Marcus Care Homes Limited

Enstone House

Inspection report

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Date of inspection visit: 12 May 2015
Date of publication: 29/06/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We inspected Enstone House on 12 May 2015. Enstone House provides residential care for people with a diagnosis of dementia, over the age of 65. The home offers a service for up to 36 people. At the time of our visit 33 people were using the service, however one person was currently in hospital. This was an unannounced inspection.

We last inspected in June 2013 and found the service was meeting all of the required standards. However, we did recommend that the registered manager carry out audits on incident and accidents which occurred within the service.

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

Summary of findings

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.

People, their relatives and staff spoke positively about the registered manager. The registered manager had some informal systems to manage and improve the quality of the service, however concerns and actions were not always documented. There were not always effective systems in place to ensure trends were identified from incidents and accidents or from other concerns within the service.

There were enough staff deployed to meet the care needs of people living at the home. However, the registered manager had not assessed the risk posed by staff working before all employment background checks had been completed.

People and their relatives told us they felt safe living at the home. Staff had good knowledge of safeguarding procedures. People received their medicines as prescribed.

People were supported by kind, caring and attentive staff. Staff took their time to support people with choice and support them in the local community. People and their relatives told us there were things to do, however on the day of our inspection some people went long periods of time without meaningful engagement from staff. There was limited evidence about activities people enjoyed within the home.

People enjoyed the relationships they had with staff and staff knew people, their needs and preferences. People were cared for by skilled care and nursing staff. People told us they were treated with dignity and respect and staff supported people with kindness and patience.

People's needs were documented and these were reviewed and updated monthly or more frequently if needed. However, some documents around people's mental capacity were not always reflective of people's abilities and needs. The registered manager told us this would be acted on immediately.

Staff had knowledge of the Mental Capacity Act 2005 (MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time) and Deprivation of Liberty Safeguards. The service ensured where people could not make specific decisions, best interest decisions were conducted and respected.

Senior care staff were supported and encouraged by the registered manager to take on key responsibilities such as documenting people's care needs and the management of medicines.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement 

The service was not always safe. Where staff had been recruited without employment background checks, the registered manager had not assessed the risk to people using the service.

People told us they felt safe and staff had good knowledge of safeguarding procedures.

Staff ensured people's independence was promoted, whilst protecting them from the risks associated with their care. People received their medicines as prescribed.

Is the service effective?

Good 

The service was effective. Staff had the training and support they needed to meet people's needs. Staff had opportunity to develop professionally.

People had enough food and drink to meet their needs. Where people had specific dietary needs, these needs were met.

Staff had a good knowledge of the Mental Capacity Act (2005) and people were supported to make decisions around their care.

People were supported with their on-going healthcare needs and were supported to attend appointments regarding their health.

Is the service caring?

Good 

The service was caring. People were involved in planning their care and where possible, made decisions regarding their care.

People were positive about the support they received from nursing and care staff. Staff were kind and compassionate and took time to talk to people.

Staff knew the people they cared for. Staff were concerned about the welfare of people, and ensured people were comfortable and happy.

Is the service responsive?

Requires improvement 

The service was not always responsive. People's care records were accurate, however records around people's Mental Capacity Assessments were not reflective of their needs.

People told us there were activities, however on the day of our inspection people were not always stimulated, and there was limited evidence around activities which were carried out in the home.

People and their relative's views were sought and acted upon. People's relatives were involved in their care.

Summary of findings

Is the service well-led?

The service was not always well led. The registered manager did not have comprehensive systems to identify concerns at the service and drive improvement.

Where systems designed to improve the service were in place, it was not clear what action was taken as a result of these. .

Staff, people and their relatives spoke positively about the registered manager, and the registered manager led by example. Senior care staff were given clear responsibilities around key duties in the home and were supported to carry them out.

Requires improvement 

Enstone House

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 checked 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 12 May 2015. This was an unannounced inspection. The inspection team consisted of two inspectors 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 visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority safeguarding and contracts teams.

We spoke with 10 of the 32 people who were living at Enstone House. We also spoke with two people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with two senior care workers, two care workers, the home's cook and the registered manager. We also spoke to a district nurse who was visiting two people on the day of our inspection. We looked around the home and observed the way staff interacted with people.

