

Marcus Care Homes Limited

Enstone House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Enstone House is residential care home providing personal and nursing care to up to 36 people in an adapted building. The service provides support to older people, some of whom live with dementia. At the time of our inspection there were 26 people using the service.

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

Medicines were not always effectively managed, and the auditing system did not always cover all areas of medicine safety such as stock control, storage and safe disposal. We found there were gaps on medicine administration records (MARs), and we were not assured people received their medicines as prescribed.

Risks to people's safety and well-being were not always managed safely and there was an inconsistent approach to the risk management process. We found 2 broken window restrictors and an electrical heater which had not been risk assessed.

The environment was not always maintained to good standards. On the first day of the inspection there were malodours in the home. There were no clear cleaning schedules and there were gaps on cleaning records. The provider's auditing systems had identified the shortfalls but there were no actions completed in relation to this.

Some people's records contained conflicting information. The provider's quality assurance systems were not always effective or used to drive improvements. We also found there was no clear provider oversight of the service.

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. Staff had a good understanding of when the principles of the Mental Capacity Act should be applied. However, the mental capacity assessments did not cover all areas where decisions needed to be assessed.

People's needs were assessed before they came to live at Enstone House to ensure staff could meet those needs. People were supported to have a positive dining experience in a dignified manner.

Staff completed an induction which included mandatory training and shadowing an experienced member of staff and had access to supervisions and appraisals. People and relatives told us staff were skilled and knowledgeable.

The home was well-led by a long-standing registered manager who had support from a deputy manager. There was a management structure in place and a group of staff who worked well as a team. Staff worked well with external social and health care professionals.

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

Rating at last inspection and update

The last rating for this service was requires improvement (Published 11 June 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

We carried out an unannounced comprehensive inspection of this service on 11 May 2021 and rated the service requires improvement. We undertook this focused inspection to check they had made improvements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Enstone House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified 2 breaches in relation to risk management, records keeping and auditing systems at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 effective findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Enstone House

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

The inspection team consisted of 3 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.

Service and service type

Enstone House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Enstone House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. We visited the service on 11 and 19 May 2023. Following review of the

evidence we had, we opened up the inspection to include the safe domain. As such we visited the home again on 12 June 2023.

What we did before the inspection

We reviewed information we had received about the service. 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 looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We also reviewed the provider's last inspection report. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service. Some people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We further received feedback from 7 relatives. We received feedback from 3 healthcare professionals. We spoke with the provider, registered manager, deputy manager and 5 members of staff including carers, the chef, activities coordinator and maintenance person. We reviewed a range of records relating to people's care and the way the service was managed. These included 5 staff training records, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of the service. We looked at 5 care plans and 10 MAR charts.

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

Assessing risk, safety monitoring and management

- We found risks to people were not always managed safely. We found one window restrictor was broken and another was not secured safely. This put people at potential risk of harm.
- One person at risk of falls had an unsecured free-standing wardrobe and an electric heater in their room. However, there were no risk assessments completed for either and the use of the electric heater posed a fire risk.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager told us the window restrictors had been repaired and a risk assessment completed for the electric heater.

- A person's risk assessment and care plan contained conflicting information. For example, their nutrition risk assessment cited 'No risk of weight loss'. However, weight loss risk assessment and care plan cited 'monthly weights. Milkshakes offered twice daily. Monitor food/fluids intake'. We spoke with staff, and they told us this person had been at risk of weight loss before and that had been resolved. The care plan had not been updated to reflect the changes.
- Another person had a risk assessment completed but no record of action taken. For example, their oral risk assessment dated 23 April 2022 scored 3 and the accompanied instructions read "If 1 or 2 scored for any category please organise for a dentist to examine the resident". There was no record of what action was taken. Another oral risk assessment 4 April 2023 scored 5 which was higher than the previous one. Again, there was no record of what action had been taken. Follow up assessment form was completed but not dated and it was not clear what action was taken. We spoke with the registered manager about this, and they told us efforts had been made to secure the person a dental review but failed. However, there were no records of this.

The provider had failed to maintain accurate and complete records This placed people at potential risk of harm. This was a breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People's medicines were not always managed safely. Staff did not always follow the provider's medicines

policy. For example, we found there were gaps on MAR charts. Staff told us they had given the medicines but not signed after. The stock check for medicines confirmed this.

