Abbeyfield Oxenford Society Limited

Oxenford House

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**

Overall summary

This inspection took place on 10 December 2015. It was an unannounced inspection.

Oxenford House is a residential home registered to provide care and accommodation to up to 25 older people. On the day of our inspection 24 people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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 told us they benefitted from caring relationships with the staff who knew how to support them. Staff were supported through supervision, appraisal and training to enable them to provide the high degree of care we observed during our visit.

Staff understood the needs of people, particularly those living with dementia, and provided care with kindness

Summary of findings

and compassion. People spoke positively about the home and the care they received. Staff took time to talk with people and provide activities such as and arts and crafts, games and religious services.

People were safe. Staff understood how to recognise and report concerns and the service worked with the local authority if there were any concerns. People received their medicines safely as prescribed. Staff assessed risks associated with people's care and took action to reduce risks.

There were sufficient staff to meet people's needs. The service had robust recruitment procedures in place which ensured staff were suitable for their role. Background checks were conducted to ensure staff were of good character.

The registered manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA) which governs decision-making on behalf of adults who may not be able to make particular decisions themselves. People's capacity to make decisions was assessed appropriately.

People told us they were confident they would be listened to and action would be taken. The service had systems to assess the quality of the service provided in the home. Learning was identified and action taken to make improvements which improved people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care. People's opinions were sought and their preference respected and acted upon.

People were supported to maintain good health. Referrals to healthcare professionals were timely and appropriate and any guidance was followed. Healthcare professionals spoke positively about the service.

All staff spoke positively about the support they received from the registered manager. Staff told us

they were approachable and there was a good level of communication within the home. People knew the registered manager and spoke to them openly and with confidence.

The service maintained links with the local community through local schools, groups and businesses. Volunteers worked in the home and people engaged with local events in the community.

The registered manager led by example and had empowered staff. Their vision that the service should be a home for people, where they were treated as family members, was echoed by staff.

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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?

Good

The service was safe. People told us they felt safe. Staff knew how to identify and raise concerns.

There were sufficient staff on duty to meet people's needs.

People received their medicines as prescribed. Staff carried out appropriate checks before administering medicines.

Is the service effective?

Good

The service was effective. Staff had the training, skills and support to care for people. Staff spoke positively of the support they received.

People had sufficient amounts to eat and drink. People received support with eating and drinking where needed.

The service worked with health professionals to ensure people's physical and mental health needs were maintained.

Is the service caring?

Good

The service was caring.

Staff were very kind and respectful and treated people and their relatives with dignity and respect.

People benefitted from very caring relationships with the staff who respected their preferences regarding their daily care and support.

Staff gave people the time to express their wishes and respected the decisions they made.

Is the service responsive?

Good

The service was responsive. People were assessed and received person centred care.

There were a range of activities for people to engage in, tailored to people's preferences.

Complaints were dealt with appropriately in a compassionate and timely fashion.

Is the service well-led?

Good

The service was well led.

The registered manager led by example and empowered and motivated staff to deliver high quality care.

The registered manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff around the home. Staff knew how to raise concerns.

Oxenford House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 the 10 December 2015. It was an unannounced inspection. This inspection was carried out by an inspector 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.

We spoke with five people, five relatives, three care staff, two kitchen staff, an administrator and the registered manager. We looked at six people's care records, medicine and administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which captures the experiences of a sample of people by following a person's route through the service and getting their views on it. We observed people's care and used Short Observational Framework for Inspection (SOFI). SOFI provides a framework for directly observing and reporting on the quality of care experienced by people who cannot describe this themselves.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR, previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

In addition, we reviewed the information we held about the home and contacted the commissioners of the service to obtain their views.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said "I have settled in OK and I feel quite safe and well looked after". Another said "Safe, oh yes quite safe". Relatives told us people were safe. Comments included; "Yes, [person] is very safe here" and "It gives me peace of mind to know she is well looked after. We can honestly say we trust the staff".

