Barchester Healthcare Homes Limited

Oxford Beaumont

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?	Requires improvement

Overall summary

This inspection took place on 3 December 2015. It was an unannounced inspection.

The Oxford Beaumont provides nursing and personal care for up to 49 people. The service also has a 'Memory lane' unit that accommodates people living with dementia. On the day of our inspection 33 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 received their medicines as prescribed. However, records of medicine stock were not always accurate. This did not impact on people's safety.

The registered manager conducted audits to monitor the quality of service. However, audits were not always effective and had failed to identify the issues we

Summary of findings

highlighted during this inspection. Records relating to people's assessment and care support needs were not always accurate and up to date. For example, some care plans contained conflicting information.

People were safe from the risk of abuse. Staff understood how to recognise and report concerns and the service worked with the local authority if there were any concerns. People told us they felt safe and were happy with the support they received. Staff assessed risks associated with people's care and took action to reduce risk.

There were sufficient staff on duty to meet people's needs. Staff were not rushed in their duties and had time to chat with people and support them with activities. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Staff understood the needs of people and provided care with kindness and compassion. People spoke positively about the service and the caring nature of the staff. Staff took time to talk with people and provide activities such as and arts and crafts, games and religious services.

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 told us they enjoyed the food and had enough to eat and drink. Where people needed support with eating and drinking this was provided in a discreet and caring fashion. Where people required special diets this was also provided.

People's opinions were sought and acted upon to improve the service. Regular surveys were sent to people and their relatives and the results analysed. Where people and their relatives had made practical suggestions they were adopted to improve 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.

Accidents and incidents were investigated and learning shared amongst the staff to prevent reoccurrence. The service had a culture of openness and honesty where people came first.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activity) Regulation 2014. You can see what action we have required the provider to take at the end of this report.

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 received their medicine as prescribed.

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.

Good

Is the service effective?

The service was effective. The registered manager and staff had good knowledge of the mental capacity act (MCA).

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.

Good

Is the service caring?

The service was caring. Staff were kind and respectful and treated people and their relatives with dignity and respect.

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

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

Good

Is the service responsive?

The service was responsive. People were assessed and care plans created to support to people's needs.

There were a range of activities for people to engage in, tailored to people's preferences. Community links were maintained and people frequently visited the local area.

People were confident they could raise concerns and action would be taken.

Good

Is the service well-led?

The service was not always well led. The registered manager conducted regular audits to monitor the quality of service. However audits were not always effective.

Records were not always accurate and up to date.

The service had a culture of openness and honesty where people came first. The registered manager fostered this culture and led by example.

Requires improvement

Oxford Beaumont

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 3 December 2015. It was an unannounced inspection. This inspection was carried out by two inspectors.

We spoke with five people, four relatives, five care staff, two nurses, the chef, an activities coordinator, one maintenance worker and the registered manager. We looked at five people's care records, medicine and administration records. We also looked at a range of records relating to the management of the home. 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 visit we looked at 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 and the care home support service to obtain their views. The care home support service provides specialist advice and guidance to improve the care people receive.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "I do feel safe here, yes" and "I do feel safe here, very safe". Relatives told us people were safe. Comments included; "Safe, oh yes, no doubt about that" and "Yes they are safe. The staff make sure they know where they are and there is always someone around to help".

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; "I'd report straight to the nurse. I can also call our whistle blowing line, the local authorities or the police", "We have the outside numbers to ring if we need to" and "I'd report to the duty nurse, write an incident form and call the local safeguarding team". Records confirmed the service reported any safeguarding 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 had difficulty with their memory, could forget where their call bell was located and forget to use it. Guidance to staff was to ensure the person's call bell was 'in easy reach and in sight'. They were also advised to check the person regularly. Staff followed this guidance. We went to this person's room and saw their call bell was visible and within reach. We also saw this person later in the day with a mobile call bell device hung around their neck. One member of staff said "The risk assessments are good as they give me knowledge to reduce people's risks and keep them safe".

Another person was at risk of falls. The person was independently mobile and used a frame to mobilise. Staff were advised to ensure this person's frame was in easy reach. Staff were aware and followed this guidance. A full diary was maintained for this person and we saw their last fall was over a year ago. All the risk assessments we saw were current and regularly reviewed.