We looked at eight people's care records, and at a range of records about how the home was managed. We reviewed feedback from people who had used the service and their relatives.

Requires improvement

Is the service safe?

Our findings

Records relating to the recruitment of new staff showed sometimes not all relevant checks had been completed before staff worked unsupervised at the home. Where the registered manager was waiting for the disclosure and barring checks (criminal record checks) for new staff they had asked people and their relatives if they were happy for the staff to work in the home. However, the registered manager had not followed guidance provided by the police and local authorities to risk assess one member of staff who was working unsupervised without the necessary checks. We discussed this with the registered manager who informed us they had not carried out these risk assessments in the past, however would do so for the one member of staff. This meant people were at risk because they could not be assured staff were of good character.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were safe in the home. Comments included: "I definitely feel safe here", "It's very safe and they look after us very well" and "I live here, I am safe here." One relative told us they felt their mother was safe in the home and had settled well into the home. They said, "I'm much more relaxed here now she has settled in."

Staff we spoke with had knowledge of types of abuse, signs of possible abuse which included neglect, and their responsibility to report any concerns promptly. Staff members told us they would document concerns and report them to the nurse in charge, the manager or the provider. One said, "I would always go to Caroline (registered manager) first. I'd ring safeguarding and inform CQC (Care Quality Commission) as well." Another added that, if they were unhappy with the manager's or provider's response, "I would definitely contact safeguarding or CQC if I needed to." Staff had received safeguarding training and were aware of the local authority safeguarding team and its role.

People and their relatives told us there were enough staff. Comments included: "If the carers are busy, they always come back to help me", "they will help us but other times we are left in peace if that's what we want" and "I can get some help whenever I need."

People had call bells in their bedrooms and we saw these were always within their reach. We observed care staff responded promptly when call bells were used. One person said, "they come quite quickly." We observed staff spend time with people, talking about their days and their interests. The atmosphere in the home was calm. One relative told us, "It has always been calm and settled and very cheery here."

Staff told us there were enough staff to meet the needs of people. Comments included: "We have two senior carers and four carers that's enough at the moment. On the afternoon we always have time to spend with the residents", "There is enough staff" and "I think we have enough staff."

We asked the registered manager how they ensured there were enough staff deployed to meet people's needs. They informed us they deployed staff depending on people's needs, however they had no formal system to identify this. They told us before the inspection senior care staff had raised concerns about the level of staff needed in the afternoon. The registered manager told us they were recruiting another senior care worker and were providing care themselves in the short term to ensure people's needs were being met. We looked at staff rota's for the service and the level of staff needed to meet people's needs identified by the registered manager had been consistently achieved.

People had assessments where staff had identified risks in relation to their health and wellbeing. These included moving and handling, mobility, social isolation and nutrition and hydration. Risk assessments enabled people to maintain their independence. Staff had identified one person's welfare was at risk as they had hallucinations. Staff were given clear guidance of how to support and reassure this person, to ensure they were comfortable and free from anxiety.

The registered manager had applied for a Deprivation of Liberty Safeguards (DoLS) for one person as they were not safe to access the local community unsupported. DoLS is a framework that allows a person who lacks capacity to be deprived of their liberty where it is deemed to be in their best interests or for their own safety. This person liked to go to the local shop every morning to pick up their newspapers. Staff told us they supported this person to go to shop as they were not safe to cross the road safely. Staff said it was important to ensure the person could access the local community to promote their independence. There

Requires improvement

Is the service safe?

was a risk of the person falling, however this risk was managed and the person's choice was respected. We spoke with the person who told us, "I can go to the shops to do my own shopping with some support."

All medicines were securely stored in line with current and relevant regulations and guidance. People's medicine records accurately reflected the medicine in stock for each person. Medicine stocks were checked monthly by nursing staff. These checks showed staff monitored stock to ensure medicines were not taken inappropriately and people received their medicines as prescribed.

