

Barchester Healthcare Homes Limited

Chacombe Park

Inspection report

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Date of inspection visit:
13 December 2021
18 January 2022

Date of publication:
14 June 2022

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

Chacombe Park is a care home. They are registered to provide accommodation, nursing and personal care for up to 77 people. At the time of the inspection there were 77 people living there.

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

The provider's policy for visiting arrangements in the home was not always in line with government guidance. However, the registered manager had used innovative ways to ensure regular meaningful visits still happened during the pandemic. After our inspection, the provider changed their policy to ensure it was in line with government guidance.

People were supported by staff who understood what actions to take to keep people safe. Staff had received training around safeguarding and understood how to recognise and escalate safeguarding concerns. Staff were safely recruited and systems had been developed to determine safe staffing levels.

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 supported by staff who had the right skills and knowledge to meet their needs. Staff were responsive to changes in people's needs and liaised with healthcare professionals to support people's health and well-being.

People were supported to receive meals of their choosing and to access the healthcare they needed.

People were supported with care that was kind and caring. Staff knew the people living at the home and what was important to them. People were treated with dignity and respect and were encouraged to retain their independence.

People received care that was responsive to their needs. People had access to activities based on their interests and felt an integrated part of their local community. There were systems in place that enabled concerns or complaints to be raised and responded to.

People received a service that was well-led. There were a number of effective monitoring systems in place that measured the quality and safety of the service.

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

Rating at last inspection

The last rating for this service was good (published 12 January 2018).

Why we inspected

The inspection was prompted in part due to concerns received about visiting arrangements and whistleblowing concerns in relation to the management of the service. A decision was made for us to inspect and examine those risks.

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.

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?

The service was not always safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Chacombe Park

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 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.

Service and service type

Chacombe Park 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection

We spoke with twelve people who use the service, fourteen of their relatives and fifteen staff including the registered manager, deputy manager, administrative staff, quality assurance manager and care staff. 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 six people's care records, four staff recruitment files, staff training records, multiple medicine records and other documents related to the running of the home.

After the inspection

We continued to speak with the registered manager about visiting arrangements for the home and discuss a complaint investigation.

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 good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

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 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.

The provider was facilitating visiting for people who lived at the service. However, the provider's policy was not always in line with government guidance and this was a concern for some relatives. On the second day of the inspection, a relative complained about the visiting arrangements, however, it was the wording of the visiting guidance for the service which had caused confusion. Once this was explained the relative was satisfied and made future arrangements. In response to this, the registered manager immediately sent correspondence to all relatives to confirm the reduced number of visitors applied to bedroom visits only, not the visitor's pod.

Staffing and recruitment

- Staff were safely recruited. The registered manager ensured pre-employment checks such as criminal records checks and references from previous employers were reviewed. However, we found some key identification documents had become out of date and this had not been identified. We discussed our concerns with the registered manager, and this had been rectified by the end of the day.
- There were enough staff on duty to keep people safe and meet their needs in a timely manner. Observations on the day of the inspection showed staff responding to people's needs and staff took time out to interact with people. We observed enough staff to support people with their planned activities.
- We received varied feedback about whether staff responded quickly when people required support. Some people told us they did, however, some people told us that staff initially responded quickly, but they were still required to wait for care and support. One person told us, "They come quickly to check you are safe, but then I might have to wait a while." People told us this was 'frustrating' however, they still felt their care needs were met.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from the risk of abuse. There was a safeguarding policy and staff completed training in safeguarding which included local procedures for reporting concerns of abuse.
- People told us they felt protected from the risk of abuse. Staff told us they felt confident they could recognise signs of abuse and would feel confident raising these with the registered manager, deputy manager or local safeguarding professionals.

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm.
- People told us they felt safe. One person said, "I feel safe and looked after here." All relatives told us they felt their relatives were safe. One relative said, "[Name] is very safe here, I know I don't need to worry."
- Risks to people's safety were assessed and reviewed regularly. Staff knew people well and understood how to keep people safe.

Using medicines safely

- People received their medicines safely.
- The provider had a system for recording all medicines that were received, administered and disposed of.
- When people received their medicines covertly, there were protocols and guidance in place to support this and we saw this was reviewed regularly.