People received medicines in line with their prescriptions and medicine was kept securely. There were no missing signatures on the medicines administration records (MAR). The records were only signed after the person had taken their medicine. The nurses told us they had their competencies in relation to administering medicines regularly assessed. Topical medicine administration records were in place. Records of creams application were kept in the person's room with guidance for staff to follow. However, we found the amount of medicines did not correspond correctly to stock levels documented on MAR. We checked the stock of medicines of three people and in two cases the amount recorded was different to the actual stock count. This calculation error did not impact on people's safety. We spoke with the registered manager about this who said they would "Take immediate action to rectify the error".

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". 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.

Relatives told us there were sufficient staff on duty to meet people's needs. One said "I think there's enough staff here. Buzzers are answered quickly" and "Plenty of staff to help people when they need it". One person told us "Yes, the helpers (staff) will come if I ring the bell".

Staff told us there were sufficient staff to support people. Comments included; "I do think there's enough of us around. It's not perfect, nothing ever is but we always get by. It is very rare we are short of staff", "Yes, I do feel we have enough staff as we are calm and we do not need to rush" and "I think there is enough staff. We have plenty to deal with anything that comes up".

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.

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 relative said "I do think they have very good knowledge and the right skills to care for the residents here" and "The nurses have the skills and training and this is passed onto the care workers. They are very good".

Staff told us, and records confirmed staff were supported through regular meetings with their manager, annual appraisals, group supervisions and staff meetings. This meant staff were presented with opportunities to discuss any concerns with their line manager on regular basis. Staff told us they felt they worked in a supportive environment. Comments included; "I do feel supported here, I have regular meetings with my line manager", "I'd definitely feel confident to ask for more training if I needed to" and "I have regular meetings with my manager but I can go to them (line manager) at any time".

Staff told us they received effective training. Comments included; "The training is very good and we are always retraining. We have the skills and tools to do our work" and "Induction training was good and I get extra training as well. Barchester are putting me through the 'Care Practitioner Scheme' to give me extra skills and help me with career development". Nurses told us that they attended a number of specialist training courses such as catheter care, venepuncture (blood withdrawal) and using a syringe driver (a device to give medicines under the skin where the person might not be able to swallow it). One nurse said "I feel definitely confident in my role". Another said "The training is very good, I have had a good induction and we receive regular refreshers, the training is ongoing".

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. 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.

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 is to protect people who may have difficulty making decisions. We don't judge and we all make mistakes. We give them choices and they can decide on their care and how they want us to support them" and "The act protects people around decisions. I give them options and if they choose a bad option I try to explain and persuade them but it is their choice. We are here to help them, not just do for them".

At the time of our inspection seven people were 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 assessed people in relation to people's rights and DoLS. Authorisations were complete and had been authorised by the appropriate body.

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 offering people choices, giving them time to make a preference and respecting their choice. For example, one person attended a craft activity but quickly decided they wanted to return to their room. The member of staff supporting this person checked they were not feeling unwell and then supported them to return to their room. Care plans were signed by the person or relatives who had lasting power of attorney and we saw they were involved in care reviews ensuring the service had their agreement on any changes to the support they received.

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, 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 followed. We spoke with a visiting healthcare professional who said "This is a good home. The nurses and carers are very responsive to the needs of the residents. We get good referrals and they follow our guidance here".

People received effective care. For example, one person was at risk of developing pressure ulcers. Waterlow risk

Good

Is the service effective?

assessments and body maps were used to manage the risk. Guidance provided to reduce the risk included the person having a nutritious and varied diet to help maintain healthy skin and a hygiene regime where staff ensured the person was regularly washed and 'thoroughly dried'. Staff were aware of and followed this guidance. The person did not have a pressure ulcer.

People told us they enjoyed the food. One person said "Oh, the food is good here. There's always a choice". Another said "Some days it is better that the others". A relative said "[Person] can be a bit fussy but the food is really good here. They eat very well from what I've seen".

People had enough to eat and drink. Where people needed assistance with eating and drinking they were supported appropriately. Staff were patient and caring, offering choices and providing support in a discreet and personal fashion. Menus were provided daily and staff helped people choose what to eat. People were also shown their meals so they could decide what to eat on the day. Where people required special diets, for example, pureed or fortified meals, these were provided. The chef said "We maintain a record of everyone's nutritional needs and we get updates from staff regularly. We know exactly what people need and like".

We observed the midday meal experience. Food was served hot from the kitchen and looked home cooked, wholesome and appetising. People were offered a choice of drinks throughout their meal. One person decided they did not want the meal they ordered. Staff offered the person alternatives and the person's preference was provided. People were encouraged to eat and extra portions were available. The meal was a friendly and communal experience.

Good

Is the service caring?

