Marches Care Limited

The Uplands at Oxon

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

The Uplands at Oxon is a nursing home that provides accommodation, nursing and personal care for up to 81 older people, some of whom have dementia. At the time of our inspection, 81 people were living at the home.

At the last inspection, the service was rated Good.

At this inspection, we found the service remained Good.

People felt safe living at the home. Staff had been trained in how to protect people from harm and abuse, and understood how to respond to and report any concerns of this nature. The risks to people had been assessed, kept under review and plans implemented to manage these. Appropriate staffing levels enabled people's needs to be met safely. People's medicines were handled and administered safely by trained, competent staff.

Staff had appropriate training, guidance and support to enable them to perform their job roles effectively. The management team and staff understood and protected people's rights under the Mental Capacity Act 2005. People had enough to eat and drink, and any associated risks or complex needs were assessed, reviewed and managed. Staff liaised with, and supported people to access, a range of healthcare services, and responded promptly to any deterioration in people's health.

Staff treated people with kindness and compassion, showing concern for their comfort and wellbeing. People's involvement in care planning and decision-making was encouraged by staff. People's rights to privacy and dignity were understood and promoted by staff.

People received care and support shaped around their individual needs and requirements. People's relatives contributed to care planning and felt listened to by staff and the provider. People and their relatives knew how to raise complaints and concerns with the provider, and felt comfortable doing so.

The management team promoted an open and inclusive culture within the home. People and their relatives had confidence in the management of the service. Their views were actively sought out and acted upon. Staff felt well supported, valued and able to challenge practices and decisions if they needed to. The provider maintained strong links with the local community and worked with key organisations to support and develop service provision. They placed a strong emphasis upon continuous improvement, which had led to a number of improvements in the service people received.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

The Uplands at Oxon

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

This inspection took place on 10 and 11 May 2017. The first day of our inspection was unannounced.

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 inspection, the provider 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 used this information in the planning of our inspection.

As part of our inspection, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the 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.

During the inspection, we spoke with seven people who used the service, seven relatives, a local GP, a senior discharge liaison nurse and a community dietician. We also spoke with the managing director and 15 members of staff, including the registered manager, unit managers, catering manager, nurses, senior care staff and care staff.

We looked at three people's care records, DoLS records, complaints records, medicines records, two staff members' recruitment records, medicines records and records associated with the provider's quality assurance systems. We also spent time in the communal areas of the home to observe how staff supported and responded to people. As part of this, 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.

Good

Is the service safe?

Our findings

People continued to feel safe living at The Uplands at Oxon, with the care and support staff provided. One person described the respectful way staff carried out their personal care, adding, "They (staff) do make me feel safe." People's relatives felt the provider and staff took appropriate steps to protect their family members' safety and wellbeing. One relative told us, "I am very happy [family member] is kept safe and well looked after; it puts my mind at rest."

The provider had maintained measures to protect people from harm and abuse. Staff received training in, and understood how to, recognise, respond to and report abuse. The registered manager ensured any safeguarding issues were notified to the relevant external agencies, investigated and action taken to keep people safe. For example, following a recent safeguarding concern, the provider had significantly increased the security of the home's gardens.

The risks related to people's individual care and support needs had been assessed, kept under regular review and plans put in place to manage these. For example, where people were at risk of developing pressure sores, appropriate pressure-relieving equipment and barrier creams were in use, and staff carried out consistent repositioning. People and their relatives told us they contributed to decision-making about risks and staying safe.

In the event people were involved in accidents or incidents, staff responded to, recorded and reported these events. The management team analysed these reports, on an ongoing basis, to identify patterns and root causes, and take action to minimise the risk of things happening again. For example, due to the frequency of one person's falls, contact had been made with their GP, and protective headwear, an adjustable "HI-LO" bed and a safety beam alarm organised.