- Another person's stock check showed there were more tablets than there should be and staff could not explain the extra 2 tablets. There were no gaps on the person's MAR and as such, we could not be sure the person had received the medicine signed for.
- Where staff needed to transcribe medicines on MARs, this was not done in line with the provider's policy which cited 2 staff to sign and guided what information needed to be included for completeness. For example, one person's medicine had changed to 'when required' and a member of staff had transcribed on the MAR. However, this had not been completed in line with the provider's policy.
- Another person had 3 separate medicines transcribed and none on them had the full instructions or were signed for by 2 members of staff in line with the provider's policy.

Systems had not been established to ensure proper and safe management of medicines. This placed people at risk of harm. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

● We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. On our first day of the inspection, the home had malodours. The home cleaner had taken short notice absence and the carpets had not been shampooed in a month following equipment failure. No clear arrangements had been made to ensure effective cover for the absence of home's ancillary member of staff and the carpets. Cleaning records had gaps and there was no clear cleaning schedule in place.

Systems had not been established to ensure safe infection control practices were maintained. This placed people at risk of harm. This was a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On our second day of the inspection we found the home had been deep cleaned and there were no longer any malodours. However, the cleaning records still contained gaps on them.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 supported people with safe visitation, and this aligned with government guidance. People and relatives told us visits had been facilitated and encouraged during the COVID-19 pandemic.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The management team and staff reflected on where things could have been improved. However, there were missed opportunities where lessons could have been learnt if quality assurance systems had been effective.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe from abuse living at Enstone House. They said, "I am looked after well and feel safe" and "If I need help, they come quick, so I don't fall trying to get up by myself."
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff said, "Report abuse to manager, safeguarding, GP or CQC." Records showed staff had received regular safeguarding training and updates.
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Staffing and recruitment

- On the first day of the inspection, we saw people were attended to in a timely manner. There were enough staff on duty to support with people's needs. Staff rotas showed planned staffing levels were often met. The provider had introduced international recruitment initiative which had resulted in a low staff turnover.
- Staff told us staffing levels had improved and staff turnover significantly reduced. They commented, "Staffing levels are much better now and there is less pressure" and "I started working here in January via the visa sponsorship programme. We have time to spend with residents without rushing."
- Records showed the provider followed safe staff recruitment processes which included disclosure and barring service checks (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 requires improvement. The rating for this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At our last inspection we found, the records surrounding assessments of people's capacity were not always in line with good practice. For example, one person's capacity assessment included multiple decisions, some related to decisions either taken weeks earlier or anticipated to happen in a future. This meant these assessments had not been carried out in line with the MCA Code of Practice to ensure people's capacity was being assessed for specific decisions at the time of making those decisions.
- At this inspection we found, whilst people's mental capacity assessments were decisions specific, not all decisions had been assessed against. For example, decisions around personal care.
- Some people did not have consent forms for information sharing, use of photographs and vaccinations. We discussed these concerns with the registered manager, and they assured us these shortfalls would be actioned.

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

- Enstone House was an adapted home which was undergoing some cosmetic updates. People's rooms were personalised and decorated with personal effects.
- The home was well lit which aided easy navigation around the home. There were different communal areas where people could spend some time.
- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had a landscaped garden with sitting areas.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received care and support that was centred around their assessed needs, choices and decisions. This was monitored to ensure consistency of practice.
- Assessments of people's needs were comprehensive, and people's records showed a streamlined process from first contact to admission. People and relatives told us they were involved in the assessment and care planning process.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- New staff completed an induction and did not work unsupervised until they and their line manager was confident, they could do so. The induction included the provider's own mandatory training as well as shadowing opportunities of experienced members of staff.
- Staff had access to supervisions and appraisals which were used to develop and review their practices and focused on professional development. Staff told us they felt supported and that these meetings provided an opportunity for them to meet with their line managers and agree objectives as well as discuss their performance.

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

- People were supported with nutrition and hydration in a dignified way. The dining environment was pleasant, and food was home cooked. Staff were aware of people's individual preferences and patterns of eating and drinking.
- People told us they enjoyed the food and said, "The food is pretty good", "The food is nice, I always clean my plate" and "I think it's alright. I can ask for something else if I don't like what they give me."
- On the day of the inspection we observed a positive dining experience. There was a newly recruited chef who was being monitored by the registered manager. They were keen to make sure the food was what people liked.

