Barchester Healthcare Homes Limited

Oxford Beaumont

Inspection report

Bayworth Lane
Bayworth Corner, Boars Hill
Oxford
Oxfordshire
OX1 5DE

Tel: 01865730990
Website: www.barchester.com

Date of inspection visit:
14 December 2017

Date of publication:
16 January 2018

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

We undertook an unannounced inspection of the Oxford Beaumont on 14 December 2017.

The Oxford Beaumont provides nursing and personal care for up to 49 people. The service also has two 'Memory lane' units that accommodated people living with dementia. On the day of our inspection 41 people were living at the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good overall.

Why the service is rated Good:

People remained safe living in the home. There were sufficient staff to meet people's needs and staff had time to spend with people. Risk assessments were carried out and promoted positive risk taking which enable people to live their lives as they chose. People received their medicines safely.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

The service continued to provide support in a caring way. Staff supported people with kindness and compassion. Staff respected people as individuals and treated them with dignity. People were involved in decisions about their care needs and the support they required to meet those needs.

People had access to information about their care and staff supported people in their preferred method of communication. Staff also provided people with emotional support.

People's nutritional needs were met and told us they enjoyed the food. Where people had specific dietary needs, these needs were met.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People had access to a variety of activities that met their individual needs.

The service was led by a registered manager who promoted a service that put people at the forefront of all the service did. There was a positive culture that valued people, relatives and staff and promoted a caring ethos.

The registered manager monitored the quality of the service and looked for continuous improvement. There was a clear vision to deliver high-quality care and support and promote a positive culture that was person-centred, open, inclusive and empowering which achieved good outcomes for people. The registered manager was supported by the clinical development nurse, the area manager and provider.

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 remains Good

Is the service effective?

Good

The service remains Good

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service remains Good

Is the service well-led?

Good

The service has improved to Good

The registered manager led by example and empowered and motivated their staff. Staff's actions and attitudes mirrored this example.

The service had systems in place to monitor and improve the quality of service. Records were accurate and up to date.

The service shared learning and looked for continuous improvement.

People and their relatives were involved in the running of the home.

Oxford Beaumont

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 14 December 2017 and was unannounced. The inspection was carried out by one inspector and an 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.

Before the inspection, we asked the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR, previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about.

We spoke with 15 people, eight relatives, five care staff, an administrator, the receptionist, the chef, the registered manager and the area manager.
During the inspection we looked at five people's care plans, five staff files, medicine records and other records relating to the management of the service. We observed care practice throughout the inspection. We also 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.

Good

Is the service safe?

Our findings

People continued to feel safe. People's comments included; "I definitely feel safe" and "I like it that the staff are regularly walking down the corridor and checking in each room". A relative said, "Most definitely safe, yes".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "I would go to the manager or higher and I can call the local authorities or the police". There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

There were sufficient staff on duty to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. One staff member told us, "We have enough staff and agency staff use is down". During our inspection we saw people's requests for support were responded to promptly. Records confirmed the service had robust recruitment procedures in place.

Risks to people were identified in their care plans. People were able to move freely about the home and there were systems in place to manage risks relating to people's individual needs. For example, where people were at risk of falls staff were provided with guidance to keep people safe. This included the use of hoisting equipment and mobility aids. Throughout the inspection we saw staff following guidance and supporting people to mobilise safely.

People were protected from the risk of infection. Infection control policies and procedures were in place and we observed care staff and dedicated housekeeping staff following safe practice. Colour coded equipment was used along with personal protective equipment (PPE). The home was clean and free from malodours. Staff told us they were supported with infection control measures and practices. One staff member said, "There is no shortage of PPE (personal protective equipment). This is a good home for cleanliness".

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Medicines were stored safely. Nurses responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely.

We observed a medicine round. The nurse identified the person and explained what they were doing. They sought the person's consent before administering the medicine. When they were satisfied the person had taken their medicine they signed the medicine administration record (MAR).

The service learnt from events and errors. Records confirmed that following a medicine error the nurse responsible had their competency to administer medicine reassessed. The registered manager also put further medicine error prevention measures in place.