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager or senior person on duty. Staff were also aware they could report externally if needed. Comments included; "Any concerns and I would comfort the person then go straight to the manager. I can call safeguarding and we have our whistle blowing line as well", "I would report to the team leader and manager and contact safeguarding" and "Straight to the manager, no question". Records confirmed the service reported any concerns to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to reduce the risks. For example, one person was at risk of falls. They were independently mobile and chose to wear their favourite footwear around the home. The risks of wearing this footwear had been explained to the person and staff were guided to monitor them as they walked around the home. This person was 'very active' and liked to go for walks outside the home. Staff were guided to support them to do this safely by ensuring the person wore appropriate footwear when going out. We saw this person go out wearing appropriate footwear. Triggers indicating the person may be at increased risk of falling were also highlighted in the risk assessment. These included the person being tired, appearing 'wobbly' and signs the person may be unwell. When staff recognised these signs they accompanied the person on their walk. Staff were aware of and followed this guidance. All risk assessments and care plans were regularly updated and reviewed.

There were sufficient staff on duty to meet people's needs. The registered manager told us staffing levels were set by the "Dependency needs of our residents". A dependency tool, in conjunction with the call bell recording system allowed the registered manager to match staffing levels to people's needs. The registered manager said "Using both allows me to see not only people's needs but when those needs are at their peak. I can then deploy more staff at the busiest times". Staff were not rushed in their duties and had time to sit and chat with people. People were assisted promptly when they called for help using the call bell. Staff rota's confirmed planned staffing levels were consistently maintained.

People told us there were sufficient staff to support them. One person said "There is always someone friendly to help me here". Relative's comments included; "There's always somebody about" and "I always see staff chatting and engaging with people, no one gets ignored so there must be enough of them".

Staff told us there were sufficient staff to support people. Comments included; "I think there's enough staff. No problems with that at all", "Yes, there is enough of us here. There is always someone you can call on if you need help" and "We've enough. It is quite relaxed when it's not busy".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

People had their medicines as prescribed. The staff checked each person's identity and explained the process before giving people their medicine. Medicines were stored securely and in line with manufacturer's guidance. Staff were trained to administer medicine and their competency was regularly checked by the registered manager. We observed a medicine round and saw correct procedures were followed ensuring people got the right medicine at the right time.

People's safety was maintained through the maintenance and monitoring of systems and equipment. We established that equipment checks, water testing, fire equipment testing, hoist/lift servicing, electrical and gas certification was monitored by the maintenance staff and carried out by certified external contractors. We saw equipment was in service date and clearly labelled.

Good

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they had received an induction and completed training when they started working at the service. Induction training included fire, moving and handling and infection control. One member of staff said "I have been well trained. It has definitely given me confidence and we get very good support here". One relative said "I am very impressed. The staff are friendly and very knowledgeable".

Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. For example, one member of staff told us about further training. They said "I get formal supervisions at least twice a year but we meet and talk almost every day. I have asked for further training in the past and now I have attained level three in care. It is very supportive here"

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager who was knowledgeable regarding the act. The 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.

People were supported by staff who had been trained in the MCA and applied it's principles in their work. Staff offered people choices and gave them time to decide before respecting their decisions. Staff spoke with us about the MCA. Comments included; "It's all about choices and respecting those choices. I treat the residents how I would want my mum and dad treated" and "It's making sure people are given choices and not deprived of their freedoms. We make sure we assess people where we suspect they are struggling with a decision and if we think they lack capacity with that decision we'll do a formal assessment".

At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the supervisory body. The registered manager told us they continually assess people in relation to people's rights and DoLS.

Staff demonstrated a good understanding about how to ensure people were able to consent to care tasks and make choices and decisions about their care. Throughout our visit we saw staff offered people choices, giving them time to make a preference and respecting their choice. For example, people were given the opportunity to engage in a seated exercise activity. We saw people were individually asked if they wished to take part. One person declined and their decision was respected. The member of staff organising the activity said "It's just personal choice. I always get permission with all care and activities and just making sure they are happy".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GP, Care Home Support Service, Speech and Language Therapist (SALT), district nurse and physiotherapist. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. Where people were at risk of weight loss or pressure damage referrals to healthcare professionals had been made and guidance was being followed.

People received effective care. One person was diabetic. The kitchen was aware and provided a suitable and varied diet for the person. The person also had monthly checks and regular visits from the GP to manage their condition. Another person had been at risk of losing weight. We saw they were provided with a special diet, encouraged to eat and weighed monthly. This person had gained weight and was no longer at risk.

