

Cavendish Close Limited

The Close Care 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Close Care Home is a care home providing personal and nursing care for up to 90 people with a range of conditions. At the time of our inspection there were 84 people using the service. The accommodation is divided over four units. Two registered managers were jointly responsible for the management of the service. There were extensive, attractive grounds that were easily accessible for people to enjoy. There was a Bistro that formed a central social space which was enjoyed by people and their relatives.

The management team promoted an extremely caring, person-centred culture through their interactions with people, relatives and staff. The management team and staff put people at the centre of everything the service did. The provider was clearly passionate about providing a high quality service. The management team were visible throughout the inspection, talking with people, relatives and staff. It was clear they took time to develop trusting, positive relationships with everyone they spoke with.

Staff supported people in a caring way, showing kindness and compassion at all times. People were treated with dignity and respect and staff understood the importance of promoting people's independence. People were supported to maintain and improve their health and well-being.

The management team ensured people felt cared for. Feedback from people was sought to ensure they were able to influence improvements to the service.

Staff felt valued and supported. Staff were confident to approach any of the management team and were certain they would be listened to and any concerns addressed. There was a positive atmosphere throughout the home that demonstrated the open and transparent culture staff spoke about.

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

Food was appetising and well presented. Where people had specific dietary needs these were met. People were supported to access a range of health professionals when needed.

People felt safe and were supported by staff who understood their responsibilities to identify and report any concerns relating to safeguarding. Risks to people were assessed and there were plans in place to manage the risks.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Outstanding ☆

The service had improved to Outstanding.

Is the service responsive?

Good ●

The service had improved to Good.

Is the service well-led?

Good ●

The service remained Good.

The Close Care 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 8 & 9 March 2017 and was unannounced.

The inspection was carried out by three inspectors, a specialist advisor and two Experts by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we looked at information we held about the service. This included notifications the provider had submitted to CQC. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with 13 people and 14 relatives. We also spoke with the provider, two registered managers, the non clinical manager, physiotherapist, the clinical lead, four nurses, nine care staff, housekeeper, two life skills support workers (LSSW), the chef and the assistant chef.

We observed care practice throughout the inspection and carried out a Short Observational Framework for Inspection (SOFI) over the lunchtime period. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at 13 people's care records, medicine administration records (MAR) and six staff files. We looked at records relating to the maintenance of the service and records relating to the management of the service.

Following the inspection we spoke with two health professionals who have regular contact with the service.

Is the service safe?

Our findings

The service continued to provide safe care to people. People told us they felt safe. One person said, "In this home I feel safe, with the staff and management, the building and my room is safe too". Relatives were confident people were safe. One relative said, "I don't come in every day anymore. I trust them and know he is in safe hands".

Staff had completed training in safeguarding adults and were knowledgeable about their responsibilities to identify and report potential abuse. One member of staff told us, "I'd report to the manager. I could call social services as well". The provider ensured that all safeguarding concerns were reported appropriately to outside agencies. Records showed that all safeguarding concerns were investigated and appropriate action taken to keep people safe.

Medicines were managed safely. Nurses were knowledgeable about the medicines people were prescribed and understood the importance of medicines being administered in line with the prescription. One nurse explained the importance of people receiving medicines for specific conditions on time. The nurse told us, "It's to keep the therapeutic dosage correct so muscles stay relaxed. It helps to keep people independent if their symptoms are managed". Where people were prescribed 'as required' medicines there were protocols in place to guide staff on when the medicine should be administered.

There were sufficient staff to meet people's needs on the day of the inspection. Staff did not appear rushed and people's requests for support were responded to in a timely manner. People told us there were enough staff. However, one person told us, "Call bells are a bit slow". We spoke to one of the registered managers who told us call bell response times were monitored and the information was included in the assessment of required staffing levels. Staff told us they thought there were sufficient staff to meet people's needs. Comments included: "Yes I feel there are enough staff"; "Actually when I came here I was surprised how high the staffing levels were. We do have enough staff" and "As far as I am aware there are enough staff".

Risks were assessed and where people were identified as at risk there were plans in place to manage the risk. For example, one person was at risk of trips and falls. Their condition meant the person could become disoriented and confused. The person used a walking frame to mobilise independently and staff were guided to encourage and ensure the person used their frame. A sensor mat was located next to the person's bed to alert staff when the person got out of bed. We saw the person's bed was set at its lowest level in line with the risk assessment guidance. We saw staff supporting this person who was using their walking frame. Risk assessments included risks associated with: pressure damage, choking, moving and handling, nutrition and anxiety.

