes.
- The provider and registered manager ensured systems were in place to audit the quality and performance of the service.

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

- There was a positive, person centred approach to the planning and review of people's care this was demonstrated by the staff knowledge and understanding of the people they were supporting.
- People also told us the staff knew their relatives well, one person told us "They know [person] well, especially [person] they have a great relationship" One person using the service told us "I love my room, I am happy here"
- People spoke positively about the registered manager. One relative told us "We have regular contact with the manager, he always keeps up to date with how [person] is getting on" A staff member told us "It's a good place to work, it's really well run, everyone is friendly and helpful"

#### 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 was open and transparent about the improvements that were required and promptly sent an action plan on how these would be addressed.
- The registered manager had regular meetings with the provider and felt supported within their role.

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

- The provider gathered the feedback of the people using the service and their relatives, staff and stakeholders through meetings and questionnaires. The provider analysed the responses and improvement actions were taken as a result.
- The registered manager had a supervision schedule in place to ensure staff had a regular one to one meeting. The provider put systems in place to ensure staff felt engaged and were kept updated with any changes.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  We identified that notifiable incidents had not always been reported to CQC
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to ensure systems and processes were either in place or robust enough to ensure the safety and quality of the service.