People told us they enjoyed the food. Comments included "The food is very good and there are always plenty of drinks", "The food really is good. They are so obliging and will change anything as necessary", "There is a nice choice" and "The food is a good variety. In two years I think I have only had one meal I really didn't like and that was when we had a temporary chef. The Chef is a very good pastry chef for afternoon teatime". One relative told us how a person

Good

Is the service effective?

was reluctant to eat at home but since coming to Oxenford House their condition had improved. They said “She wouldn't eat and became very frail at home but has now picked up and put on weight”.

We observed the midday meal experience. This was an enjoyable, social event where the vast majority of people attended. Food was served hot from the kitchen and looked home cooked, wholesome and appetising. People were offered a choice of drinks throughout their meal. People were encouraged to eat and extra portions were available. The meal was a friendly and communal experience. We spoke with the chef who told all meals were prepared with fresh produce and he baked cakes for events or birthday celebrations. The chef said “I often take the trolley around to keep in touch with residents”. Where people required special diets, for example, pureed or fortified meals, these were provided. Menus were displayed around the dining room and staff assisted people with their choices.

Good

Is the service caring?

Our findings

People told us they enjoyed living at the home and benefitted from caring relationships with the staff. People were keen to talk to us and were extremely positive with their praise for staff. Comments included; "The staff are very good and very kind. It's quite remarkable here, no faults at all", "I'm very comfortable and happy here", "They are always coming around to see if they can do anything more for us. The staff are marvellous" and "The girls are very nice and all the staff seem to know all my family's names when they visit. It feels like they are interested and I can share any worries with the staff". A relative said they "Found the staff very caring".

Staff told us they enjoyed working at the service. Comments included; "I love it here. It is a really nice place to work", I have no concerns working here, this is a good home with a good team. I'm really happy" and "I just love it. This is a great place to work and the residents are lovely".

People were cared for by staff who were knowledgeable about the care they required and the things that were important to them in their lives. Staff spoke with people about their careers, family and where they had lived. During our visit we saw numerous positive interactions between people and staff. For example, one person was slowly walking, independently into the lounge but was clearly a little unsteady on their feet. Two staff walked either side of the person to keep them safe. As they walked we could hear the person joking with the staff who responded with laughter and one took the person's hand in a warm and friendly gesture. Once seated in the lounge the person engaged in an organised activity with the staff. We spoke to this person's relative who said "Before coming here [person] was withdrawn, quiet and very isolated. They wouldn't do anything. Seeing them here, laughing and joining in is wonderful".

We observed staff communicating with people in a very patient and caring way, offering choices and involving people in the decisions about their care. People were given options and the time to consider and choose. For example, at lunchtime we saw people's preferences of what to eat and drink were respected. Throughout our visit we saw people were treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff took time to speak with people as they supported them.

People's independence was promoted. For example, one person liked to walk into the local village. This person's care plan gave staff clear guidance on how to support them. We saw staff see the person off as they went out and greet the person when they returned. Staff were enthusiastic to learn how their trip went. This person said "I can't fault the staff and I can go out with friends to the shops and I can go for a walk on my own I go to the village Post Office".

People's dignity and privacy were respected. We saw staff knocked on doors that were closed before entering people's rooms. Where they were providing personal care people's doors were closed and curtains drawn. This promoted their dignity. We saw how staff spoke to people with respect using the person's preferred name. When staff spoke about people to us or amongst themselves they were respectful. Language used in care plans was respectful and appropriate. Throughout the day we saw people were appropriately dressed, had their hair brushed and looked well cared for.

We spoke with staff about promoting people's dignity and respecting their privacy. Comments included; "I never discuss anything in front of other residents. You have to be aware of privacy and confidentiality" and "I always knock on doors first, use people's preferred names and I am always discrete. I cover them up with personal care and of course closed curtains and doors. I don't shout about their care needs or issues either".

One person's personal goal was to maintain their dignity, particularly in relation to their personal hygiene. Clear guidance was given to staff to support this person achieve their goal. This included twice daily checks to the person's room. We saw this person who appeared clean, smart and well groomed.

