Sovereign (Coxwell Hall) Limited

Coxwell Hall and Mews Nursing Home

Inspection report

Fernham Road
Faringdon
Oxfordshire
SN7 7LB
Tel: 01367 242985
Website: www.coxwellcare.org

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Outstanding

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. During this inspection we spoke with four people and five people's relatives. We also spoke with two nurses, three care workers, the deputy manager and the registered manager.

The service had a registered manager who was responsible for the day to day operation of the home. A

Summary of findings

registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Coxwell Hall and Mews is a nursing home for up to 66 older people. At the time of our visit there were 59 people living at the home who were living with dementia. The majority of these people required nursing care.

Some people were prescribed medicines which could be given in variable doses, such as one or two tablets. When staff gave these they did not always keep an accurate record. This put people at risk as they may not have the medicines they needed. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

People and their relatives told us they or their relatives felt safe at Coxwell Hall and Mews and were protected from abuse. Staff knew how to identify if people were at risk of abuse and knew what to do to ensure they were protected.

The registered manager had knowledge of the Deprivation of Liberty Safeguards (DoLS). They understood DoLS and had made applications to apply it in practice. All applications were made lawfully and with the person's best interests at the heart of decision making. Deprivation of liberty safeguard is where a person can be deprived of their liberties where it is deemed to be in their best interests or their own safety.

Staff understood the needs of people and we saw that care was provided with kindness and compassion. People and their relatives spoke positively about the home and the care they or their relatives received. Staff took time to talk with people or provide activities such as cake baking, soft darts and arts and crafts.

Staff were appropriately trained and skilled and provided care in a safe environment. They all understood their roles and responsibilities, as well as the values of the home. The staff had also completed extensive training to ensure that the care provided to people was safe and effective to meet their needs. Nurses had the clinical skills they needed to ensure people's health needs were met. Staff had effective support, induction, supervision (one to one meetings with line managers) and training.

All staff spoke positively about the support they received from the registered manager. Staff told us the registered manager was approachable and there was a good level of communication within the home.

People received effective support around their personal needs. Staff supported people with to maintain their mobility and nutritional needs. Nurses assessed the health and care needs of people and provided clear guidance for staff to meet these needs.

Relatives knew how to raise concerns and felt the registered manager was approachable. Relatives told us they had no concerns, and felt the home were good at communicating changes.

The registered manager used best practice guidance around dementia care. For example the butterfly scheme (a scheme to improve the wellbeing of people with a dementia) was used in the home and all staff had an awareness of this. Staff discussed how to best support people and what activities and changes to the home would suit the needs of people.

Staff and management reflected on their work daily. This enabled them to learn from events and incidents to ensure people received effective care. This also allowed staff to express their views and resolve any issues or problems which had arisen during the day.

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?

Requires Improvement

The service was not always safe. Some people were prescribed medicines which were administered from boxes. When staff gave these types of medicines they did not keep an accurate record of how much of people's prescribed medicines in stock. This put people at risk of not receiving the medicines they needed. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

Staff had knowledge on safeguarding and knew how to identify and raise safeguarding concerns. The manager acted on all safeguarding concerns to ensure people were protected. Nurses and staff managed the risks of people's care to protect them from harm.

The manager had an awareness of the Deprivation of Liberty Safeguards (DOLS). The manager had applied for DoLS in people's best interest. Staff also had knowledge of the Mental Capacity Act 2005 and DoLS.

Is the service effective?

Good

The service was effective. People and their families were involved in their care and were asked about their preferences and choices. People received care from staff who were trained to meet their individual needs. Staff had systems to enable them to identify changes in people's needs. External healthcare professionals were involved in providing support when needed.

Nurses sought extra training to improve the consistency of care they could provide people in the home. Nurses were supported to access training frequently.

People's nutritional needs were met and people could choose what they ate. Where people were assessed as being at risk of malnutrition or dehydration the home took action to ensure people had appropriate food and drink to maintain their health.

Is the service caring?

Good

The service was caring. People were treated with kindness and compassion and their dignity was respected. Staff talked with people and involved them in activities.

People were treated with dignity and respect by staff and were supported in a caring fashion. Staff used people's preferred names and we saw staff being warm and affectionate. People responded to Staff with smiles.

