

J.T. Care Homes Limited

Oxford House Residential 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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 13 September 2016 and was unannounced. We last inspected the home on 24 October 2014 following concerns that had been alerted to CQC. At that inspection we did not find any evidence to substantiate the concerns that had been raised. We found the service to be compliant with the standards we looked at

Oxford House is a residential care home providing accommodation and personal care for a maximum of 24 older people. The accommodation is provided over two floors with a passenger lift to both floors. There are 24 single rooms with en suite facilities. There are several communal areas including lounges and a separate dining room. There are enclosed garden areas and car parking.

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

When employing fit and proper persons the recruitment procedures of the home were not always followed. We made a recommendation that the provider follows their own policy and procedures when employing people to ensure that all the checks of suitability made were robust.

Medicines were being administered and recorded appropriately and were being kept safely.

There were sufficient numbers of suitable staff to meet people's needs and to provide their care and treatment safely.

Where safeguarding concerns or incidents had occurred these had been reported by the registered manager to the appropriate authorities and we could see records of the actions that had been taken by the home to protect people.

People's rights were protected. The registered manager was knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to.

Staff had completed a variety of training that enabled them to improve their knowledge in order to deliver care and treatment safely.

People were supported to maintain good health and appropriate referrals to other healthcare professionals had been made.

There was a clear management structure in place and staff were happy with the level of support they

received.

People living in the home were supported to access activities that were made available to them and pastimes of their choice.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively the safety and quality of the home.

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 was safe.

The provider had not always followed their own procedures when checking the suitability of people being employed. We made a recommendation about this.

People told us they were safe and well cared for in this home.

Prescribed medicines were stored, administered and disposed of safely.

Is the service effective?

Good ●

The service was effective.

People said they enjoyed the meals provided and appropriate assessments relating to nutritional requirements had been made.

Consent to care and treatment had been obtained involving, where required, appropriate others.

Staff had received the relevant training to fulfil their roles.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion and their dignity was respected.

People told us they were well cared for and were valued as individuals.

People's wishes for how they preferred to be cared for at their end of life had been planned for.

Is the service responsive?

Good ●

The service was responsive.

People and relatives felt able to speak with staff or the management team about any concerns they had.

Staff took into account the needs and preferences of the people they supported.

People were supported to engage in activities which were provided.

Care plans and records showed that people were seen by appropriate professionals, when required, to meet their physical and mental health needs.

Is the service well-led?

Good ●

The service was well led.

Formal systems were in place to record quality monitoring and safety of the service provision.

Staff told us they felt supported and listened to by the registered manager and registered providers.

People living there and their relatives were able to give their views and take part in meetings and discussions about the service.

Oxford House Residential 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 was 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 unannounced inspection took place on 13 September 2016. The inspection team consisted of two adult social care 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 inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service to plan our inspection and the areas to look at.

We also looked at the information we held about the service and information from the local commissioners of the service. We also looked at any statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

Some people who lived at the home could not easily tell us their views about their care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. It is useful to help us assess the quality of interactions between people who use a service and the staff who support them.

During the inspection we spoke with a company director of the registered provider, the registered manager, two staff members, a visiting health professional, six people who used the service and relatives. We observed how staff supported people who used the service and looked at the care records for six people living at

Oxford House Residential Home.

We looked at the staff files for all staff recruited since January 2016. These included details of recruitment, induction, training and personal development. We were given copies of the training records for the whole team.

We also looked at records of maintenance and repair, the fire safety records, food safety records and quality monitoring documents.

Is the service safe?

Our findings

People living at Oxford House Residential Home that we spoke with told us they felt safe and did not have any concerns about the care they received. One person told us, "I do feel safe". Another person told us, "If I ring my buzzer they (staff) more or less come straight away".

We looked at staff files for the recruitment of staff and saw that the appropriate checks of suitability for fit and proper people to be employed had been made. Information about their previous employment history and reasons for leaving employment had been noted. All staff had records to show Disclosure and Barring Service (DBS) checks had been conducted before commencing employment. References had been sought and we noted that they were not always from the most recent previous employer in accordance with the services own recruitment policy.

We recommended that the provider follows their own policy and procedures when employing people to ensure that all the checks of suitability made were robust.