People, their relatives and staff felt the home was adequately staffed to safely meet people's individual needs. One person told us, "There is usually someone around so getting help hasn't been a problem, and I have a call alarm and have used it. They (staff) usually come quite quickly." The registered manager assessed and monitored staffing requirements based upon people's care and support needs and any agreed one-to-one support. All prospective staff underwent pre-employment checks to ensure they were suitable to work with people, including an enhanced Disclosure and Barring Service (DBS) check. The DBS carries out criminal records checks to help employers make safer recruitment decisions.

People received consistent support from the nurses to take their medicines as prescribed. Systems and procedures were in place designed to ensure people's medicines were managed safely. We identified the need for additional risk assessment and more accurate record-keeping in relation to a small number of people who took their medicines without direct supervision from the nurses. The registered manager assured us they would take immediate action to address this area of potential risk.

Good

Is the service effective?

Our findings

People and their relatives continued to have confidence in the skills and knowledge of the nurses and care staff supporting them. For example, one person told us, "All the nurses have been fabulous and are very knowledgeable and competent. "

All new starters underwent the provider's induction training to settle them into their new job roles. During this period, they completed initial training to enable them to work safely and effectively, read people's care plans and worked alongside more experienced colleagues. Staff then benefited from an ongoing programme of training, which reflected people's care needs and the provider's mandatory training requirements. This included specialist training at a local hospital and hospice to enable staff to more effectively support people with complex needs towards the end of their lives. The service had also achieved reaccreditation under the Gold Standards Framework (GSF) Quality Improvement Programme. This programme promotes and enables a gold standard of care for people nearing the end of life. On the subject of staff training, a relative said, "I wanted to get [family member] here, because they (provider) take training seriously."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found the registered manager and staff had a good understanding of people's rights under the MCA and DoLS. We saw clear evidence of mental capacity assessments and best-interests decision-making in the care files we looked at. Best-interests decisions had been carried out regarding, for example, the proposed administration of medicines covertly and the use of equipment safety belts. DoLS applications had been made based upon an assessment of people's capacity and their individual care and support arrangements. Where DoLS authorisations had been granted, any associated conditions were reviewed and complied with.

People told us they had enough to eat and drink each day, and were able to choose their meals. Staff used pictorial menus and "yes and no boards" to help people with limited verbal communication to make choices. One person said, "The meals are all very good. They (staff) come and ask you during the morning what you want for your main meal." We saw mealtimes at the home were flexible, relaxed and sociable events. People received appropriate assistance from staff and had access to adapted equipment to enable them to eat and drink safely and comfortably. People's individual dietary and nutritional needs were assessed, reviewed and addressed with specialist advice from the local speech and language therapy team and dieticians, where necessary.

People and their relatives spoke positively about the support the nurses and care staff gave people to maintain their health and manage any long-term health conditions. They told us staff were prompt to respond to any marked change or deterioration in people's health and that people had regular access to the GP who visited the home three times a week. We saw staff liaised with a wide range of healthcare professionals and specialists to ensure people's health was regularly monitored and their day-to-day health

needs were met.

Good

Is the service caring?

Our findings

People and their relatives still felt staff adopted a caring and compassionate approach towards their work. A relative told us, "They (staff) are lovely. They are enthusiastic and love their jobs. Nothing is too much trouble for them." Throughout our inspection, we saw staff showed concern for people's comfort and wellbeing, and prioritised their needs and requests. One person told us, "I have got upset quite recently. A person I had been friends with passed away last week; they lived here too. [Staff member's name] has helped me a lot. They and I have been talking and remembering this person, and it has helped knowing I am not the only one missing this person." A relative said, "All levels of staff, including the cleaners, show concern for [family member]." The staff we spoke with discussed the people they supported with respect and affection, and good insight into their individual personalities, needs and requirements. The on-site facilities included a dedicated relative's room to enable family members to stay with people if they were very ill. An annual memorial service was held at the home to enable families and friends to remember people cared for at the home who had passed away.