All areas of the home were clean and extremely well maintained. We saw staff using appropriate infection control procedures to minimise the risk of cross contamination.

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 a three week induction. This included training sessions and shadowing more experienced staff. One member of staff told us, "I had a good induction and learnt all I needed to know".

Staff were supported through regular supervision and had access to development opportunities. Nurses were supported to keep their clinical skills up to date and had their competency checked to ensure they had the skills to meet people's health needs. Staff told us they were not expected to do anything they were not trained and competent to do.

People were supported in line with the Mental Capacity Act 2005 (MCA). 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). Staff had a clear understanding of their responsibilities and supported people in line with MCA. One member of staff told us, "People can make their own choices. Choices might not be right but if they have capacity they can make those choices. If they don't have capacity decisions need to be made in their best interest".

People were complimentary about the food. One person told us, "Food is very good with varied, good sized portions, nicely cooked and well presented". People were supported to eat and drink to ensure their nutritional needs were met. Where people had specific dietary requirements these were met. For example, one person's care plan identified they required a pureed diet. We saw the person received food of this consistency. Where people were identified as at risk of weight loss this was identified, monitored and appropriate support from health professionals was sought.

People had access to a range of health professionals. People's care records showed health professionals involved in people's care included: G.P's, chiropodists, tissue viability, speech and language therapy, occupational therapists and physiotherapist.

Is the service caring?

Our findings

People were supported by an exceptionally caring service. People were extremely complimentary about the management team and the staff who provided support. Comments included; "[Provider] always comes in to say goodnight before he goes home"; "Nurses are not just nurses to me they're my friends, staff are my friends. It's just a lovely caring place to live" and "They do provide good care to me".

There was a caring culture that was promoted by the management team. Throughout the inspection we saw the managers took opportunities to spend time with people in a social environment. We saw one of the registered managers sitting with people and enjoying lunch together in the Bistro. People were clearly enjoying the interaction and there was friendly banter and laughter. It was clear the registered manager valued people and created trusting, caring relationships with them.

Relatives were positive about the care and support people received. Comments included: "I think [person] is being looked after very well and I thank all the staff"; "Staff are very efficient, compassionate and dedicated to their job. Nothing is too difficult or hard for them to do" and "The staff are wonderful. They never walk past without speaking to [person], they always stop and speak".

Staff spoke with kindness and affection when speaking with and about people. Staff comment's included; "I care from the heart. Caring comes from the heart" and "We genuinely do care about people here. You have to care to do this work".

Throughout the inspection we saw many kind and compassionate interactions. It was clear people had developed positive relationships with staff. For example, one person was stood in the dining room. As a nurse approached the person smiled and started to dance. The nurse joined in and the person laughed, clearly enjoying the experience. One person showed us a necklace they were wearing; they told us that a member of staff had given it to them. The person was clearly delighted as it featured their favourite animal.

People had positive social interactions with many staff, regardless of their roles. For example, we saw a member of the auxiliary staff team visit a person in their room to repair a light fitting. The member of staff chatted with the person and asked if they were going to the activity. The person was initially reluctant but as the member of staff chatted about the activity and how enjoyable it would be the person said they would like to attend. The member of staff immediately approached a member of the care staff team and asked them to support the person to attend. We saw the person enjoying the activity and the social interaction.

There were many examples of staff and management going to exceptional lengths for people. One person had moved to the home from another area of the country. It had been a difficult decision to move and the person and their family had been anxious about the impact the move may have on the person. The person and their relatives told us they were reassured by one of the registered managers who had arranged to go and collect the person from their previous location. The registered manager had described the person as "coming home" and that it was important the person travelled with someone from their new home. It was clear from the conversation that the compassion and understanding shown had a significant impact on the

person and their family. The person was extremely happy with the care they received and the relatives enjoyed coming to visit, seeing the person so settled and well supported.