We looked at the rotas for staffing and observed there was sufficient staff on duty to provide care and support to meet people's individual needs. People we spoke with told us they felt that there was always enough staff. One relative told us there had been a number of agency staff in the past, "But they're back to normal now". One staff member told us that morale was really good in the staff team and staffing levels were always adequate. We observed that call buzzers were answered promptly and care staff did not appear to be rushed in their duties. Staffing levels had been determined so that staff were available at the times people needed them, in order to provide person centred care.

We looked at how medicines were managed. Medicines were stored appropriately and administered by people who had received the appropriate training to do so. We found that suitable care plans, risk assessments and records were in place in relation to the administration of medicines. We saw that medicines were stored correctly. Storage was clean, tidy and secure so that medicines were fit for use. We saw that there were plans in place that outlined when to administer extra, or as required, medication. There were procedures in place for the ordering and safe disposal of medicines. This meant that people received their medicines safely.

Staff demonstrated that they understood the needs of the people they provided support to. They knew the triggers for behaviour changes and any risks related to a person's care. We saw staff responded quickly if a person's behaviour was changing to reduce the possibility of either the person, or people near them getting upset or anxious. We also saw where one person required a lot of support with their moving and handling the staff constantly reassured them throughout the process.

Staff we spoke with had a good understanding of how to protect people from harm. They understood their responsibilities to report any safeguarding concerns to a senior or the registered manager. We looked at records of the accidents and incidents that had occurred. We saw that where necessary appropriate treatment had been sought and notifications to the appropriate authorities had been made.

Records we looked at relating to any risks associated with people's care were current and accurate. Staff managed the risks related to people's care well. Each care record had detailed information about the risks associated with people's care and how staff should support the person to minimise the risks.

Is the service effective?

Our findings

People who lived in the home told us that they enjoyed the meals provided. One person told us, "You get a choice of what you want to eat at mealtimes". Another person said, "We have a new chef – food's brilliant". Most people chose to eat in the main dining room and a few people chose to eat in other areas in the home. We saw people received the right level of assistance they needed to eat and to drink. We saw that this was provided in a patient and discreet way.

We saw nutritional assessments had been completed and, where people had additional needs or required additional support, they had been referred to the appropriate health care professionals. Care records showed that nutritional risks had been assessed and plans implemented for staff to follow to reduce those risks.

The staff we spoke with told us, and records we saw showed, that they received a range of training to ensure they had the skills to provide the right support people required. One member of staff told us, "we've had lots of different training". We observed staff putting their training into practice for moving and handling. We also saw that staff approached people with respect, dignity and genuine friendliness which encouraged people to have meaningful interaction with them.

The care staff we spoke with told us that they had regular team meetings and could speak openly with the registered manager to discuss any concerns. Staff said that they knew who they could contact should they require support out of hours. Staff also told us that they felt very supported by the management team through formal systems such as supervision and appraisal.

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 Act 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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection a number of applications had been made to the local authority for people living at Oxford House whose liberties were being deprived. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and care staff demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA), which applies to people aged 16 or over. Best interest meetings had been held to assist people who were not always able to make difficult decisions for themselves and where relevant independent advocacy was arranged. This meant that people's rights were protected and consents sought where appropriate.

Bedrooms we saw had been personalised with people's own furniture and ornaments to help people to feel at home. The décor of the home and signage placed around the home was very conducive to supporting people living with dementia.

Is the service caring?

Our findings

People we spoke with living and visiting Oxford House told us they were extremely happy with the care and support being received. Some of the comments included, "The staff are all lovely". A visitor told us the staff are, "Always kind, I've been invited to stay for lunch (visits am and pm) but I prefer to go home for lunch".

The atmosphere in the home was calm and relaxed. We used the Short Observational Framework for Inspection (SOFI). We observed for short periods of time the interactions between staff and people living in the home. We saw that the interactions demonstrated genuine affection, care and concern. Staff treated people with kindness and were respectful. We observed staff knock before entering people's rooms. The staff took appropriate actions to maintain people's privacy and dignity. We saw that people were asked in a discreet way if they wanted to go to the toilet and the staff made sure that the doors to toilets and bedrooms were closed when people were receiving care to protect their dignity.