We observed a senior care worker assist people with their prescribed medicines. They always ensured people had time and support (such as fluids) to take their medicines. They gave people time to refuse medicines if they chose to and provided encouragement if needed.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about care staff and told us they were skilled to meet their needs. One person told us, "they know how to help me, they're trained." Staff told us they had the training and skills they needed to meet people's needs. One care worker said, "definitely. We're doing equality, safeguarding and NVQ level 3." Another care worker told us, "we have the training we need and we can request training specific to people's needs, such as training on insulin injections."

The registered manager supported care staff to develop professionally. One care worker told us, "I'm training to be a senior carer. To support me the manager is always on duty when I'm on duty in a senior role." Other staff told us they had been supported to develop and complete training which would enable them to better meet people's needs.

Staff told us they felt supported by the registered manager. One care worker told us, "I feel supported in my role. I know I can always go to the manager and senior care workers." Another care worker said, "I feel supported. I have supervision and appraisals and we have the information we need." Staff had access to a supervision and appraisal process from the registered manager. The registered manager told us they supported staff daily, to identify their needs as well as discuss any concerns.

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, psychiatrists, district nurses, community mental health nurses and speech and language therapists.

One person required the support of staff to assist them with their skin care. Care staff were assisted by the person's GP and district nurses to meet this person's needs. Clear guidance was in place from district nurses regarding skin care and the use of topical creams. A visiting healthcare professional told us, "We're really quite happy with the home. Staff follow the advice we provide them. They are quick to contact us with an concerns and are good to follow up on this." They also told us how they were in discussions with the registered manager about providing diabetes training for staff within the home

Staff had knowledge of the Mental Capacity Act 2005 (MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time). Staff told us how this affected their role. One care worker said, "One person isn't able to go outside by themselves, they don't have the capacity to understand the risk. However they can choose their food, what they'd like to buy and how they like to spend their days."

The registered manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. For one person a best interest decision had been made as the person wished to return to their home, however they did not have the mental capacity to understand the risks of this choice. The registered manager made a DoLS application which was approved following a meeting to consider the person's best interests. This meeting included the person's family and social worker. Deprivation of liberty safeguards is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety.

The registered manager was aware of the Cheshire West (a recent legal case around DoLS) judgement regarding DoLS and had made relevant applications for people who were being deprived of their liberty. The registered manager worked with the supervisory body to ensure where people were being deprived of their liberty this was done in the least restrictive way.

People told us they had plenty to eat and drink. Comments included: "They feed us all very well, too well really we'll all get fat", "I have cereal and plenty of tea and toast. A gallon of tea" and "There is plenty to eat and drink." We observed care staff offering and assisting people with food and drink throughout the day. People had access to tea, squash and biscuits as they wished. Where care staff had concerns over people losing weight they contacted the person's GP. People were supported with dietary supplements and were given support and encouragement to meet their nutritional needs.

People and their relatives spoke positively about their food. Comments included: "The food is great. The meat is tender", "Happy with whatever comes for lunch" and "The staff are good and they also look after me as well. I always get a nice meal at lunch, the meals are wonderful." We observed people enjoy their lunch and supper meals. Meals were relaxed, with people talking between

Good

Is the service effective?

themselves or being assisted by care staff at a gentle and pleasant pace. One person told us they could have what they wanted for lunch and enjoyed the occasional cooked breakfast.

Other people were supported by staff with thickened fluids because they were at risk of choking. Where people had been assessed as at risk, speech and language therapist (SALT) guidance had been sought and followed. We observed staff prepare people's drinks in line with this guidance.

Good

Is the service caring?

Our findings

People and their visitors told us they were treated with kindness and compassion by care staff. Comments included: "Really couldn't complain about anything. They [staff] make everything pleasant and comfortable", "I like everyone here they are very friendly. They [staff] can't do enough for you. They are very, very kind" and "The staff are very good to you here. They do all they can for me and I appreciate that." One relative told us: "The staff are good and they also look after me as well. I always get a nice meal at lunch, the meals are wonderful."

We observed a number of positive caring interactions between care staff and people. For example, one care worker assisted a person with their lunch time meal. The care worker encouraged the person to eat their meal independently and asked if the person needed any support. They briefly talked and the person asked for a drink. The care worker gave the person a choice of drinks and the support they needed to make their choice. The person was happy with the choice and told us they enjoyed their meal.