Learning lessons when things go wrong

- There was a culture of learning and implementing improvements if things had gone wrong.
- The registered manager instilled a culture of openness and learning throughout the home. Where people had accidents there was an investigation to ensure the same thing did not happen again. Any risks to people's safety were always reviewed.
- The registered manager had implemented a new system called an enhanced assessment. This was completed when any person showed signs of illness and was in place to prevent any delays in receiving medical attention.

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

- People's needs and choices were assessed, and staff knew people well including how they chose to be supported.
- Assessments were carried out before people moved into the service to ensure they could meet people's needs and preferences. People's care plans included detailed information about how people preferred to be supported. For example, one person's room was very cool in temperature. However, they told us this was their preference and they preferred the room at the cooler temperature.
- Relatives told us the staff took time to get to know people and by doing this they always ensured they cared for people in the safest and most effective way. One relative said, "[Person] loves it here, I get a call nearly every day to tell me how wonderful it is."

Staff support: induction, training, skills and experience

- Staff received training and support that enabled them to carry out their role effectively. Staff told us they had opportunities to undertake professional qualifications. Nursing staff told us they received clinical supervision and were supported with revalidation as and when needed.
- The training staff received was in line with the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- New staff completed an induction and their competency was assessed before they worked independently.

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

- People had choice over their food and drinks. There was a varied menu and people told us they could choose one of the main meals on offer or choose an alternative if they did not like what was on the menu.
- People had access to food and drink throughout the day and night. People chose where in the home they preferred to have their meals. For example, one person told us they preferred to eat their meals in their bedroom.
- The chef was knowledgeable about who had specialist dietary requirements so they could prepare their food safely.

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

- Staff worked collaboratively across services to share information where required and ensured people had

access to the relevant professional support. People had care plans in place around their healthcare needs. We saw that oral healthcare had been considered within these care plans. This enabled people to receive consistent support with their care.

- There was a close working relationship with external professionals and health care professionals who regularly visited people in the home.
- People were supported and encouraged to live healthier lives. For example, one person who was staying at Chacombe Park for a short period of time told us about the support and guidance they received from the occupational therapist. This included healthier meal choices and some physical exercise.

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

- People chose how their bedrooms were decorated and what furniture they preferred. People's bedrooms were all different and each catered to people's individual needs and preferences.
- There was a selection of different communal areas. People told us they liked having the choice of where to spend their time. One person said, "I like it in this lounge, I love the views of the countryside."

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People's ability to make decisions was assessed and their legal and human rights were upheld.
- Staff understood what decisions people could make and what decisions they needed to make for people in their best interest. Where people lacked capacity to make some decisions, people's relatives and/or professional representatives were always involved in reaching best interest decisions.
- The service had made DoLS applications appropriately and had monitoring systems in place to enable them to keep track of when approved DoLS were due to be renewed.

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. The rating for this key question has remained 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

- Staff told us they had the time and guidance needed to support people in a compassionate and person-centred way.
- People told us they were always supported by staff who were kind and caring. One person said, "I have the same staff on a regular basis, so they know me well, I don't have to keep telling them how I like things." A relative said, "They [Staff] are always helpful and kind, not just to [relative]but I see them being kind and stopping and chatting to everyone." Some people told us they would like to spend more time with staff, and we fed this back to the registered manager.
- Relatives gave consistently positive feedback about the kind and caring way staff supported people. One relative said of the staff, "I always find the staff helpful, if they don't know something they go and find out for me. It never seems too much trouble."
- People's individual needs and preferences were known, respected and promoted. Staff knew people's religious and cultural beliefs and how to ensure these were always prioritised. The local church was an integral part of the home which people told us was important to them and enhanced their well-being.