Staff and management at the service had provided compassionate support to a person who had suffered bereavement. The deceased person had also lived at the home. As there were no other relatives to support the person with the funeral arrangements, the home liaised with the funeral directors and the person's solicitor to make all the arrangements. Staff supported the person to choose flowers for the funeral and to visit the person at the funeral home. On the day of the funeral the staff arranged for the person to speak with a relative who lived abroad via an internet video link, to provide some emotional support. The management team arranged for the funeral cortege to leave from the Close Care Home and for refreshments to be provided in a private area of the home after the funeral. One professional involved in the arrangements said the staff team had provided a service "Beyond the normal expectations".

One relative told us of the support they had received from the management and staff to ensure they were able to visit every day. The relative told us the local bus service had been stopped and they were no longer able to get to the home by public transport. The management team had arranged to collect the relative from a main bus route every day and when they were ready to leave a member of staff from the home took them back to the bus stop. This clearly had a significant impact on the person and their relative in enabling them to maintain their relationship and for the relative to feel confident in the care the person was receiving.

At Christmas the provider had arranged for people who had no family to receive Christmas cards from children at a nearby school. The provider had also filled Christmas stockings for each person. It was clear from the comment's we received that the gifts had been personalised and that people felt cared for. For example, one person had been given some brooches as they liked to wear a brooch every day. One person told us, "They (the Christmas stockings) were lovely. We had an orange just like we did when we were small".

Staff encouraged people to maintain and improve their independence. For example, one person had been admitted to the home from an acute hospital setting. The person had been assessed as requiring a permanent placement in a care home. On admission the person expressed a wish to be able to return home. The homes' physiotherapist and other care staff had worked with the person to improve their independence and as a result the person was able to return home.

People were treated with dignity and respect. Staff supported people discreetly when providing personal care. Staff knocked on doors before entering. Staff spoke with people using their preferred names.

People and their relatives were involved in their care. Care plans detailed how people wanted their care needs to be met. Throughout the inspection we saw people being given choices and their choices were respected.

People were supported with end of life care. Care plan contained end of life care plans that detailed people's wishes. Where people wished to remain at The Close Care Home at the end of their life this was recorded in their care plan.

Is the service responsive?

Our findings

At the last inspection we found that improvements were needed. People's care records were not always up to date or fully completed. At this inspection we found improvements had been made. The provider had introduced an electronic care plan system. Care plans were based on detailed assessments and identified how people's wished their needs to be met. The system enabled staff to complete records relating to the support people had received at the time it happened through the use of hand held electronic devices. This meant people's support was closely monitored to ensure their needs were consistently met.

Care plans were regularly reviewed to ensure they reflected people's changing needs. Where people's needs regularly changed there was clear guidance for staff in how people's needs should be met.

Health professionals were positive about the support people received to monitor and improve their health. One health professional told us, "When I go there I always get what I ask for when I do an assessment. Whatever you highlight they address immediately. They are always keen to work with us and families".

The service worked in partnership with a local NHS trust to support people being discharged from an acute hospital setting. The service supported people with rehabilitation and on-going support to enable people to return to their own homes or as a temporary measure until a permanent placement could be found. Feedback from health professionals involved with people placed in the home under this arrangement was positive. One health professional told us, "We have no trouble when referring. They come and assess in a timely manner. They keep us informed of any concerns and are always open to suggestions for improvement".

People were supported to improve their health and well-being. For example, one person had been unable to leave their bed due to their condition. The service had worked closely with the person and health professionals to improve their health. The person was now able to spend some time each day out of bed. To further improve the person's well-being a life skills support worker (LSSW) had spent time with the person finding out what activities they enjoyed. The person had requested a quiz and had helped the LSSW arrange a group quiz in a communal area of the home. Following positive feedback from the person the quiz was a regular activity which they attended and enjoyed. On the day of our inspection we saw the person enjoying the quiz. The person also enjoyed other activities arranged by the LSSW and as a result was no longer socially isolated.

Another person required surgery to improve their health. However, medical professional's required the person's physical condition to improve before the surgery could be performed. The person had been supported by the physiotherapist and other staff and was now well enough to have their surgery.

There was a wide range of activities on offer for people. Activities were coordinated by two LSSW's who arranged for activities to take place in different areas of the home six days a week. These included external entertainers coming into the home and trips out. The LSSW's had a person-centred approach to the activities arranged. LSSW's spent time getting to know people, their histories, interests, likes and dislikes. For

example, one person had a connection to the Royal Air Force (RAF). The LSSW's had arranged for a representative from a local RAF base to come in and give a talk for people who were interested. This had created an interest from one person in other aspects of World War II. The LSSW had arranged for two people living in the home who had served in the armed forces to sit and talk with the person about their experiences. This encouraged people to build relationships and reduced the risk of social isolation.

