

Oxford Care Homes Limited

Fairholme 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 18 and 20 November 2015. It was an unannounced inspection.

Fairholme House is registered to provide accommodation for up to 22 older people who require personal care. At the time of the inspection there were 20 people living at the service.

The service had a 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.

People were safe and protected from the risk of abuse. Staff told us they received regular training to make sure they understood their responsibilities to report concerns.

Summary of findings

Risks were assessed and managed to protect people from unsafe or inappropriate care. People received their medicines as prescribed and staff carried out appropriate checks before administering medicines.

People benefitted from staff who understood and implemented the principles of the Mental Capacity Act (2005). The MCA is the legal framework to ensure that where people are assessed as lacking capacity to make decisions for themselves, decisions are made in their best interests. Care staff we spoke with had completed training on the Mental Capacity Act 2005.

Staff had the knowledge, training and skills to care for people effectively. Staff told us, and records confirmed they were supported to carry out their role. Staff had regular meetings with their line manager and could access further training, for example, national qualifications.

There were enough staff to meet people's needs, staff were not rushed in their duties and had time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support.

People had sufficient to eat and drink and were supported to maintain good health. The service worked with other health professionals to ensure people's physical health was maintained. People were treated with dignity and compassion. People's preferences regarding their daily care and support were respected.

The service had an activity coordinator and people had access to a wide range of activities. During the inspection we saw people engaged in meaningful stimulation.

People were involved in the running of the home and staff had a culture of openness and honesty where people came first. The manager was visible around the home and available to people and staff. The manager had systems in place to monitor the quality of the care provided and used this information to improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe people told us they felt safe.

Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

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

People received their medicines as prescribed.

Good



Is the service effective?

The service was effective.

Staff had the training, skills and support to care for people.

People had sufficient to eat and drink and were supported to maintain good health.

The service worked with other health professionals to ensure people's physical health needs were met.

Good



Is the service caring?

The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

People's preferences regarding their daily care and support were respected.

Good



Is the service responsive?

The service was responsive. People's needs were assessed to ensure they received personalised care.

There was a range of activities for people to engage with.

Staff understood people's needs and preferences. Staff were knowledgeable about the support people needed.

Good



Is the service well-led?

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

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

The home had a culture of openness and honesty where people came first.

Good



Fairholme 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the on 18 and 20 November 2015 and was unannounced. The inspection was carried out by one inspector.

At the time of the inspection there were 20 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with four people, six relatives, four care staff, the registered manager, the director and two healthcare professionals. We reviewed five people's care files, three staff records and records relating to the management of the service.

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.

Is the service safe?

Our findings

People we spoke with told us they felt safe. Comments included “Oh yes I am safe here”, “I feel safe here” and “When I first moved in I used to get a bit worried in the evening, I told the staff and they encouraged me to press my bell whenever I got worried. When I press it there straight here with a cup of Ovaltine, and we have a chat. It always makes me feel safe”. Relatives we spoke with told us “Mums very safe here”, “Mum feels safe here” and “I have no qualms about Mums safety”.

Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff we spoke with told us if they had any concerns then they would report them to the manager. Staff were aware they could raise concerns outside of the organisation. One care worker told us “I would go to the CQC (Care Quality Commission) or the police” another worker told us “I would go to social services first and then the CQC”. Safeguarding information was available in the home.

People’s care plans contained risk assessments which included; moving and handling, falls and nutrition. Where risks were identified plans were in place to identify how risks would be managed. For example one person was at high risk of falling from getting out of bed, as a result the home had installed safety pressure mats next to this person’s bed to alert them to any falls in the night. Staff we spoke with were aware of these risks and what action to take as a result. There were personal evacuation plans in place for each person, this ensured people were protected during untoward events and emergencies.

We observed and people told us there were enough staff to meet their needs. The registered manager told us “The staffing levels are based on the needs of the clients, an

example of this was about a month ago when we had a lot of clients receiving end of life care. So to make sure we supported everyone the best we could, we got extra staff in”. Staffing rotas confirmed this.

Staff and relatives told us there were enough staff to meet people’s needs. One relative said “Staffing is consistent, it’s great”. The registered manager used a ‘dependency tool’ to assess the needs of people against the number of staff needed. This was reviewed regularly by the management team.

During the day we observed staff were not rushed in their duties and had time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support and call bells were answered promptly. People in their rooms had call bells to hand. One relative told us “The staff are very responsive when the call bells and alarms are used”.

People received their medicines as prescribed. Staff administering medicines checked each person’s identity and explained what was happening before giving people their medicine. This ensured people received the right medicine at the right time. Medicine records were completed accurately. Medicines were stored securely in a locked cabinet and in line with manufacturer’s guidelines.