Our findings

People told us they enjoyed living at the home and benefitted from caring relationships with the staff. One person said "Staff are really good, it's really homely here and I would not like to go anywhere else". Another person said "I think the staff here do their best all the time with what they have to do". Relative's comments included; "They have been very helpful here, very kind and ever so caring", "I am absolutely happy he is here. No complaints at all and the staff are wonderful", and "Superb, just superb".

Staff told us they enjoyed working at the home. Comments included; "We have really good, caring relationships here. We give them choices and it works", "I do like it here. I have good colleagues and the residents are lovely", "I think we are a very caring team. I would put my grandparent here with no hesitation", "I think all carers genuinely care here" and "I love it, I love my job. Being able to look after people is very important to me. When they smile I know I have done my job".

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. We observed staff communicating with people in a patient and caring way, offering choices and involving people in the decisions about their care. For example, at lunchtime we saw people's preferences of what to eat and drink were respected.

People's independence was promoted. For example, one person needed support with looking after their hair. Staff were advised to 'encourage them to brush their own hair'. Staff were aware of this advice and the daily notes evidenced the advice was being followed. A member of staff said "I try to promote their independence as much as possible".

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. For example, one person returned from a trip out with a relative. A member of staff greeted them and asked about their day. The person spoke enthusiastically about their trip out and engaged in conversation with the staff member as they supported them back to their room.

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.

Staff told us about respecting privacy and promoting dignity. One member of staff said "I close curtains and doors and get them dressed appropriately. I explain everything we are doing and show them so they understand". Another said "I always knock on people's doors before entering. I ask how they like to be addressed and then follow that. I always offer them choices and if they have difficulty I show them".

People were involved in their care. We saw reviews of people's care involved the person, their family and staff. All who attended reviews had signed the care plan. One relative said "We are very pleased with the care and attention to detail here. We are kept well informed and I really feel involved with [person's] care".

Some people had advanced care plans which detailed their wishes for when they approached end of life. For example, one person had written a letter to the service. This letter gave details of the person's advanced wishes and was attached to the front page of their care plan. The letter stated in the event of a cardiac arrest 'I wish to be resuscitated'. We confirmed with the person this was still their wish. The person had signed the letter and forwarded a copy to their GP. The registered manager said "We put that at the very front of their care plan as it is so important to them and we will respect their 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 could sometimes experience pain but had difficulty verbalising. The care plan guided staff to monitor the person and look for signs the person may be in pain. This included; facial expressions, grimacing, rubbing body parts and changes in mood. One member of staff said "Knowing the resident is really important. Once you know them a look can tell you they are in pain".

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 had cream charts to record the application of 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.

One person had been assessed as needing regular assistance with changing their body position. Their care plan stated that they 'needed to be repositioned by the staff'. We saw a chart was in place and staff had recorded that they assisted the person to reposition as required.

People received personalised care. For example, one person needed assistance with their personal hygiene. The person was 'fragile' and became anxious when standing. Two staff supported this person and used a chair to help the person feel safe. The care plan detailed which parts of the person's personal hygiene regime they could complete independently and highlighted where they needed support. One member of staff said "It's about learning what people like to have support with and how they like it. It is a personal choice we respect".

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. Church services were provided and people could have a personal service in their room if they wished. Throughout December a programme of activities was published entitled 'Celebrate Christmas at the Oxford Beaumont'. Christmas activities were planned every day and included; putting up decorations, making Christmas crackers, a Christmas quiz and various carol services.

People told us they enjoyed activities in the home. One person said "There are all sorts of activities on offer but I do not always go to them". Relatives comments included; "There's always lots going on and there's regular trips out" and "Good activities here, plenty to do for people to enjoy". The service had the use of a mini bus used for regular trips out. For example, one planned trip to a local garden centre was scheduled along with visits to other local places of interest. The activities co-ordinators also provided one to one activities for people in their rooms.

The home had a large, well maintained garden area for people to enjoy. Access to the garden was unrestricted and accessible for people who used wheelchairs. Staff regularly visited the garden to make sure people were safe and to provide support if it was needed.

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 that they felt that the home was responsive to any concerns raised. One person said "I would speak to one of the staff here". Staff told us they would assist people to complain. One said "I'd help residents complain by reporting their concerns to the nurse on duty. I would also help them with any forms if they wanted".

Details of how to complain were in a folder in reception and in the welcome packs people received when they first entered the home. We looked at the complaints folder and saw there had been four complaints during 2015, only one of which was recorded as 'formal'. All complaints had been dealt with promptly in line with the policy.