We observed a care worker assist a person who was visually impaired with their lunch. The care worker talked to the person, and explained what food they were about to eat, such as meat, carrot or potato. The care worker noticed the person was not enjoying their meal, and arranged for the meal to be changed. The care worker knew the person they cared for and said, "they like a soft diet, if there is any bits of tough texture they will spit them out. I know this and it's why I asked to change the meal."

People's choices around their health care needs were respected. One person liked to have a bath and a shower on a daily basis. We spoke with this person and their relative, who told us this happened. Their relative told us, "Here is heaven compared to the other place. The staff are all very good. She is bathed almost every day." Another person liked to have baths rather than showers, this was clearly recorded in their care plan. Their relative said, "I like it that they do baths rather than showers which she hates, once she is in the bath she is really relaxed and enjoys it."

People were involved in their care and their wishes were recorded. One person was asked for their views of where they would wish to be treated in the event of their health deteriorating. The person along with support from their family had decided they wished to be cared for in the home. A Do Not Attempt Cardio Pulmonary Resuscitation form was in place which stated they did not want to receive active treatment in the event of heart failure. The person and their families wishes around their end of life care had clearly been recorded, meaning their wishes would be respected by care staff.

Care staff knew the people they cared for, including their likes and dislikes. When we discussed people and their needs, all staff spoke confidently about them. One care worker told us about one person who liked to walk, "We support them to go outside for a walk, which they enjoy." We observed this care worker assist this person with a walk around the local area. Another person told us, "They (staff) all know me and we get on very well."

People were treated with dignity and respect. We observed care staff assisted people throughout the day. One person liked to spend most of their day in their room. We saw care staff checked on this person, knocking on the door and introducing themselves. When care staff assisted this person with personal care they ensured their room door and curtains were closed to ensure their dignity was protected. People were asked if they preferred a male or female care worker providing their personal care. Their preferences were recorded in care plans and people told us their choices were respected.

Care staff told us how they ensured people were treated with dignity and respect. One care worker told us," it's important to make sure people are cared for in privacy and supported to maintain their independence. I ensure doors and curtains are closed and people have the support they need."

Requires improvement

Is the service responsive?

Our findings

People and their relatives knew how to make complaints. One person said, "If I have a grumble I'll go to the manager." Another person told us, "My room is very nice and comfortable and I really couldn't complain about anything here and the staff are so pleasant and obliging. But a good moan every now and again does you the world of good."

There was a complaints policy which clearly showed how people could make a complaint and how the registered manager and provider would respond to this complaint. We asked the registered manager if they had received any complaints, to which they informed us they had not. The registered manager kept a record of all the compliments they had received from people and their relatives and these were available for people and their visitors to look at.

Care staff carried out reviews of people's care. This enabled people and their relatives to discuss their views of their care, if they were happy or if there was anything which required improvement. A record of these meetings were recorded on people's care files and where changes were suggested these were followed. For one person they stated they were "happy" with the care they received.

People's care plans included information relating to their social and health needs. They were written with clear instructions for staff about how care should be delivered. They also included information on people's past work and social life as well as family and friends. People's care records showed where people and their relatives had been involved in planning their care and documenting their preferences.

The care plans and risk assessments were reviewed monthly and where changes in need were identified, the plans were changed to reflect the person's needs. Relatives told us they were involved in planning their relatives care. We also saw, where appropriate, people's relatives signed documents in their care plan which showed they wished to be involved. One relative explained how they were involved in discussing their relatives care needs with staff. This was clearly recorded in the person's care plan.

Care plans contained a mental capacity risk assessment which was designed to document the risk around specific decisions made in the best interest of people when they lacked capacity. A number of these risk assessments had not been completed properly, which could put people at risk of decisions being made for them, when they were able to make these decisions themselves. We spoke with care staff who had good knowledge of the Mental Capacity Act, which reduced the likelihood of this risk. We discussed this concern with the registered manager who ensured us all documents would be changed immediately.