Although no one was receiving end of life care, relatives were very positive about the care and support they and their relative had received. They told us, "we were absolutely amazed at the way it was done. It was sensitively done."

Summary of findings

Is the service responsive?

Good 

The service was responsive. People and their representatives were encouraged to make their views known about their care, treatment and support. Relatives were involved in planning and reviewing their relative's care and treatment when the person could not do this themselves

People were given choices throughout the day. People were given choice about activities, food and how they spent their day. We observed people engaged in arts and crafts, ball games, soft darts and cake baking.

People and their relatives were listened to and their feedback acted upon.

Is the service well-led?

Outstanding 

The service was well led. The registered manager and deputy manager were approachable and effective. The registered manager carried out relatives and resident meetings. Meetings included events and work taking place within the home.

There was good communication between all staff within the home. Staff were motivated and caring. Staff had time to reflect to which enabled their feedback to be used to improve the care or each person and the service. The management and nurse teams took time to speak with staff to discuss people's needs and address any concerns.

The home was accredited through the butterfly scheme. Good practice guidance around dementia care was available for staff. Staff used the butterfly scheme to improve the wellbeing of people with dementia.

Coxwell Hall and Mews Nursing Home

Detailed findings

Background to this inspection

We visited the home on 11 July 2014. We spoke to four of the 59 people who were living at Coxwell Hall and Mews. We could not speak to more people as most people living at Coxwell Hall and Mews were living with dementia. We spoke with five people's relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with three care workers, two nurses, an activities co-ordinator, the deputy manager and the registered manager. We also looked around Coxwell Hall and Mews and saw the way staff interacted with people.

This inspection team consisted of two inspectors. Prior to this inspection, we looked at notifications received from the provider and information received via our website from members of the public. We spoke with a contract monitoring officer and safeguarding officer both from Oxfordshire County Council regarding their involvement in the home.

We looked at a range of records about ten people's care and how the home was managed. We saw feedback from people who had used the service and a range of audits.

Following our site visit we spoke with two healthcare professionals and a general practitioner.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Requires Improvement

Is the service safe?

Our findings

Some of the ways medicines were managed were not safe. Medicines which were administered through monitored dosage systems were administered safely. However, staff did not always keep a record of the stock of people's prescribed medicines which were stored in boxes. Staff did not have systems in place to check the stock of people's prescribed medicines and therefore could not evidence if people had received their medicines. People may have been at risk as they had not received their prescribed medicines which may affect their health. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see the action we have told the provider to take at the end of this report.

Where people required anti-psychotic medicines (medicines used to reduce people's anxiety); general practitioners and community mental health specialists were involved to ensure people had the correct dose. There was a low use of anti-psychotic medicines and people's anxiety was managed well by staff. Staff told us they looked at what caused people's anxieties and looked for natural solutions.

Medicines were stored securely in locked cabinets in three medicine store rooms which were kept locked at all times when not in use. Controlled drugs (medicines which are controlled under the Misuse of Drugs legislation) stocks were checked by two staff to ensure medicines had been administered as required. There was also a medicine fridge which was kept at an appropriate temperature. Staff who administered medicines were trained and their competency was observed by senior staff.

People and their relatives told us they or their relatives felt safe at Coxwell Hall and Mews and were protected from abuse. One person said, "I feel safe. I'm very happy here." One person's relative said, "I'm happy, they're happy. I have peace of mind that they're safe."

Staff told us they had received safeguarding training and would raise any concerns to management or with external agencies such as the local authorities or the Care Quality Commission (CQC). A nurse said, "We are keen to look for signs of safeguarding. Abuse is not acceptable. Most residents live with a dementia; staff are trained to look for signs of abuse, such as a resident being withdrawn, scared or agitated. If I was aware of abuse I would inform the manager and we would have to report it to CQC and safeguarding." Staff showed a good understanding of the different forms of abuse and felt confident any concerns they raised would be dealt with effectively.

Staff told us how they could recognise the signs of abuse in someone who had difficulty communicating verbally. One said, "We get to know people so well. There are physical signs, changes in behaviour or they can become withdrawn." Another said "I can see from the person's body language something is different or wrong." They said they would report these changes. A relative said, "Yes, they're safe, I have confidence in the staff, especially the senior staff." Another person's relative told us, "We get reassurance and peace of mind from staff at the home."

