

# Barchester Healthcare Homes Limited

## Chacombe Park

### Inspection report

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Date of inspection visit: 2 and 8 October 2015  
Date of publication: 25/11/2015

### 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 

### Overall summary

This unannounced inspection took place on 2 and 8 October 2015.

Chacombe Park accommodates and provides nursing and residential care for up to 77 older people including people living with dementia.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (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.

People's care needs had been assessed prior to admission to Chacombe Park and they each had an agreed care plan. Their care plans were regularly reviewed, were up-to-date and reflected their individual needs.

# Summary of findings

People were protected by robust recruitment procedures from receiving unsafe care from staff that were unsuited to the job. People were safeguarded from abuse and poor practice by staff that knew what action they needed to take if they suspected this was happening.

People's needs were safely met. There were sufficient numbers of appropriately trained and experienced staff on duty. Some external agency staff had been regularly used to maintain staffing levels but only on a temporary basis until new staff were recruited. People were cared for by staff that knew what was expected of them when caring for older people, including those with nursing and dementia care needs, and they carried out their duties effectively.

People's healthcare needs were met by nurses and care staff and when necessary by other external community based healthcare professionals. Medicines were secured stored, administered in a timely way, and appropriately managed.

People enjoyed a varied diet, with enough to eat and drink. Those that needed support with eating and drinking received the help they required. People's diets and nutritional needs were assessed, monitored and acted upon.

People's individual preferences for the way they liked to receive their care and support were respected. Staff were attentive to each person's individual needs and acted upon required changes to their care and treatment.

People, and where appropriate, their representatives or significant others, were provided with the information and guidance they needed to make a complaint or express their views about the quality of their care. Timely action was taken to resolve complaints. The quality of the service provided was regularly audited by senior staff and improvements made when necessary.

# 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?

The service was safe.

People's nursing and personal care needs and any associated risks were assessed before they were admitted to Chacombe Park. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People received their care from sufficient numbers of staff that were competent to provide safe care.

People received the treatment they needed and their medicines were competently administered and securely stored.

Good



### Is the service effective?

The service was effective.

People received care from staff that had the training and acquired skills they needed to meet people's needs.

People's healthcare and nutritional needs were met and monitored so that other healthcare professionals were appropriately involved when necessary.

Staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

Good



### Is the service caring?

The service was caring.

People's care and support took into account their individuality and their diverse needs. People were enabled to make choices about their care and staff respected people's preferences.

People's dignity was assured and their privacy respected when they received personal care and treatment.

People were treated with kindness by staff.

Good



### Is the service responsive?

The service was responsive.

People's care and treatment needs were assessed prior to admission and regularly reviewed thereafter.

Good



# Summary of findings

People had care plans that reflected their individual needs and how these were to be met by the care staff. Staff acted upon the information and guidance the care plans provided and people received the appropriate and timely care they needed.

People benefitted from timely action taken to address complaints or dissatisfaction with the service provided.

## Is the service well-led?

The service was well-led.

People's quality of care and treatment was monitored by the quality assurance systems the provider had in place and timely action was taken to make improvements when necessary.

People benefited from receiving care and treatment from a staff team that was appropriately managed and provided with the support they needed to do their job.

Good



# Chacombe Park

## 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 unannounced inspection was carried out by an inspector and took place over two days on 2 and 8 October 2015.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service.

We took into account people's experience of receiving care by listening to what they had to say.

We also used the 'Short Observational Framework Inspection (SOFI)'; SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During this inspection we spoke with nine people who used the service, as well as five visitors to the home. We looked at the care records of nine people. We looked at ten records in relation to staff recruitment and training, as well as records related to quality monitoring of the service by the provider.

We undertook general observations throughout the home, including observing interactions between care staff and people in the communal lounge and dining room. We viewed six people's bedrooms by agreement.

# Is the service safe?

## Our findings

People were safeguarded from abuse such as physical harm or psychological distress arising from poor practice or ill treatment. Staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they witnessed or suspected ill treatment or poor practice. Staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adults' team.

People were also safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because staff were appropriately recruited. Staff were checked for criminal convictions and satisfactory employment references were obtained before they started work.

People's care needs were safely met by sufficient numbers of experienced and trained staff on duty. Agency staff had been used to ensure staffing levels were maintained although this was a contingency measure until new staff were recruited and completed their induction. One person said, "You get to know them [staff] and when they leave it's a bit unsettling. Sometimes it feels like there's no-one about but they [staff]

always come if I need them. I feel safe and well looked after." Staff were attentive and responded quickly to ensure people's safety when the need arose.

The registered manager said that there was an active recruitment drive underway to replace staff that had since retired and others that had left for their own reasons. The rural location of Chacombe Park and the consequential difficulties associated with a lack of public transport networks imposed difficulties when recruiting new permanent staff.

People's needs were regularly reviewed by staff so that risks were identified and acted upon as their needs changed. People's risk assessments were included in their care plan and were updated to reflect pertinent changes and the actions that needed to be taken by staff to ensure people's continued safety.

People's medicines were safely managed and they received their medicines in a timely way and as prescribed by their GP. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. Medicines were competently administered by the nurse-in-charge.

People were assured that regular maintenance checks were made on essential equipment used by staff throughout the home to ensure people received safe care.