Notices were displayed around the home reminding staff about the services commitment to promoting people's dignity. For example, in reception a sign stated 'Our residents don't live in our workplace. We work in their home'. Another poster contained the provider's mission statement. It stated 'to enhance the quality of life for older people'.

Some people had advanced care plans which detailed their wishes for when they approached end of life. For example, one person had stated in their care plan they 'did not want to be resuscitated in the event of a cardiac arrest'. They had

Good

Is the service caring?

also stated who they wished to be contacted in the event of their death and had given details for their funeral arrangements. For example, they wished to be cremated. Staff were aware of this person's advanced wishes.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to admission to the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Care plans were detailed, personalised, and were reviewed regularly.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person needed support with washing and dressing. The person's care plan gave staff detailed guidance on how the person wished to be supported. The guidance stated the person could 'wash themselves' but staff needed to ensure the person had 'dried themselves properly'.

Another person was supported to hold prayer meetings in the home. The person used to live locally and held prayer meetings with friends in their home. Staff supported the person to hold prayer meetings in a small lounge with their friends in private. Daily notes evidenced this was a regular occurrence.

Care plans and risk assessments were reviewed to reflect people's changing needs. Staff completed other records that supported the delivery of care. For example, where people needed topical creams applied, a body map was in use to inform staff where the cream should be applied. Staff signed to show when they had applied the cream and there was a clear record of the care being carried out. People and their relatives were informed about any changing needs. One relative said "[Person] has only been here a short time but we have been kept informed about how they are doing and what's going on. They are very good".

People received personalised care. For example, one person was independently mobile but had 'poor eyesight'. The person also 'walked very fast' and 'may not be aware of dangers or hazards around them'. Staff were aware this person's independence was important to them and staff were guided to encourage and support this person by accompanying them on their walks out of the home on their daily walk. Daily notes evidenced this person was supported in this and we saw staff accompanying them on a walk.

People were offered a range of activities including games, quizzes, sing a longs, arts and crafts, keep fit, talks with guest speakers and gardening. Trips outside the home were organised and included shopping and visits to places of local interest. Entertainers visited the home and a hairdresser was available every week. The hairdresser's room was named 'Head to Toe' and was also used by the chiropodist. People could have a manicure, pedicure or enjoy aroma therapy. There was a sensory machine to stimulate the senses, particularly for people living with dementia, and the physiotherapist also made use of the room. Church services were regularly provided for people to attend. The home also had large, well maintained garden areas for people to enjoy. Access to the garden was unrestricted and accessible for people who used wheelchairs.

We spoke with a member of staff who acted as the 'activities lead' for the home. They told us they had visits from the local Brownies and also the local primary school. Arts and craft sessions and poetry reading happened at least twice weekly and there is also a 'Knitting and Natter' club where they make squares. They said "One resident doesn't like knitting so she takes the squares and sews them into blankets so they can be sent to Romania for an orphanage". They went on to tell us people also benefitted from visits from students completing the Duke of Edinburgh award scheme and work experience.

People told us they enjoyed activities at the home. Comments included; "They are very good. They get us all involved", "Excellent. They encourage everyone to join in if they can. I do much more (exercises) now than when I lived alone at home" and "They take me out for a walk every day if they can and I can walk in the gardens on my own". One relative said "[Person] has improved physically and does more activities here than when she was at home". Another relative said "They encourage everyone to join in and she uses her walker, which she refused to do when she was at home and would insist on using her wheelchair".

People knew how to raise concerns and were confident action would be taken to address them. People spoke about an open culture and told us they felt the home was responsive to any concerns raised. People's comments

Good

Is the service responsive?

included; "I have no complaints about the food or anything else" and "They will always sort any problems out straight away". One relative said "I only have to ask and it gets done". Details of how to complain were displayed in the reception area.

We looked at the complaints records and noted very few complaints, all of which were historical. The registered manager told us concerns or complaints raised were dealt with "Long before we reach the formal complaint phase". We saw people's concerns were recorded, investigated and acted upon. These were all of a minor nature. The complaints we saw had all been resolved to people's satisfaction in line with the provider's policy.