Care workers and nurses had knowledge of the Mental Capacity Act 2005. Staff told us they had received training in this, and records confirmed this. One nurse said, "We have some people who we have to protect from harm, for their own best interests. Some people presented with behaviours that challenged and so we have to use minimal restraint, such as holding hands. We always involve GP's, community mental health teams and people's families." A care worker told us, "we have done a lot of training with behaviours that challenge and the mental capacity act. It's important that we respect resident's rights." The registered manager had applied for deprivation of liberty safeguard authorisation DoLS for this person due to concerns that one to one care was restricting their liberty. Deprivation of liberty safeguard is where a person can be deprived of their liberties where it is deemed to be in their best interests or their own safety. There were clear records for staff to refer to about how to ensure the restrictions were the least possible restrictive and only used when needed.

Staff had time to talk and engage people with activities. Call bells were answered quickly. We looked at the home's rota which indicated every day there was a consistent level of staff which the registered manager had determined based on people's needs. For example one person was receiving one to one support from care staff. A nurse told us, "We have an extra member of staff to enable us to care for this person. To protect them and also other people." Relatives told us: "I'm always able to find staff when needed." "The carers are around and spend time talking with the residents. It's friendly." Staff said there were

Requires Improvement

Is the service safe?

enough staff to meet people's needs. One care worker said, "yes we always have enough staff." A nurse told us, "anytime we don't have enough staff due to sickness, we get agency in, we are always well staffed."

Records relating to recruitment showed that the relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. In addition staff received induction training and a period of shadowing of more experienced staff.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about the home and the care they or their relatives received. One person said, "The staff know what to do." Relatives told us: "The staff are exemplary." "The staff have a lot of knowledge, and are always available."

Staff were really enthusiastic about the type and amount of training they received. They explained that all staff working in the home received training, including training in how to support people with a dementia. Staff told us they had a range of training to meet people's needs and keep them safe including safeguarding, moving and handling and fire safety. They thought this was one of the factors which helped them to provide such good care to people with dementia. Nurses described how they observed carers to assess their competence.

Staff told us they identified their own development needs and received training to support this. The provision of some training had resulted in nurses carrying out tasks normally undertaken by the primary care team, who do not know the residents as well as the nurses working at the home. Care staff felt valued because their training requests to carry out more skilled work were acted upon.

Staff received an annual appraisal and regular supervision meetings with their line manager. One care worker said "I am well looked after and supported. I can raise issues and be confident I am listened to." Another said "I get supervisions. They help to keep you on top of what you are doing." A nurse told us, "I am well supported by my manager and unit manager. It's a challenging role, but I am supported to conduct it."

People's care plans included risk assessments for pressure area care, falls, personal safety, behaviours that challenge, mobility and nutrition. Records also showed people had regular access to healthcare professionals and had attended regular appointments about their health needs. At the time of our visit no one had a pressure sore.

People with mobility problems were encouraged to stay mobile and independent. Staff explained how they looked for the reasons someone might not be mobile and addressed those issues in order to achieve the best for each person. For example, staff had recognised one person was in pain which limited their mobility. By addressing this the person was able to walk with minimal support. Records showed staff made referrals to specialist advisors to further assist people to be mobile.

One person was at risk of falling and they could only stand with the assistance of staff and had been assessed by nurses. A referral had been made to the care home support service (local healthcare professionals) as part of the Oxfordshire Falls Prevention Service for guidance. We saw this guidance was being followed. They were to be assisted with standing but could walk independently with a frame. They required support of staff with all transfers. An appropriate risk assessment was in place and staff were guided to "prompt the person and encourage them to maintain their independence." This person had not had a fall for three months due the assistance of staff.

Staff explored triggers for people's anxiety to find ways to support them without the need for sedation. For example the registered manager had identified the cause of one person's anxiety, Staff, talked to the person and used one to one activities to reduce their anxiety.

Some people had special dietary needs, and preferences. Kitchen and care staff had the information they needed to support people. Staff were helpful when people didn't want items on the menu. For example, we observed one person telling staff they wanted an omelette, and staff organised this. Some people were at risk of losing weight and of dehydration. Systems were in place to monitor and manage these risks. Records showed people's weight was maintained.