Accidents and incidents were recorded and investigated. They were also analysed to see if people's care needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. One person said, "We are well looked after". A relative said, "I have been impressed by the staff and they know how to look after my husband. The staff training appears to be excellent".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training and understood how to support people in line with the principles of the Act. One staff member said, "I use the act to support people to express themselves and make decisions. I always assume my residents have capacity". We saw staff routinely sought people's consent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS. At the time of our inspection no one at the service was subject to a DoLS authorisation.

People's needs were assessed prior to their admission to ensure their care needs could be met in line with current guidance and best practice. This included people's preferences relating to their care and needs. For example, one person wanted bedrails so they felt safe in bed. The risks of bedrails was assessed and explained to the person who had then provided written consent to their use. Another person required assistance with cleaning their glasses. Staff were aware of people's support needs and preferences.

Staff told us and records confirmed that staff received support through regular one to one meetings with their line manager and training. Staff training records were maintained and we saw planned training was up to date. Where training was required we saw training events had been booked. Staff also had further training and development opportunities. One staff member spoke with us about support. They said, "I am supported, they have supported me personally. Especially [registered manager]".

People were positive about the food and received support to maintain their nutrition. One person said, "We get plenty of choice, all nicely served". A relative said, "[Person] has never complained and as he is such a fussy eater that's a miracle so the food must be good".

Where people had specific dietary requirements these were met. Where people were at risk of weight loss their weight was monitored and people were supported to maintain their weight. We spoke with the chef who told us, "I am updated immediately regarding any diets or resident needs. I can and do prepare any meal a resident wants and I regularly meet with them to discuss menus".

People were supported to maintain good health. Various health professionals were involved in assessing,

planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans.

People's rooms were furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms. Corridors displayed period pictures and paintings and textured tapestries which stimulated and engaged people living with dementia.

Good

Is the service caring?

Our findings

The home continued to provide a caring service to people who benefitted from caring relationships with the staff. People's comments included; "They're (staff) very nice people. They are very helpful" and "(Staff are) helpful and kind". A relative commented, "[Person] is treated as if he is a relative of the staff, they understand him so well".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "I like working here, it's about all the positive changes we make to help our residents", "I love my work, helping people" and "It is so good here, a bit like an extended family".

People were involved in planning their care and the day to day support they received. People's independence was also promoted. Records showed people were involved in reviews of their care and staff told us they involved people in their support. A relative said, "I believe I am fully involved in my husband's care". One staff member said, "I use the care plans and explain things to residents. I encourage them to do what they can". This practice promoted people's independence.

People were treated with dignity and respect. When staff spoke about people with us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. People were addressed by their preferred names and staff knocked on people's doors before entering. Throughout the inspection we observed staff treating people with dignity, respect and compassion.

People received emotional support. Throughout our inspection we observed staff providing people with emotional support where they became confused or anxious. One person's care plan noted '[Person] is new to the home and can be anxious and tearful at times'. Staff were guided to watch for signs of this behaviour and to 'support and reassure' the person. We saw staff checking on this person's emotional wellbeing.

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely.

Good

Is the service responsive?

Our findings

The service continued to be responsive. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Staff were aware of, and respected people's preferences.

People's diverse needs were respected. Discussion with the registered manager showed that they respected people's different sexual orientation so that gay and bisexual people could feel accepted and welcomed in the service. The provider's equality and diversity policy supported this culture. We asked staff about diversity. Their comments included; "We provide person centred care here. I like to get to know the person and get to know who they are. I would use terms like partner, not husband or wife until I know them" and "One of my residents is from India and I found out I have visited his home town. Since I told him this we have a strong, special bond and something in common to chat about. We also get him the special meals he likes". One relative said, "They are pretty good. [Person] is treated as an individual".

People had access to information. People were able to read their care plans and other documents. Where people had difficulty, we observed and were told staff sat with people and explained documents to ensure people understood. Where appropriate, staff also explained documents to relatives and legal representatives. We spoke with one staff member who was busy making cards for a person. They said, "[Person] is a foreign national who speaks a fair bit of English but as their condition progresses they are not speaking so much. I am making 'flash cards' to help them communicate". The cards were in picture form with an English heading along with a heading in the person's native language. This would enable the person to communicate easily with staff and evidenced the service responded to people's changing needs.