People felt they could freely express their views and opinions to the management team and staff, and contribute to care planning and decision-making that affected them. The provider encouraged people to share their views about their care and support through, amongst other things, distributing quarterly feedback surveys, holding monthly care reviews with people and organising regular residents' meetings. One person told us, "There is a residents meeting next week, I believe. I have had a questionnaire, and I am waiting for my friend to come and help me fill it out." Throughout our inspection, we saw staff consulted with people about how they wanted to be supported, listened to them and actively encouraged their decision-making.

People and their relatives still felt staff respected people's privacy and dignity at all times. For example, one person told us, "They (staff) always close the door and are respectful and polite. They ask my permission before they do anything" The staff we spoke with recognised the importance of protecting people's personal information, and of treating them in a dignified and respectful manner. The registered manager had registered as a Caldicott Guardian. A Caldicott Guardian is a senior person responsible for protecting people's confidential information and making sure it is used properly.

Throughout our inspection, we saw examples of staff putting their understanding of dignity and respect into practice as, for example, they carried out personal care tasks in a patient and discreet manner. People told us staff took steps to promote their independence. For example, one person said, "I don't need much in the way of assistance. The carers help me to get dressed, but I do it myself too. They (staff) always try to encourage me to keep independent where possible." People confirmed they could receive visitors at the home whenever they chose, and we saw there were ample quiet lounges in which people and their relatives could meet without being disturbed.

Good

Is the service responsive?

Our findings

People continued to receive care and support tailored to their individual needs and requirements. One relative told us, "They (staff) will adapt to the best of their abilities. If I'm sitting in the lounge, I see they will respond as required by the individual." During our time at the home, we saw staff adjusted the manner in which, for example, they helped people move around, engage in activities and eat their meals to suit individual needs. People's relatives confirmed that, along with their family members living at the home, their involvement in care planning and decision-making was actively encouraged. One relative explained, "I feel totally involved. Either I go to them with concerns or suggestions or they notice something and come to me. We do interact very well together." We saw evidence of people's involvement in the monthly care reviews in the care files we looked at. People's cultural and spiritual needs were taken into account. For example, monthly church services were organised in the home's consecrated quiet contemplation room for those who wished to attend.

People's care plans reflected an individualised approach to assessment and care planning. In addition to clear guidance for staff on how to meet people's particular care needs, they also included details of people's preferences and any specific likes and dislikes. Care plans were reviewed with people and their relatives on a regular basis, to ensure the information they contained remained accurate and up to date. Staff understood the purpose of, and need to work in accordance with, people's care plans.

People had support from staff to pursue their interests and spend time doing things they found enjoyable. People gave us examples of the activities they enjoyed, such as joining in with exercise classes and listening to visiting singers. A relative said, "The official entertainers that come are brilliant. They are very good and very varied." The provider had recently trained a team of "Oomph" care staff whose focus it was to drive activities provision within each of the four care units. During our inspection, people were participating in a number of activities, including a "laughter yoga" class, haircuts in the on-site hair salon, hand massages from the home's full-time masseuse and painting. iPads were also available to people to help them stay in touch with relatives and friends who may live some distance away.

People and their relatives were clear how to raise any concerns or complaints with the provider, and had confidence these would be dealt with appropriately. One relative told us, "I'd go to the nurse in charge or [registered manager]." They went on to praise the manner in which the registered managed had handled their previous complaint, adding "The incident was taken care of swiftly and I got a letter explaining the plan." The provider had developed a formal complaints procedure to ensure consistent complaints management. The complaints records we looked at demonstrated this procedure was followed in practice.

Good

Is the service well-led?

Our findings

During our inspection, we met with the registered manager. A registered manager is a person who has registered with the Care Quality Commission 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. The registered manager demonstrated a clear understanding of the duties and responsibilities associated with their post. Our records showed they had submitted statutory notifications to CQC in line with their registration with us. The registered manager assured us they had access to the support and resources needed to manage and drive improvement within the service.