Where people were identified at being as risk of malnutrition, staff took appropriate action. People were weighed weekly and people had access to fortified food (food where the amount of calories is increased through cream and cheese). We observed snacks were available for people throughout the day, such as fruit, cakes and biscuits. One person said, "There is always plenty to eat." A relative told us, "I've had lunch here a few times. The food always looks and tastes good."

People saw dietary and nutritional specialists if required. The home contacted GP's, dieticians and speech and language therapists if they had concerns over people's nutritional needs. One person had been referred to speech and language therapists for guidance and this guidance was being followed.

Good

Is the service effective?

We observed five people who were living with a dementia and required the support of a staff member to have their meal. Staff supported each person with their meal. Some people needed soft or pureed foods. Each food was pureed separately so people could see the colour of the food, and the different tastes would be distinct. Staff encouraged people to eat and enjoy their meals at a relaxed pace. They sat with the person they were supporting, explaining what was happening, such as, why they were there and what the meal was. They held the person's hand to provide reassurance. They assisted the person at a relaxed pace and ensured the person was happy with their meal and was comfortable eating it.

Records showed staff monitored people at risk of dehydration got enough to drink. Staff were aware of how much fluid people needed on each day and this amount was clearly recorded on each chart. There was a kitchenette where staff could make drinks for people. Where people were not drinking enough nurses ensured referrals were made to the dietician and GP.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and compassion and their dignity was respected. People said: "I'm well looked after." "I'm happy; the girls are kind to me." Relatives said: "The staff are with the residents all the time." "Staff are kind, everyone is treated the same, with respect." "It's a friendly home. The staff are so kind and caring." We observed care workers knocked on people's doors before entering rooms and staff took time to talk with people or provide activities.

People were treated with dignity and respect by staff and they were supported in a caring way. Staff talked with people and involved them in activities. Care workers used people's preferred names and we saw warmth and affection being shown to people. People recognised care workers and responded to them with smiles which showed they felt comfortable with them. Care workers took time with people. Tasks or activities were not rushed and they worked at the person's own pace. At the lunchtime meal in one unit once everyone had been served their meal care workers sat with people and ate their lunch. People were encouraged to eat and drink and care workers interacted with people in a positive and caring fashion. This made the meal a relaxed and enjoyable social event.

Staff showed they cared for people by attending to their feelings. We observed people being assisted at lunch. For example, one person was distressed and a care worker came up to the person. They talked with the person and asked how they were. They gave time for the person to talk and engaged them. The care worker spent time talking and holding the person's hand.

Records showed what was important to each person living at Coxwell Manor and Mews was treated as important information by staff. For example, staff had recorded information about people's family life, employment and religious beliefs. People's preferences regarding their daily care and support were recorded. This information was used to engage with people and people received their care in their preferred way. We also saw one staff member asked people if they wanted assistance, the person accepted and the staff member helped. This valued the person's opinion.

People's bedrooms were personalised and contained photographs, pictures, ornaments and the things each person wanted in their bedroom. People's doors were decorated like a front door, with a colour of their choice, a door number and letter box. This gave the feeling that this was the person's private room and staff told us this enabled people to recognise their room.

Staff demonstrated a good understanding of how supporting people to be as independent as possible helped them to feel valued and empowered. One worker told us "it is about recognising people's needs and abilities. You need to spend time with them [getting to know them]. Then you can encourage them to do as much for themselves as they can."

We saw staff ensured people received their care in private and staff paid respect to their dignity. For example staff told us how they treated people with dignity and respect. One care worker said "for personal care I always close doors and pull the curtains. Then once I have explained what we need to do I make sure they are happy to do it. It is their choice after all." Another care worker told us "I knock on doors before entering a room. I am polite and respectful and take my time with the residents."

At the time of our visit, no one within the home was receiving end of life care. However, we spoke with the relatives of a person who had recently passed away at Coxwell Hall and Mews. These relatives were very positive about the care they and their relative received. They told us, "we were absolutely amazed at the way it was done. It was sensitively done. We were kept informed of their condition. We came in to their room, there was soft music, and a carer was with them holding their hand. We couldn't have asked for more."

Staff had received end of life care training. One nurse said, "We arrange for staff to be with people, until their family arrive. No one is left alone. If we need an extra member of staff we can do this. It's important for us to make end of life nice. Staff hold the resident's hand, provide physical reassurance."