'Residents' meetings were regularly held and people could raise issues or concerns. For example, some people had raised the issue the music in the lounge was on for too long and sometimes too loud. We saw people had discussed this issue and it was agreed the volume would be turned down and the music would be regularly turned off to allow people to chat. During our visit we observed any music played was at an appropriate volume and music was periodically turned off.

The service published a newsletter for people which was displayed and available around the home. News, information and events were published. For example, one person had made a wish to see a particular breed of dog. This was the type of dog they had previously owned and loved. The newsletter published photographs of this person's wish coming true when a dog of this breed was brought to the home for the person to see. It was clear from the photographs this was an event which had a positive impact for the person

Good

Is the service well-led?

Our findings

People told us they knew who the registered manager was and found them very friendly and approachable. People's comments included; "The manager comes around and pops in to see us all and we can see her when we need to", "She will always see us the same day if we ask for her" and "She is very helpful, very obliging and re-assuring". Relative's comments included; The manager is very good. She keeps us informed and in the picture" and "Superb, just superb".

Staff told us the registered manager was supportive and approachable. Comments included; "Manager is approachable, very caring and dedicated. She leads by example", "I have faith in her. There is completely no blame culture here because we simply try to learn from any mistakes" and "She is lovely, never a problem with her. She is very supportive and fair, more like a friend really".

The registered manager led by example. The registered manager supported people individually throughout the day and greeted relatives and visitors in a warm and welcoming fashion. Their example gave staff clear leadership and we saw this enthusiastic, person centred approach repeated by staff throughout our visit.

The service had an open and honest culture. Throughout our visit the registered manager and staff were helpful, transparent and keen to improve the service they provided. One member of staff said "Open and honest? Very much so. I don't think we have secrets here".

The registered manager told their vision was "To treat these residents as if they are our family members". Staff we spoke with echoed this sentiment. One member of staff said "We try to care for people as if they are our own family". The registered manager's vision was supported by the provider's mission statement. A 'resident's bill of rights' was also displayed and focused on 'humanising people's care'. It stated people are 'human beings' and 'could be your mother, father or other relative'.

Accidents and incidents were recorded and investigated. The registered manager analysed information from the investigations to improve the service. For example, one person was found sat on the floor at the foot of their bed. Following treatment the person's care was reviewed and they were visited by the GP. Improvements to their care were made and the person made a full recovery. One member of staff said "She is now so confident and has made a really good recovery". The person had not fallen since.

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Audits covered all aspects of care and results were analysed resulting in identified actions to complete to improve the service. For example, it was identified that information sent to the hospital prior to a person attending an appointment would often be mislaid at the hospital. The service created a 'passport' which held a summary of the person's condition and any relevant issues. This would accompany the person to the hospital. We saw passports were in use and the registered manager told us time was saved at the hospital and accurate, up to date information was available to hospital staff about the person.

The provider's trustee's conducted bi-monthly audits covering all aspects of care. The results of these audits were analysed by the service to look for patterns and trends and ways to improve the service provided.

The service maintained links with the local community. People regularly visited the local village on walks out or to attend local events or the local 'memory café'. Volunteers from the local community and businesses regularly assisted in the home providing support for trips and events. The service also supported people in the local community. The registered manager had contacted Age UK and offered people the opportunity to come into the home on Christmas day for dinner and to enjoy the activities. The scheme was called 'Companion at Christmas' and we saw four local people had already booked with the service.

Quality assurance surveys were conducted annually. We saw the results of the last survey. People and their relatives were very complimentary about the service. The registered manager analysed the results to look for improvement. For example, the survey showed people knew how to complain but some relatives were unsure. As a result the registered manager forwarded information to relatives on how to complain. It was also identified some people may have difficulty maintaining contact with their friends and relatives, especially at Christmas. The service had purchased some i pads for people to use and staff were assisting people to use them.

Good

Is the service well-led?

Regular staff meetings were held where they could raise issues and share knowledge. For example, at one meeting issues were discussed relating to people's laundry and staff provided suggestions on how to improve the service. People's opinions were sought and action was taken in line with people's preferences.

There was a whistle blowing policy in place that was available to staff around the home. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.