People's opinions were sought and acted upon. Regular 'relative's and residents' meetings were held. At the last meeting the services refurbishment was discussed. People were informed of timescales, expected disruption and how

Good

Is the service responsive?

the service intended to minimise the impact of building work within the home. For example, people discussed and agreed the plan to temporarily use a small lounge as a dining room during the work period. People also took part in a survey to choose what music, if any, should be played during mealtimes. Most people had asked for music and their choice of music was played quietly during the lunchtime meal.

Activities meetings were held with people to discuss and put forward ideas for activities. People's suggestions were recorded and, where practical, adopted. For example, we saw people had asked for more musical and choral activities and this request formed a significant part of the planned Christmas activity programme.

Requires improvement

Is the service well-led?

Our findings

Regular audits were conducted to monitor the quality of service. Audits covered all aspects of care and staffing procedures. Data from audits was analysed and action plans created to improve the service. For example, following one audit it was identified a path in the garden was unsafe as a slab had risen presenting a trip hazard for people. Immediate action was taken and the path repaired. However, not all audits were effective. None of the audits conducted highlighted the concerns we identified during our visit. For example, a medicine audit conducted on the 26 November 2015 did not identify the medicine calculation error we found.

People's capacity to make certain decisions was assessed. However some assessments had not been completed correctly in line with the MCA. For example, staff told us one person had capacity. However, the nurses told us the person's capacity was fluctuating. We reviewed this person files and we found the capacity assessment had been carried out but it had not been recorded which decision it related to. The person had been assessed as having 'no capacity' which is against the assessment criteria. The same person had another capacity assessment carried out at a later date. This time the decision was recorded however the outcome of the assessment did not match the decision.

One person had been prescribed a new medication a week prior to our inspection. The medication was prescribed for 'episodes of extreme agitation'. The staff were knowledgeable about this person's changing needs and the care plan reflected detailed information on how to reassure the person during episodes of anxiety. However, the information about the new medication had not been added to the care plan. We discussed this with the nurse on duty who told us that they were going to update the care plan.

In one care plan we saw the person's condition had improved following physiotherapy and now only required one member of staff to support them with their mobility. We looked at the moving and handling risk assessment and saw this had not been updated in spite of two reviews having been completed since the person's improved state. Staff were aware of the changes and supported the person appropriately. We raised this with the registered manager who said they would "Review this person's support plan immediately".

These concerns are a breach of Regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People knew the registered manager. Throughout our visit we saw the registered manager talked to people and staff in a relaxed and friendly manner. People responded to them with smiles and conversation. One relative said "She is lovely, nothing is too much trouble". Another relative said "She is very good. Responsive and approachable".

Staff told us the registered manager was supportive and approachable. Comments included; "The manager is very good to us. I get excellent support and I have no worries", "She is approachable. If you need to discuss something she will. She is also flexible and helps with my shifts as I have a family", "Oh I do feel supported by the management here" and "Very straight forward and direct. You know where you stand and I like that. She is also very supportive".

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 "I think we are an honest service. We learn from our mistakes and we share that learning so we know what is going on". The registered manager said "This inspection is an opportunity for us to learn and improve".

Accidents and incidents were recorded and investigated. Information was recorded electronically and sent to the provider for analysis. The registered manager investigated accidents and incidents to improve the service. For example, one person was found with a small injury to their leg and it was suspected, but not confirmed, to have occurred during hoisting. The person was treated but could not remember what had happened. The incident was discussed with staff and they were reminded at briefings to use correct moving and handling techniques to help avoid further accidents.

Staff meetings were held to share information. Updates on people's care were discussed and staff could raise issues or concerns. Staff were also reminded of any tasks or actions which required attention. For example, at one meeting it was raised staff supervisions were due. An action was

Requires improvement

Is the service well-led?

created and a member of staff identified to complete the action. Records confirmed this had been addressed and staff supervisions were scheduled for this period. At another meeting staff were reminded that polo shirts were provided for 'hot weather' only and staff were now expected to wear uniform. Staff were reminded they could 'order new uniform if needed'. During our visit we saw care staff in uniform. One member of staff said "We have regular staff meetings, quite often, even once a week if there is anything that needs discussing".

Annual surveys were conducted and people's views and opinions were sought on all aspects of care and the home. The latest survey results were very positive with people rating the service as 'good'. People's recorded comments were very positive.

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 including the Care Quality Commission (CQC) 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.

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

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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Records were not always updated and accurate. Regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.