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

- People and relatives were consulted and involved in care planning, delivery and all other aspects in the running of the home.
- The service had thought of alternative ways to keep relatives involved in people's care due to visiting restrictions in place due to Covid-19. Relatives we spoke with said they were able to call frequently to be kept up to date about their loved one's care and felt involved.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff had time to form close and trusted relationships with people and their relatives.
- People were encouraged to maintain their independence. We saw staff encouraging people to mobilise. Staff told us they encouraged independence by offering choices to people around food, drinks and clothes for the day. Another staff member told us they encouraged people to carry out parts of personal care themselves and told us, "We give them the option to do it themselves."
- People's care plans detailed the importance of ensuring people received support that respected people's privacy and dignity.

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. The rating for this key question has remained 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

- People's needs, and life choices were assessed and reviewed. People, their relatives and/or representatives were involved in all assessments and reviews.
- Staff knew people well and understood how to support them in the best way to ensure they achieved the best possible outcomes from their care.
- People were valued as individuals and supported to express themselves in whichever way made them most comfortable. For example, one person was known to enjoy activities with staff but at times needed gentle support to feel confident to join in. We saw staff offer this gentle reassurance and encouragement many times throughout the activity.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS 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.

- The service was meeting the AIS. Staff communicated with people in a way they understood. Information was provided in a variety of formats that met people's individual communication needs.
- Signs and notices around the home were presented in both written and pictorial format so people with sensory loss or living with dementia were able to understand these.

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 maintained relationships with friends and relatives both inside and outside the home. People told us they had formed close bonds with both the staff and the other people living there. One person said, "I've made lots of friends here, we read the paper together and talk about our lives."
- People were supported to take part in activities that promoted their well-being. One relative said, "There was a firework display and the local community were invited. [Relative] loved seeing the children all excited." There was a range of indoor activities on offer daily. People told us they felt part of the local community because of visits to a farm to pick Blackberries and local pub lunches.
- The registered manager ensured people always spent time with relatives, even during the pandemic. There was a visitor's pod in place and relatives were encouraged to see their loved ones with window visits when it was not possible to have visits inside.

- There was a system for booking indoor visits with people. These were done in an area where people could enjoy private conversations with their visitors.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. Staff and relatives told us they would not hesitate to raise complaints with the registered manager if they felt it necessary.
- One relative told us they had complained, and the situation was put right straight away. However, another relative had complained and was not sure who was dealing with the complaint; we fed this back to the registered manager.

End of life care and support

- People were supported to consider and express any preferences they had for their care at the end of their lives. Staff completed training in how to support people if they were to approach the end of their lives.
- We viewed many compliments the home had received, commenting on the caring and compassionate way staff had supported people at the end of their lives.

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; Continuous learning and improving care

- There were a wide range of tools available that supported monitoring of key aspects of the service. These monitoring systems were scheduled to be completed periodically over the year to maintain oversight of the service.
- There was a structure in place that enabled support to be available for the registered manager including a deputy manager, quality manager and nominated individual.
- Prior to our inspection there had been a period of change within the management of the service. Some of the staff and relatives we spoke with told us there had been a dip in the quality of the service and staff morale, however, this had improved now the registered manager had returned.

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

- People, relatives and staff said the service was well led. The registered manager shaped the culture of the home by demonstrating their own values of compassion, dignity, integrity and honesty.
- People who lived at Chacombe Park achieved good outcomes. One person said, "Moving here was the best thing for me, I was struggling at home and I now I feel like the pressure has been lifted." One relative said, "[Person] looks ten years younger since they have moved in!"
- The service worked with people, relatives and health professionals to ensure the service people received was person centred. People had care records that reflected their individual choices.

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

- The registered manager ensured the duty of candour was met. They were open and honest and informed people, relatives and all external professionals of incidents where necessary.
- The registered manager understood when incidents needed to be reported to CQC which is a legal requirement of registration.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager ensured people, relatives and staff were involved in the running of the home in meaningful ways.
- One relative said, "I have always felt included and involved, I have made suggestions and offered to help,

and this has always been welcomed. Before the pandemic I used to run activities in the home, I know [Staff] have carried these activities on for people."

- Staff told us the registered manager was approachable and always available to listen to any questions or suggestions. One staff member said, "We have regular meetings, I feel listened to and any suggestions are welcomed."
- Health professionals visited the home on a regular basis. One health professional told us, "I never have any concerns when I visit here, and I visit regularly."