# Is the service effective?

## Our findings

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. The registered manager and staff were aware of, and understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and applied that knowledge appropriately. Staff were mindful that they needed people's consent, or where appropriate their representative's consent, when they provided care and they acted upon that.

People received care and support from staff that had acquired the experiential skills as well the training they needed to care for older people, including those with dementia care needs and nursing care needs. People's needs were met by staff that were effectively supervised and had their job performance regularly appraised. New staff had received induction training that prepared them for their duties.

People received timely healthcare treatment and staff acted upon the advice of other professionals that had a role in people's treatment. Suitable arrangements were in place for people to consult their GP and receive treatment from other healthcare professionals when they needed it.

People's nutritional needs were met. Staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets or food supplements. People enjoyed their meals and had enough to eat and drink. Menus were imaginative and suited a wide range of tastes. The menu for the day was on display and corresponded with the meal served. Meals were taken in the communal dining areas or people had the choice of eating in their own room if that was their preference. Portions of food served at lunchtime looked appetising, were ample and suited people's individual appetites. Anyone that needed assistance with eating or drinking received the help they needed, were not rushed and had the time they needed to savour their food.

Where people were unable to express a preference care staff used information they had about the person's likes and dislikes. Special diets, snacks, and religious or cultural preferences were catered for whenever the need arose. One visitor said, "My [relative] really enjoys her food here. They [kitchen staff] make a real effort to turn out good meals." One person said, "A nice meal is really important, and I always get that. Some people are never happy with what is served but I think they [kitchen staff] are brilliant. When you think of the number of people they have to please and everyone wanting this and not liking that. They do a marvellous job."

# Is the service caring?

## Our findings

People's dignity and right to privacy was protected by staff. People's personal care support was discreetly managed by staff so that people were treated in a dignified way. People were approached by staff that explained what they were doing without taking for granted that the person understood what was happening. Staff used people's preferred name when conversing with them.

Staff made sure that toilet and bathroom doors were kept closed, as were bedroom doors, when they attended to people's personal care needs. They responded promptly when people needed help or reassurance. People's individuality was respected by staff that directed their attention to the person they engaged with.

People were supported by staff that were attentive and kind. Staff were able to tell us about the signs they looked for that signalled if an individual was in pain or discomfort and needed reassurance or practical assistance.

People's visitors were made welcome. One visitor said, "As as I am concerned all the staff here have shown nothing but kindness to my [relative]. They are always courteous and helpful. Sometimes they can be really busy and don't have time to stop and chat, but that's understandable. If I need to know something though they will always find out for me." One staff member said, "We want relatives and friends to visit their loved ones. It creates a nice atmosphere and a lot of our visitors will chat with those residents who may have no-one to visit them."

People's bedrooms were personalised with their belongings and mementos they valued and had chosen to have around them.



# Is the service responsive?

## Our findings

People's ability to care for themselves was assessed prior to their admission to the home. People received the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period as people's dependency needs changed.

People that were able to make some decisions about their care had been involved in planning and reviewing their care. Their preferences for how they wished to receive their care, as well as their past history, interests and beliefs were taken into consideration when their care plan was agreed with them or their representatives. If a person's ability to share their views had been compromised then significant others, such as family members, were consulted. One relative said, "My [relative] is no longer able to speak up so I rely on staff keeping me informed, and they do that. They ask me if they are not sure about [relative's] preferences. I can only share what [relative] used to like but it all helps to make sure [relative] feels settled and can still take pleasure in some things."

People had a wide range of activities that were organised or on offer on a daily basis. These activities suited people's individual likes and dislikes. People could freely choose to join in with communal activities if they wanted to.

People were encouraged to make choices about their care and how they preferred to spend their time. There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. People who preferred to keep their own company were protected from social isolation because staff made an effort to engage with them individually. One person said, "They [staff] do come in [to the bedroom] and chat, but I think until they get more staff they are a bit pushed to make sure everyone is looked after. I've got no worries about getting the help I need, but I'm not one for joining in with a lot of people. I prefer my own company but I enjoy having a chat with them [staff] and it would be nice if they [staff] were able to have just a bit more time. Overall, though, they [staff] make a good effort to keep everyone happy."

People, or their representatives, were provided with the verbal and written information they needed about what do, and who they could speak with, if they had a complaint.

# Is the service well-led?

## Our findings

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. Staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns about people's quality of care with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).

People's entitlement to a quality service was monitored by the audits regularly carried out by the senior staff, including the registered manager and provider's representatives. These audits included, for example, checking that staff were adhering to good practice guidelines and following the procedures put in place by the provider to protect people from poor care.

People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Staff said there was always an 'open door' if they needed guidance from any of the senior staff, including the registered manager. One visitor said, "I think in a home this size it's never going to be easy for the manager [registered manager] to get to know everyone individually and

it's hard for [registered manager] not to appear a 'bit remote' to visitors and residents, but that's not been my experience. After all [registered manager] is there to make sure my [relative] is properly care for and [registered manager] does make sure that happens. That's what's important to me and to [relative] and I'm sure that's what is important to everyone that has a relative here."

People's care records were fit for purpose and had been reviewed on a regular basis. Care records accurately reflected the daily care people received. Records relating to staff recruitment and training were also fit for purpose. They were up-to-date and reflected the training and supervision staff had received.

Records relating to the day-to-day management and maintenance of the home were kept up-to-date. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide staff were in place and had been updated when required.

People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.