People were involved in decisions about their end of life care. For example one person had a do not attempt cardio pulmonary resuscitation (DNCAPR) order document in place and an advanced care plan (a plan of their wishes at the end of life). We saw the person and their family were involved in this decision.

Good

Is the service responsive?

Our findings

Staff understood the importance of involving people in appropriate activities which help people to feel involved, valued and which are stimulating and confirm their identity. Staff told us activities were based on people's preferences. For example there were one to one activities such as talking, jigsaws, reminiscence and arts and crafts and group activities. The activity co-ordinator told us they had time to talk with people and their families to develop life history documents. They told us this helped them plan activities to meet everyone's needs.

We observed people were given choice throughout the day. They were given choice about activities, food and how they spent their day. People engaged in arts and crafts, ball games, soft darts and cake baking. The dining room had recently refurbished to include a kitchenette. People were assisted to make cakes and staff used the oven in the kitchenette so people could smell their cakes cooking. People and staff enjoyed eating the cakes in the afternoon of our visit. During all the activities people were engaged and clearly enjoyed the events, taking a full and active part in the proceedings. A relative told us, "There is always so much to do for people."

The service was responsive to people's needs because people's care was regularly reviewed. We looked at the care plans for six people. People's care plans were regularly reviewed and reflected their needs. One person was exhibiting signs of behaviours that were challenging for staff to manage. We saw incidents were recorded and the reason for any incidents were identified. Staff were involved in reviewing the person's care needs and local healthcare professional support was sought. The person became calmer and additional support was provided by staff to meet the person's needs.

Relatives told us they were involved in the planning and the reviews of their relatives care and treatment. One relative said, "I've been involved in their care. Staff always keep me informed of any changes." Another relative told us, "I'm very involved; staff always include me when needed."

People's preferences regarding activities were recorded. The daily notes in the care plan recorded what activities and events the person was involved in. In one care plan the person enjoyed watching children's TV and they loved gardening. The daily notes recorded this person regularly watched children's TV and we saw them doing this in the lounge. We also saw later in the day they were spending some time in the garden. The garden was well maintained with wide, safe access for wheelchairs. Some flower beds were arranged at a suitable height to allow people in wheelchairs to work on the flower beds if they wished.

We spoke to the activities co-ordinator who told us about responding to people's needs. They said "I felt we needed more sensory equipment to help stimulate people. I requested it and it was approved." A sensory room had recently been set up which contained a selection of tactile activities for people to enjoy. Light and sound devices were in place to stimulate and occupy people and large, thick safety mats were available so people could lie down. An interactive screen was built into the floor and computer images were projected onto the screen from an overhead projector. Moving images were displayed which people could interact with. For example, large coloured bubbles would appear and move slowly around the screen. When a person touched one of the bubbles it would burst.

People knew how to make a complaint. People and their relatives told us they felt listened to by the registered manager and staff. One relative said, "I'm confident that we can speak to them and our comments will be listened to." Another relative told us they had raised concerns about not being able to see their relative in a private space. They said they had spoken to the manager and agreed on an action that staff would assist the person to get to a private room so their relative could meet them in private if requested. This relative said, "I've raised concerns with the manager. They listened to me and acted on my views." The registered manager informed us the provider (the owner) had recently carried out a quality assurance survey and people and their relative's views were being analysed for discussion at a future relatives meetings.

There was guidance on how to make a complaint which was displayed on a notice board in the reception area. This listed contact details for Oxfordshire County Council and the Care Quality Commission. The provider's complaints policy stated all complaints would receive a written response within three weeks. We looked at the complaints file and saw all complaints had been dealt with in line with the provider's policy and people were happy with the outcomes.

Staff observed people for changes in behaviours to identify possible concerns. Staff told us they looked at change in

Good

Is the service responsive?

behaviour as possible signs of pain or abuse. Where concerns were identified the registered manager was informed and staff identified possible reasons for their change in behaviour.

Outstanding ☆

Is the service well-led?

Our findings

The service was well led. Relatives and healthcare professionals said the registered manager and deputy manager were approachable and effective. Relatives told us: "the manager is so approachable. They're never too busy." "The manager is wonderful." "The manager is user friendly." A healthcare professional said, "The manager is very approachable. Listens to us and listens to the staff." We observed the deputy manager talked to people and their relatives throughout the day and spent time ensuring people were content and happy with the service they were receiving. The deputy manager also told us they used feedback as a way of developing the service. For example they used people's views to make changes to the service.