Medicines administered ‘as and when required’ included protocols providing guidance for staff about when the medication should be used. Staff had an understanding of the protocols and how to use them.

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.

Is the service effective?

Our findings

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their support plans. Comments included “The staff here are very good”, “I could not wish for better” and “The staff here have been amazing”.

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. Training included moving and handling, safeguarding, medication, fire safety and health and safety. Comments included “You can’t work with clients until you are signed off by the manager”, “The training is really good and it’s continuous” and, “The most recent training was fire training it was brilliant”.

Staff told us, and records confirmed they had effective support. Staff received regular supervision and appraisals. Staff we spoke with told they felt supported by the registered manager. Comments included “We are encouraged to highlight training, anything you want they do it” and “The supervision enables me to do my job better”. You can get things of your chest and highlight concerns”.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

Records showed that staff had been trained in the Mental Capacity Act (MCA). All staff we spoke with had a good

understanding of the principles of the (MCA). Comments included: “It protects those who don’t have capacity and those that do”, “Just because someone lacks capacity in one thing it doesn’t mean they lack capacity in other things” and “The act is there to make sure that those people who lack capacity have the right procedures in place to keep them safe”.

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS provide legal protection for people who lack capacity and are deprived of their liberty in their own best interests.

People had sufficient to eat and drink. Where people needed assistance with eating and drinking they were supported appropriately. People were offered a choice of two meals on the daily menu. The chef advised us that if people did not like the choices available an alternative would be provided. People told us they enjoyed the food provided by the home. Comments included “The chef comes around every morning to check in with you”, “The food is very nice”, “No problems what so ever with the food”, “The veg is always fresh” and “The food is freshly cooked and the cakes are made daily”.

People had regular access to other healthcare professionals such as, the district nurse, chiropodists, opticians and dentists to ensure their health needs were met. Where healthcare professionals provided advice about peoples care this was incorporated into people’s care plans and risk assessments. For example, one person had been referred to their GP as the person had been identified as being at risk of malnourishment. This person’s care plan contained details of recommendations made by the G.P and we saw staff followed these recommendations.

Is the service caring?

Our findings

People were complimentary about the staff and told us staff were caring. Comments included “They are very caring here they always have time for you”, “It’s lovely here and the staff are lovely” and “They are nice and very caring they always come when I press the buzzer”.

Relatives we spoke with told us that the staff were caring. Comments included “The care is brilliant, I have no complaints”, “Mum had to go back into hospital, when we couldn’t make it [registered manager] went. I couldn’t fault the level of care here”, “Its good care here, you can see it’s not just a job to them”, and “I think the staff here do a brilliant job”. One visiting healthcare professional we spoke with told us “The staff here care”.

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 and reassure them, always making sure people were comfortable and had everything they needed before moving away. One staff member we spoke with told us “We are here to make a difference and make people’s lives easier”.

People were treated with dignity and respect. Staff took time to ensure people understood what was going to happen and explained what they were doing whenever they supported people. For example, we observed staff supporting one person who required support with a walking aid. This person wanted to move across the lounge to sit closer to where the activities were taking place. Staff supported them and took the time to explain how they

would move around other people, where they would be heading to and what was going to happen when they got there. One person we spoke with told us “They always tell me what we are going to do first, they are excellent at it”.

One staff member we spoke with told us “It’s important they know what we are doing, we are not here to take away decisions from people”. Another staff member said “A step by step explanation of what you are doing results in a nicer experience, and it supports individuality”.

Staff gave people the time to express their wishes and respected the decisions they made. For example one person was supported with their food and they asked if they could do it by themselves. Staff acknowledged this and informed the person they would be sat nearby in case they changed their mind.

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. People’s friends and relatives could visit whenever they wanted to. People were able to meet their relatives in the communal areas or in the privacy of their rooms. A relative told us “You can visit whenever you want”.

People’s dignity and privacy were respected. We saw staff call out to people if their room doors were open before they walked in, or knocked on doors that were closed. When they provided personal care, people’s doors and curtains were closed. Staff spoke discreetly to people when encouraging them to accept support with personal care.

Information relating to people and their care was held in the office. The office had a locked door ensuring people’s information remained confidential.

Is the service responsive?

Our findings

People's needs were assessed prior to them entering the service and this information was used to develop care plans. Care plans contained details of people's likes and dislikes and how they wished support to be delivered. Care plans contained 'This is me' document which detailed the

persons history, how they liked to spend their time and things that were important to them. For example one person enjoyed time speaking different languages. We observed how the home had arranged for this person to attend a fortnightly quiz that was carried out in French.