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

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support.
- Where referrals were needed, this was done in a timely manner. One healthcare professional commented, "They refer to us regularly and on time. They follow our advice but at times some things are missed."
- There was no clear process for communication and handover between staff and healthcare professionals. We discussed with the registered manager how communication with health care professionals could be improved to ensure continuity of care. They told us they would ensure staff received updates following healthcare professional visits and update people's care plans and daily records of care accordingly.
- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

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. The rating for this key question has remained requires improvement. This meant the service management and leadership remained inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had been rated requires improvement twice and inadequate in well-led section following their last 3 inspections. Provider's quality assurance systems had been identified as an area of improvement.
- People's risk assessment and records were not always accurate and resulted in some care plans containing conflicting information. This has been reported in the safe section of the report.
- Staff recording of daily records was not legible and at times lacked detail. Some staff recorded 'no changes' for a full shift on people who required lots of support. This did not reflect the care people received. This had been identified by the provider's own audit of care records and as we were advised had discussed with staff. However, no effective action took place to address it as we still identified this on this inspection.
- Cleaning records were not always completed and there were no clear cleaning schedules in place. There were no back up plans in place when equipment failed which resulted in malodours in the home. The last 2 infection control audits identified 'To complete documentation in full' and 'To check random areas of home daily to ensure home is clean to a high standard' as actions. However, neither of them had been followed up or completed. As such we found malodours and incomplete cleaning records during the inspection as reported in the safe section of this report. This meant there was no improvement or learning from these audits.
- Audits of care plans were not completed correctly, and no action plans had been formulated as a result of these audits. For example, where audits had been completed, they were marked as 'ongoing' with no timelines to guide for reviews or completions. Staff responsible for completing audits had not received any training support and did not always understand how the process worked.
- The provider's health and safety and care plan audits had not identified any of the shortfalls we found.
- We found there was no clear provider oversight of the services. Whilst the provider was available when the registered manager required something, for example, supporting the refurbishment of the home and supporting with recruitment initiatives, they did not provide any evidence to demonstrate they had a proactive system of governance and oversight of the location and relied on the registered manager to conduct their own audits.

The provider's quality assurance systems were not always effective and not used to drive improvement. This placed people at risk of harm. This was a breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had been in post for 18 years. They were supported by a deputy manager as well as the provider. The provider had also introduced a head of care role to support the management team. There was a clear management and staffing structure, and staff were aware of their roles and responsibilities and had confidence in the management team.
- The provider told us they were getting set up to change to an electronic recording system which would support with improvement of records.

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

- People told us they knew the registered manager and that the home was well-led. They said, "That's the boss over there. She's very good" and "It seems managed well, we are cared for, and staff are without exception courteous as they should be."
- Relatives felt the home was run well. They commented, "[Registered manager] is very approachable. I don't think I'd ever feel I want to complain. They're doing a hard job I couldn't do", "I think the management is rather good. There are a team of seniors who are friendly" and "As far as dad's [person] concerned, it's (the service) been good. [Registered manager] runs a very tight ship but knows family have commitments and is flexible."
- Staff were complimentary of the support they received from the management team. They said, "Manager is supportive, has open door policy, approachable and very hands on", "Manager is firm but fair. Very supportive and approachable" and "Manager is like a mum and teacher, is always available."

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 and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- People and relatives had had opportunities to raise any comments via an open-door policy at any time as well as meetings and surveys. One relative said, "We usually have a feedback form every year, asking for opinions."
- Feedback through meetings were used to improve people's care. Meeting minutes showed discussions of all aspects of people's life including communication, poor recording, recruitment, food provision, activities as well as improvement plans. The service had been open about the challenges they faced regarding staff recruitment and the strategies they were introducing including an international recruitment initiative.
- Staff had opportunities to provide feedback through team meetings. Records of staff meeting minutes showed discussion had been made regarding staff poor recording and lack of detail. The registered manager told us they were addressing this through supervisions.

Working in partnership with others

- The service was transparent and collaborative with relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals and the commissioners to support care provision, service development and joined-up care. We received positive feedback from healthcare professionals on the improvements made in the home in the last year.

- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service</p> <p>Systems had not been established to ensure proper and safe management of medicines.</p> <p>Systems had not been established to ensure safe infection control practices were maintained.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People's records contained conflicting information. There were gaps on cleaning records.</p> <p>The provider's quality assurance systems were not always effective and not used to drive improvement.</p> <p>There was no clear provider oversight of the service.</p>