The registered manager carried out relative and resident meetings. Events and work being done in the home was discussed at these meetings. For example the new kitchen had been discussed and relatives had been briefed on completion dates and how the kitchen would help the service. On the day of our visit this kitchen was operational and it was being used by both people and staff. Relatives were asked for their views on the changes and were involved in decisions; relatives were able to ask questions and make suggestions for improvement.

Staff told us, and we saw evidence, there was good communication between all staff within the home. Staff informed us they received regular handovers (daily meetings to discuss current issues within the home). Staff said handovers gave them current information to continue to meet people's needs. One staff member said, "Information is relayed daily. I know everything I need to know, such as if a resident has been unwell, or if they haven't eaten a lot." Another staff member told us, "Handovers are good. We all have an input and it keeps you up to date with what has gone on." Staff said their views were encouraged during handover and throughout the shift.

Staff meetings were regularly held and minutes of the meetings were recorded and made available to all staff. We saw a record of staff meeting minutes. During one meeting staff were involved in discussion about complaints and what they liked about Coxwell Hall and Mews and what could be improved. Best practice guidance was discussed during these meetings. For example discussions around the butterfly scheme (a scheme to improve the wellbeing of people with dementia). They discussed how to support people, activities and changes to the home.

The home was accredited through the butterfly scheme. Good practice guidance around dementia care was available for staff. Staff used the butterfly scheme to improve the wellbeing of people with dementia. People's care plans contained clear information on people and their social and cultural need. Staff used this information to provide person centred care and care for the person and not the dementia. The registered manager through the butterfly scheme promoted a positive culture on dementia care.

Care staff said they met at the end of each day to "reflect" on the day's events. Staff told us this meeting allowed them to express their views and resolve any issues or problems which had arisen during the day. One care worker said, "It is a really useful meeting. It helps get things straight in your head before you go home." This enabled staff feedback to be used to improve the care or each person and the service. Staff told us this promoted them to raise concerns about the service or people's care as their views were actively sought.

Staff were motivated, caring, well trained and supported. Every member of staff was positive about the support they received from the registered manager. Staff told us they felt valued and respected by the provider and registered manager. Staff told us their views were listened to and good practice around care was promoted. Staff told us: "I have enough training, I have enough support and communication is very good." "I have been supported to develop. The manager has been incredibly helpful." All of the staff we spoke with were knowledgeable and positive. We observed staff were confident and comfortable talking with people and treated them with dignity and respect throughout the day. This had a positive effect on people living at Coxwell Hall and Mews.

The registered manager managed the clinical needs of people within the home. The deputy manager and registered manager conducted clinical audits around wound management and medicines. The registered manager received supervision and support by a regional manager as part of the care provider.

Outstanding ☆

Is the service well-led?

Staff took accountability for their work within the home. We spoke with a healthcare professional who was part of the care home support service, provided by Oxfordshire County Council. They said they visited the home frequently to provide assistance. They told us staff took ownership for work around assessing the risk to people around pressure area care. At the time of our inspection no one in the home had a pressure sore. The community healthcare professional said the registered manager and staff worked to identify improvements they could make to the service. They said, "Whenever we provide the home with information, it's pinned up in offices and staff read it. It's great."

The style of leadership in the home had resulted in a staff group who understood the management structure, the purpose of the service being provided and their role in achieving that. The management and nurse teams took time to speak with staff to discuss people's needs and address any concerns. One nurse said, "It is my responsibility to make sure the shift runs well. To give support to the carers. I do observations of carers and provide supervisions. They can come to me with problems; I can go to my manager with any problems." Staff told us they knew who their line manager was and knew daily what their responsibilities were.

The registered manager discussed accidents and incidents with staff and made sure they learnt from them. All accidents and incidents were investigated and any identified risk factors were noted and actions put into place. For example, where someone had a fall the care home support service (local healthcare professionals) were contacted, and the needs of the person were reviewed if needed. All accidents and incidents were audited and analysed every month by the registered manager. The deputy manager told us this was to look for patterns and trends with accidents to see if lessons could be learnt. This information was then given to senior staff who would share the information at staff meetings and changes made where necessary.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **People were at risk because they may not receive their medicine as prescribed. Staff did not keep an accurate record of people's prescribed medicines.**