People were offered a range of activities they could engage in. These included; puzzles, games, music, arts and crafts and regular trips out of the home. For example, trips to garden centres and places of interest. Special events, such as Halloween and Christmas were celebrated as were people's birthdays. During our inspection we observed people engaged in activities with staff. For example, some people were playing a word game and others completing a jigsaw puzzle. These events promoted communal interaction.

The service had systems in place to record, investigate and resolve complaints. There had been 15 complaints recorded for 2017, all had been dealt with compassionately, in line with the policy. The complaints policy was displayed in the reception area. One relative commented on complaints. They said, "I know how to complain and I am confident the manager would deal with any concerns".

People's advanced wishes were recorded. Care plans recorded people's end of life wishes. For example, where they wished to die and funeral arrangements. Staff told us people's wishes were always respected.

Good

Is the service well-led?

Our findings

The service was well led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in December 2015 we found some records were not always accurate and some audits were not always effective. At this inspection we found improvements had been made and the service had improved to Good.

The registered manager monitored the quality of service. For example, audits were conducted and action plans arising from audits were used to improve the service. Action plans were aligned with the Care Quality Commissions (CQC) domains of Safe, Effective, Caring, Responsive and Well Led. For example, one action identified some training was required for nurses who administered medicine. Records confirmed training by the pharmacist was scheduled. Another action identified that not all staff were wearing protective tabards when serving people their meals. Action had been taken and we observed staff in both the dining room and in people's rooms wearing tabards. This helped to prevent the risk of cross contamination and infection. Both the clinical development nurse and the area manager regularly visited the home to monitor action plan progress and support the registered manager. All the records we saw were accurate and up to date.

People knew the registered manager who was present throughout the inspection and interacted with people in a friendly and familiar way. It was clear positive relationships had been formed between people and the registered manager. We asked people about the registered manager. Their comments included; "The new manager is approachable, it's a two way conversation now" and "The manager, oh I see her all the time". One relative commented, "She (registered manager) is just fine, open and honest. This is a well-run business".

The registered manager led by example which empowered and motivated their staff. Staff's actions and attitudes mirrored this example. Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "It is well run here. I have worked here as an agency staff member for some years but now there is a new manager I am applying to work here permanently", "She (registered manager) is really good. I find her supportive and approachable" and "[Registered manager] is nice and friendly".

The service had a positive culture that was open and honest. Staff were valued and people treated as individuals. Throughout our visit the registered manager and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The registered manager spoke openly and honestly about the service and the challenges they faced.

We spoke with the registered manager about their vision for the service. They said, "I want this home to be the best in Oxford and our residents to feel safe and well cared for. I want us to be part of the community".

The registered manager looked for ways to continuously improve the service by seeking feedback from people. Surveys, 'resident meetings' and staff meetings were used to improve the service. For example, one survey identified people had requested free access to the internet to stay in touch with family and friends. We saw that a free Wi-Fi service had been installed in the home for people to use.

People and their relatives were involved in running the home. For example, people and their relatives were involved in the recruitment of new staff and were able to meet and interview them before they started work at the home. People could nominate and vote for staff to be awarded 'employee of the month'. This was a staff recognition and reward scheme and we saw last month's recipient's photo displayed in the corridor. The registered manager also told us, "They (people and their relatives) are involved with care reviews and we take their feedback seriously. Chef also meets with residents and their suggestions relating to menus are taken on board". One relative said, "I have a pretty good say in what goes on here so I believe I am involved".

Staff told us learning was shared at staff meetings, briefings and handovers. One staff member said, "There is good communications here. We have handovers and meetings so knowledge and information is shared". Another staff member said, "I am kept informed and up to date".

The service worked in partnership with the National Activity Provider's Association (NAPA), local authorities, healthcare professionals, GPs and social services. The registered manager also attended external meetings. For example, we saw the registered manager attended meetings held by Oxfordshire Care Home Provider's and also liaised with NHS Trusts, GPs and the Tissue Viability Nurses team. The registered manager explained the benefits of partnership working. They said, "It helps to network and share best practice and experiences we can learn from. It is also reassuring to know we all face the same challenges".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.