There were extensive grounds with attractive areas for people to walk and sit. We saw several people walking around the grounds. Where people required support to go outside they were supported by staff to do so. During fine weather activities were arranged in the grounds to enable people to enjoy the outside space.

There was a Bistro on the ground floor. The Bistro was a hub of activity throughout the inspection. People were able to enjoy drinks, snacks and lunch in the bistro. Relatives were positive about the impact of this social space. One relative told us, "We can take [person] to the bistro, it's like going out. It's not like visiting in a home at all and [person] really enjoys it".

People were supported to pursue individual interests they had enjoyed prior to moving to the service. For example, one person was supported to attend a weekly Bingo session with their family in a nearby town.

There were opportunities for people to develop and maintain links with the local community. For example, one person had worked as a teacher. A LSSW had supported the person to write letters to local schools to invite them to The Close Care Home to speak with people about their life experiences. The LSSW told us this had made the person feel valued and they were looking forward to getting replies from the schools.

People were supported to maintain relationships that were important to them. For example, one person had been supported to see and speak with relatives via an intranet video link. The person was not able to travel to see their family and the video calls were extremely important to the person. We saw feedback from the person's relative who said, '[Person's] treatment and time with you was exceptional and I praise you and your team for making [person's] time with you the best it could have been'.

People and relatives knew how to raise concerns and were confident that any complaints would be dealt with promptly. One person told us, "I can speak to them (managers) and have a moan and they sort it out". A relative said, "Any issues or concerns are always dealt with very happily and with compassion. Management and staff are constantly looking into any concerns affecting residents and their relatives and respond rapidly".

One relative told us they had raised a complaint with one of the registered managers the day before our inspection. We spoke to the registered manager who showed us records relating to the action they had taken to resolve the issue and ensure there was no reoccurrence.

Is the service well-led?

Our findings

People and their relatives were overwhelmingly positive about the provider and management of the service. Comments included: "Managers are a good mixture. They take concerns seriously and act on them"; "I am always made to feel welcome by the management"; "Since the two managers came it's brilliant. Any problems instantly sorted"; "[Registered managers] walk around all the time, they always stop to talk" and "I cannot fault this place, it is wonderful".

Heath professionals were equally complimentary about the management team. Comments included; "The new management are absolutely fantastic. They are very open and transparent. I would definitely put my parents there (The Close Care Home) and I would work there as well. They treat their staff very well" and "They're (management) brilliant. Their philosophy is one of real care. [Provider] is always there which is so rare. He takes real time to talk to the clients and he has a real rapport with staff".

Staff were positive about the management and clearly enjoyed working at the service. Staff comments included: "Management are excellent and very visible around the home. Everything they know we know"; "This is the best job I have had so far. There is a family atmosphere and the residents are fantastic"; "This is the best home I've worked in"; "Management are the best here, I can go to them with anything" and "They [management] are really good; friendly and approachable. They know us (staff) as individuals".

The management team were responsive to concerns and ensured they took responsive and appropriate action to address any issues. For example some people told us they did not always feel staff supporting them at night were caring. We spoke to one of the registered managers who was aware of these concerns and was working with the clinical lead who worked nights to address the issue. The registered manager showed us communication with the clinical lead that showed the clinical lead was meeting with night staff to address the issue and would be providing feedback to the registered manager.

The provider and managers were passionate about providing a service that put people at the centre of all they did. The management team led by example, creating a caring culture. This culture was reflected in the many interactions we saw between management, people, relatives and staff. People were clearly comfortable and relaxed when speaking with the management team. The management team knew people well and chatted with them and their relatives, showing kindness and compassion. This enabled people to feel comfortable and confident to speak about any issues or problems they had.

The provider had developed a clear management structure that ensured all aspects of the service were managed effectively. There were two registered managers who were responsible for all aspects relating to people's care. There was a non-clinical manager who was responsible for the management of areas not related to people's care. The three managers worked closely with each other and the provider to discuss and implement improvements to the service. The management structure ensured people, relatives and staff knew who to approach with concerns and were confident they would be listened to.