Relatives told us they were always informed of concerns or changes to the needs of their relatives. One relative said, "They are very good at keeping me in the loop. They [relative] had one fall and staff rang me and made sure I was aware what was going on." Another relative spoke positively about the information they received from staff and the support they had when visiting their relative.

The registered manager and care staff were quick to identify changes in people's needs. Care staff told us about one person who had been supported to stay in a room on the ground floor as staff were concerned about their welfare. The person and their family agreed with this change. A care worker told us this enabled them to support the person more effectively and enable them to be more engaged within the home. We observed care staff assist this person throughout the day or our inspection.

People spoke positively about their social lives within the home. Comments included: "there are things to do if you want to", "They treat us like we are at our home here" and "I like to read the paper and spend time with my friends." A relative told us, "They have a visiting keyboard player/ singer who they [relative] likes."

We observed that staff were proactive with talking and engaging people during the afternoon of our inspection. Care staff talked to people about their day and offered people the opportunity to go outside for a walk or to the local shop. The registered manager informed us all care staff had time to spend with people in the afternoon and this was part of the culture of running the home. One care worker told us, "We have time to spend with the residents, helping them read the paper or going for a walk."

On the day of our visit, while there was a calm and pleasant atmosphere some people went without meaningful engagement for long periods of time. One person said, "It can be a bit quiet". However, most people we spoke with were happy with the support and activities in the home. The registered manager informed us there was an activity co-ordinator employed at the home, however they were away during our inspection. In people's care plans there

Requires improvement

Is the service responsive?

was a clear record of people's preferred hobbies and activities, however no record of the activities they'd done or that were available in the home. We discussed this with the registered manager who informed us the activity co-ordinator kept a record of the activities they had done, however this was not available in the home and there were no other records to show what was available to people.

Requires improvement

Is the service well-led?

Our findings

At our last inspection in June 2013 we recommended that the registered manager and provider complete audits of incidents within the home, to enable them to identify any potential trends or concerns and take action to improve the service.

At this inspection in May 2015. All incidents and accidents within the home were recorded by staff, and action was taken to ensure the wellbeing of each person. While each incident was recorded, the registered manager had no system in place to audit incidents which would enable them to identify trends or concerns across the home and ensure future occurrences could be avoided.

The registered manager sought the views of people and their relatives through review meetings and annual surveys. We asked the registered manager when the last survey had been completed and were given a copy of the 2013 audit. The registered manager informed us a survey had been completed in 2014, however there was no copy of the survey or the actions which had been taken following this survey.

The registered manager carried out infection control audits, however there was no evidence around audits for medicines, care plans or other measures of how the registered manager or provider monitored the quality of the care people received. This meant he concerns we had identified at this inspection hadn't been identified.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager spent time with care staff and people in the home and operated informal systems to improve the quality of care. Care staff told us they suggested providing another room for people who were at risk of malnutrition to have their meals in. Care staff suggested this change because they had identified some people were distracted at lunch and were not always having enough to eat or drink. The registered manager and care staff told us this had had a positive impact on people who were at risk of malnutrition. We saw from people's care records their nutritional needs were being met and their weights were increasing or stable.

People and their relatives and staff spoke positively of the registered manager and the calm and pleasant atmosphere in the home. One relative told us, "It has always been calm and settled and very cheery here." One care worker said, "I like it here, it's a small home, close knit. We have time to spend and talk with people and good support."

Senior care staff told us they had specific areas they were supported with, such as medicines and care plans. One senior care worker told us, "We are given lots of support to develop and make decisions." The registered manager told us staff were supported and given time to carry out duties such as ensuring medicines were stored and administered effectively and making sure care plans were current and reflected people's needs. This meant staff were working to ensure people were protected from risk.

Daily handover meetings were carried out to ensure care staff had the information they needed to continue to meet people's needs. Care staff had a daily handover book which documented clear information on people and any information of concern. This allowed staff to ensure where a concern had been identified it had been followed up, such as concerns around changes in people's conditions and informing people's GP's.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The registered manager and provider had not fully ensured staff employed for the purposes of carrying on a regulated activity were of good character. Regulation 19 (1)(a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The registered manager and provider did not have effective systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated. Regulation 17(1)(2)(a).