We saw that the staff gave people time and encouragement to carry out tasks themselves. This helped to maintain people's independence. Staff took the time to speak with people and took up opportunities to interact and include them in general chatter and discussion.

We saw that residents' meetings had taken place that included relatives. The registered manager and providers had held a recent meeting where people had been asked if they were happy with their care and if there were any changes they wanted made to the support they received. We could see and were told by people that changes to the menu choices had been discussed.

We saw that people's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. Care records showed that care planning was centred on people's individual views and preferences. People and their families were encouraged to talk with staff about the person's life.

We saw that where possible people's treatment wishes had been made clear in their records about what their end of life preferences were. The care records contained information about the care people would like to receive at the end of their lives and who they would like to be involved in their care.

Is the service responsive?

Our findings

We asked people whether they felt they could raise concerns if they had any. One person said, "Not really much to complain about and they do listen". Another person told us if they had a problem they felt happy to raise it directly with the registered manager. A visitor said, "I can speak to the registered manager and I feel free to talk to the owners of the home - they're approachable".

The home had a complaints procedure and we saw that complaints had been managed in accordance with the home's procedures. People we spoke with were aware of who to speak with if they wanted to raise any concerns. The registered manager told us they preferred to deal with people's concerns as and when they arose.

We saw that there were some regular planned activities for people to get involved in. We asked people about the activities in the home and one person told us, "We do stand-up exercises, dominoes and bingo". Another person said, "I like to read and watch TV." A visitor told us, "Live owls have been to visit the home, they've had fish and chip suppers and go on three or four trips out a year." We discussed the activities available in the home with the registered manager and whether these were always person centred. However no one we spoke told us they were unhappy with the activities available in the home.

We looked at the care records for six people living in the home. We saw that information available for staff about how to support individuals was very detailed. We saw from the care records that people's health and support needs were clearly documented in their care plans along with personal information and histories. We could see that people's families had been involved in gathering background information and life stories. Staff had a good understanding of people's backgrounds and lives and this helped them to support them socially and be more aware of things that might cause them anxiety. Care plans had been regularly reviewed to make sure they held up to date information for staff to refer to.

We could see in people's care plans that there was effective working with other health care professionals and support agencies such as local GPs, community nurses, mental health teams and social services. We spoke with a regular visiting health care professional who supported people who lived in the home. They told us that the staff were very good at contacting them and asking for advice and support promptly and made appropriate referrals where necessary. They told us they felt the standard of care people living in the home received was very good.

Is the service well-led?

Our findings

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). The people we spoke with told us they thought the home was well managed and staff said that they enjoyed working in the home. They also told us that they felt supported by the management team including the directors (registered providers) who they said visited the home often. A visitor told us, "The whole thing seems to run smoothly".

We saw during our inspection that the registered manager was accessible to staff and spent a lot of time with the people who lived in the home and engaged in a positive and open way.

The premises were well maintained. Maintenance checks were being done regularly and we could see that any repairs or faults had been highlighted and acted upon. There was a cleaning schedule in place and records relating to premises and equipment checks to make sure they were clean and fit for the people living there.

The registered manager used the systems in place to assess the quality of the services in the home. We saw that regular audits had been done on a variety of areas of the service. We also saw that staff had done competency checks to make sure their medication practices were up to date. This helped to make sure people received the right treatment and support and that any errors or omissions were noticed and dealt with.

There were processes in place for reporting incidents and we saw that these were being followed. There was regular monitoring of incidents and these were reviewed by the registered manager to identify any patterns that needed to be addressed. Where required CQC had been notified of any incidents and accidents and when safeguarding referrals had been made to the local authority.

Relatives and advocates of those living in the home were regularly involved in consultation about the provision and its quality. We saw that regular reviews were held. This meant that people and or their representatives could make suggestions or comment about the environment they lived in.

As well as informal discussions with people and their relative's about the quality of the home, surveys were undertaken to find out what people felt about living at Oxford House. We saw that people's views about the quality of food and the care at the home had been obtained via questionnaires. We also saw that regular resident and relatives meetings had taken place. These were used to share news and information about the home and to address any suggestions made that might improve the quality and safety of the service provision.

People who lived at the home were provided with sufficient resources to support their care needs. Staffing levels were sufficient and this meant staff could spend quality time with people to meet all their support needs, and keep people safe.