The provider had introduced two clinical leads; one to support nurses working on day shifts and one to

support night shift nurses. This ensured staff were clear about their lines of accountability and who to approach for guidance and support. One member of staff told us, "[Clinical lead] is a lovely nurse, really caring. I have learnt from her". The clinical lead told us they were "100% supported" by the management team. Throughout the inspection we saw nursing staff directing and supporting care staff to ensure people's needs were met. Nurses had a clear oversight of people's needs.

The management team were proactive in finding ways to improve the service. For example, they regularly reviewed inspection reports for other services looking at issues that had been raised and reflected on whether there were any areas of learning and improvement that could be made to the service. A recent care home report had identified issues in relation to infection control when dealing with laundry. The management team had audited their system and identified there was room for improvement. One of the registered managers had produced a business plan which included a new system of separating and transporting laundry. New segregated laundry trolleys had been purchased and staff training had been arranged to ensure all staff were clear on how to reduce the risk of infection and understand how the new laundry system worked. This meant people were protected from the risk of cross infection.

The management team consistently looked for ways to improve outcomes for people. The provider had employed a physiotherapist to ensure people had opportunities to maintain and improve their physical abilities. The physiotherapist told us they had received excellent support from the management team. They said, "I love working here. You don't usually get this (in house physiotherapist) in a care home". As a result of the success of this appointment the management team were recruiting an occupational therapist to provide further support to improve people's health and well-being.

The provider was dedicated to ensuring people's views and experiences were used to improve the service. There were regular residents and relatives meetings which had introduced a 'You said, we did' scheme. There were posters displayed throughout the home of actions taken as a result of people's feedback. These included; the introduction of fresh bread rolls served with soup instead of slices of bread and the introduction of different activities taking place in two areas of the home simultaneously. One of the LSSW told us, "People told us they wanted to have different activities rather than us both (LSSW's) providing one. It is so much better, we can really concentrate on the people attending and people have a better choice of what they want to do".

The provider had designed a quality assurance questionnaire which was being distributed to people, relatives, staff, health professionals and other visitors to The Close. The results were to be collected and analysed to inform an action plan of improvements. This enabled the service to ensure people's views were at the centre of all development activities.

The caring and supportive ethos of the service extended to the wider community. For example, the provider had offered some of the nurses from the service to support the local GP surgery when they had a staffing issue. The provider saw this as an opportunity to build relationships between the service and the surgery whilst supporting the development of the nurse's skills and knowledge. The provider had also offered the support of the non-clinical manager to a neighbouring care home to help them improve their meal service.

There was a close link between the service and the community, which enabled people to feel part of the community. The provider offered the services facilities to community groups. For example, the local parish council held meetings in one of the communal areas of the service. The provider had also offered to have a community defibrillator sited at the entrance to the driveway of the service and paid for the running costs of the equipment. These close links enabled people living at the service to feel involved in the community and increased their sense of belonging.

The provider had identified the difficulty of recruiting and retaining staff and looked for ways to retain staff. The provider told us of the importance of having an established staff team who knew people well to ensure they had consistent high quality care. To enable staff to feel better supported and reduce the risk of staff leaving in the first few weeks of employment the management team had introduced a three week induction programme which was run as a corporate induction every six weeks on a rolling programme. This meant a group of new staff started at the same time and spent their induction period together. Staff attended training sessions and spent time working with more experienced staff over the three week induction period. Feedback from staff about the induction was positive with staff benefitting from developing relationships with other new and existing staff which they found supportive. The service also offered the training element of the induction to agency staff who worked at the service to ensure they worked in the same way as staff employed at the service.

The provider took great pride in the service and took opportunities to have the service and staff recognised for their work. One member of staff had been nominated for the care awards and had become a finalist. It was clear staff had been pleased for the member of staff as we heard several staff making reference to the event with the member of staff. During the inspection the assistant chef was told they had made it to the finals of a catering competition. We heard the management team congratulating the member of staff and it was clear everyone involved was excited by the news. The provider had also entered the home into the awards for best garden and outside space.

The provider offered work placements to local secondary schools to enable young people to experience the care home environment before making decisions about their future careers.

There were effective systems in place to monitor and improve the quality of the service. The electronic care planning system enabled clinical staff to closely monitor people's care to ensure their needs were met. The system provided reports to the management team that enabled them to monitor the service. This included monitoring of falls, accidents and incidents.