People, their relatives and community professionals spoke positively about the overall management of the service, and their relationship with the management team. One relative told us, "I think they (management) are a very good team. [Registered manager] is very knowledgeable as an Alzheimer's specialist. I would have confidence to speak to them if something was bothering me." They described a positive culture of open feedback and communication, and had confidence in the management team's ability to deal with issues fairly. A local GP told us, "They (provider) have got a healthy attitude. If they are not sure about anything, they will escalate things up, which sometimes come to me." A relative explained, "They (management team) always ask if we have any ideas and would welcome these. If there were any problems, they have an open door policy." People's relatives praised the manner in which the management team and staff kept them up to date with any issues affecting their family members. A relative said, "I have always been included and informed of any decisions and changes to [family member's] health."

The provider actively sought the views and involvement of people, their relatives, staff and community professionals. They achieved this through, amongst other things, the distribution of quarterly feedback surveys and maintaining an open, ongoing dialogue with others. The provider had used feedback on the service to identify and address areas for improvement. These included the installation of room safes for people's valuables, improved vegetarian meal options and increased access to challenging behaviour training for staff.

The provider maintained strong links with the local community to the benefit of people living at the home and the wider community. For example, in addition to staff accessing specialist training from the local hospice, the provider supported hospice staff, in turn, to better understand the needs of people with dementia. The home's two "Dementia Champions" ran dementia awareness sessions for local voluntary groups and businesses, as well staff and people's relatives. The provider was also working with a local football team on a "Meadow Memories" initiative: a dementia programme aimed at older men.

Staff spoke about their work for the provider with enthusiasm and a clear understanding of what was expected of them. They told us the home was well managed, and felt well supported and valued by the management team. One staff member told us, "I speak very highly of [registered manager]. I think they do an incredibly difficult job incredibly well." Staff felt the management team were approachable, and praised the presence the registered manager maintained across the home's four care units. One staff member

explained, "[Registered manager] nips onto the unit to ask if everything's ok throughout the day." Staff understood the role of whistleblowing, and felt comfortable about challenging the management team's decisions and practices if they needed to. They described a sense of shared purpose they felt with the provider in meeting people's care and support needs in a person-centred way.

The provider placed a clear emphasis upon continuous improvement in the service, and employed a full-time quality assurance manager to oversee and coordinate their quality assurance activities. These included a rolling programme of audits and the continuous monitoring of complaints, safeguarding issues, falls and other incidents. The provider's quality assurance had led to a number of significant improvements in the service. These included the introduction of an electronic care planning and record-keeping system for improved information sharing with community professionals and greater staff accountability. A "care practitioner" role had also been developed to assist nurses with the administration of people's medicines, giving them more face-to-face time with the people who required this most. A further role of "dementia manager" had also been introduced to provide additional clinical support to ensure the health and well-being of people with dementia.

The focus upon quality improvement had enabled the service to achieve a number of recognised accreditations. These included the service's reaccreditation under the Gold Standards Framework for end of life care, level 3 compliance with the NHS Information Governance (IG) Toolkit and the "bronze" standard under the Investors in People framework. The NHS IG Toolkit enables organisation to assess how they manage people's information against information governance policies and standards. Investors in People is a recognised standard for people management and development.

The Uplands at Oxon had also acted as a pilot home for the roll-out of "NHSmail" to care homes. NHSmail is a secure email service approved by the Department of Health for sharing patient-identifiable and sensitive information between services. Use of this NHSmail enabled people's GP to access NHS systems and people's medical notes from the home itself. A local GP described the benefits of this system, adding, "It has made it a lot safer."

The provider was also working in partnership with key organisations to support care provision and service development. This included work with the local authority and Clinical Commissioning Group (CCG) to support people's discharge from hospital by offered a number of step down and rehabilitation beds. They were also contributing to research on dementia care and end of life care through the ENRICH care home research network.