Staff were responsive to people's changing needs. One person was using a walking aid was presenting further risks of falling. The service liaised with this persons G.P and highlighted their concerns as a result this person was supplied with a different walking aid which resulted in the person having less falls. Guidance had been provided to staff in relation to the equipment and support the person needed. This guidance was clearly recorded in the person's care plan and we observed staff following this guidance. During our inspection we observed the morning handover meeting and it was evident that peoples changing needs were discussed.

Relatives we spoke with told us that the service was responsive to people's needs. Comments included "If you raise an issue they do something about it immediately" and "The staff are very good, if there's a concern it's brought to my attention immediately".

People received personalised care. All the care plans held personal information about people including their care needs, likes, dislikes and preferences. For example one person preferred to bath and did not want to shower. To mitigate the risk that this presented to the person staff made sure that a call bell was in reach and that staff were in speaking distance. Staff we spoke with were aware of this.

Staff were knowledgeable about the people they supported. Comments included "Our residents are so individual and it's great to get to know that individual", "Our residents like to talk so it's important that you listen" [Person] did national service, we always have a laugh about what he got up to on leave. He supports (football team) but last year he supported (football team) because they were top of the league", [Person] loves fluffing up their own pillows and doing their own washing up".

The service had an activity coordinator who was responsible for day to day activities. During the inspection we saw people engaged in activities. Staff were supporting people to play a game called 'memory lane'. People were smiling and laughing and enjoying the social interactions with staff. People had access to a wide range of activities that included arts and crafts, memory groups and trips into the local villages. We spoke with the activity coordinator who told us "You ask them what they want to do, it's always a lovely mixture of who wants to do what". Care records highlighted people's faiths and religious practices. We saw evidence that people were supported to follow their faith in the way that they liked to.

People knew how to make a complaint and leaflets asking for feedback about the quality of the service were available in the communal areas of the service. There had been one complaint since our last inspection, this had been logged and responded to in line with the organisations policy.

People's opinions were sought and acted upon. There were regular meetings and surveys for people where they were encouraged to comment on the service and information was shared. Survey results and meeting minutes showed people had shared their views. For example, people had said that they would like to change the activities on a Saturday afternoon to include watching films with popcorn and chocolate. As a result the registered manager developed a cinema afternoon. This included asking people to identify their favourite films to watch. We saw evidence that this was taking place.

Is the service well-led?

Our findings

Staff spoke positively about the service and the registered manager. Comments included “The registered manager is very good”, “If we ask for anything [registered manager] sorts it out”, “The great thing about this home is that we have time to care”, “I love working here and the residents”, “[Registered manager] is absolutely brilliant, I can’t fault (them)”, “I love working here its feels easy and relaxed, “[Registered manager] is really approachable and supportive”, “[Registered manager] is a good manager (they) don’t sit in the office all day (they get involved)” and “It’s a nice place to work. The registered manager said “It’s not about me. They know the residents better than me, I listen to what they say. I’ve got brilliant staff”.

Relatives spoke positively about the service and the registered manager. Comments included “Right from the very beginning they have listened and heard what I have said and acted on everything we have said”, “[Registered manager] clearly has a good handle on things here” and “I get the impression that if there is a problem [registered manager] will let me know. [registered manager] is a no nonsense person”.

There were effective systems in place to assess the quality of the service. Regular audits were conducted to monitor the quality of service and learning from these audits was used to make improvements. For example, a recent audit identified the need for an improved system to ensure the medicines round matched with the layout of people’s rooms. The service adopted a new system that was supported by the local pharmacy.

The service was continually looking to improve. For example the service had recently reviewed its equality,

diversity and human rights policy. We spoke with the registered manager about this who told us “It’s important, we do it every day. We have a diverse group of residents and staff team. We felt that it is such a big important thing that we needed to update. We then followed the guidance from the CQC internet page”

There was a positive and open culture in the home. The manager and senior carers were available and approachable. People knew who the manager was and we saw people and staff approach and talk with them in an open and trusting manner. We saw the manager was involved in the day to day tasks of running the home.

The registered manager told us that the visions and values of the home were “To make sure that the residents are safe and cared for and it’s all about the dignity respect and individuality of the people that live here”. Staff displayed these values in their work during our visit. Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff’s care practice.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

The service worked in partnership with visiting agencies and had links with GPs, the pharmacist, district nurse and Care Home Support Service. One healthcare professional we spoke with told us “All the staff are really patient, it’s not put on it feels really natural”.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.