

Abbeyfield Oxenford Society Limited

Oxenford House

Inspection report

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Ratings

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

Summary of findings

Overall summary

We undertook an unannounced inspection of Oxenford House on 11 January 2018.

Oxenford House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It is a member of the Abbeyfield Society and is a purpose built care home registered to provide care and accommodation to up to 25 older people. On the day of our inspection, 21 people were living at the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good overall.

Why the service is rated Good:

The service continued to provide support in an extremely caring way. Staff supported people with exceptional kindness and compassion and went the extra mile to provide support at a personal level. Staff knew people very well and many referred to them as family. Staff respected people as individuals and treated them with dignity whilst providing a high level of emotional support. People, and their relatives, were fully involved in decisions about their care needs and the support they required to meet those individual needs

The service was led by a registered manager who promoted a service that put people at the forefront of all the service did. There was a positive culture at the service that valued people, relatives and staff and promoted a caring ethos that put people at the forefront of everything they did.

People remained safe living in the home. There were sufficient staff to meet people's needs and staff had time to spend with people. Risk assessments were carried out and promoted positive risk taking, which enable people to live their lives as they chose. People received their medicines safely.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

People had access to information about their care and staff supported people in their preferred method of communication.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People had access to a variety of

activities that met their individual needs.

The registered manager monitored the quality of the service and looked for continuous improvement. There was a clear vision to deliver high-quality care and support and promote a positive culture that was person-centred, open, inclusive and empowering which achieved good outcomes for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Outstanding ☆

The service has improved to outstanding

People benefitted from extremely caring relationships with staff who went the extra mile to provide support at a personal level.

People and their relatives were fully involved in their care.

People were treated as individuals with the highest level of dignity and respect.

Staff consistently displayed the homes values of Caring, Honesty, Openness and Respect at all times.

People received a high level of emotional support that promoted their health and well-being.

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Oxford House

Detailed findings

Background to this inspection

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

This inspection took place on 11 January 2018 and was unannounced. The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR, previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about.

We spoke with 15 people, three relatives, eight care staff, the activities coordinator, the administrator, a house keeper, a kitchen assistant, the chef and the registered manager. We also spoke with a visiting healthcare professional.

During the inspection we looked at five people's care plans, four staff files, medicine records and other records relating to the management of the service. We observed care practice throughout the inspection. We also 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 continued to feel safe. People's comments included; "I wouldn't even question safety, of course it's safe", "I feel completely safe here, it's obvious it's a safe place to be" and "It was the first comment I made to my sister when I moved here, that I feel so safe". One relative commented, "Yes, I can say with confidence mum is absolutely safe here".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "I'd go to my team leader and call CQC (Care Quality Commission)" and "I'd speak to [registered manager] straight away. I can also call the safeguarding board and police". There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. One staff member told us, "There's always enough staff here, we cover everything". During our inspection, we saw people's requests for support were responded to promptly. Records confirmed the service had robust recruitment procedures in place.

Risks to people were identified in their care plans. People were able to move freely about the home and there were systems in place to manage risks relating to people's individual needs. For example, where people were at risk of pressure damage, guidance had been sought from healthcare professionals and this guidance was followed.

People were protected from the risk of infection. Infection control policies and procedures were in place and we observed staff following safe practice. Colour coded equipment was used along with personal protective equipment (PPE). The home was clean and free from malodours. Staff told us they were supported with infection control measures and practices. One staff member said, "We have plenty of gloves, aprons and equipment".

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration, we saw these instructions were followed. Medicines were stored safely. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely.

We observed a medicine round. Staff identified the person and explained what they were doing. They sought the person's consent before administering the medicine. When they were satisfied the person had taken their medicine they signed the medicine administration record (MAR). One relative commented, "Yes, it's very safe here, medicines are administered efficiently. We've seen a nurse dishing them out".

Accidents and incidents were recorded and investigated. They were also analysed to see if people's care

needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals. This evidenced the service learnt from incidents and errors.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training and understood how to support people in line with the principles of the Act. One staff member said, "This is people's ability to make decisions. I work in people's best interests". We saw staff routinely sought people's consent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS. At the time of our inspection, no one at the service was subject to a DoLS authorisation.

People's needs were assessed prior to their admission to ensure their care needs could be met in line with current guidance and best practice. This included guidance from healthcare professionals. For example, where people were at risk of pressure damage the district nurse had informed care plans with current guidance and best practice. We spoke with a district nurse who said, "I have no concerns here. They [staff] always come to us for guidance which is reassuring". Staff were aware of people's support needs and preferences.

Staff told us and records confirmed that staff received support through regular one to one meetings with their line manager and training. Staff training records were maintained and we saw planned training was up to date. Where training was required, we saw training events had been booked. Staff also had further training opportunities.

People were positive about the food and received support to maintain their nutrition. People's comments included; "I've never had complaints about the food; I go to the dining room because I like a bit of company", "The food is very nice, we get a choice" and "Excellent quality of food".

Where people had specific dietary requirements, these were met. Where people were at risk of weight loss their weight was monitored and people were supported to maintain their weight. We spoke with the chef who told us, "Regarding requirements, I get feedback from the care staff on a daily basis; communication is key and the staff here are amazing. We all communicate well, nothing is missed. I come from a restaurant background, there's no service pressure here, I can relax and do what I like".

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and

referrals were all recorded in people's care plans.

People's rooms were furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms. Corridors displayed period pictures and paintings and contrasting handrails had been installed to assist people living with dementia to mobilise. Signage was clear and colour coded to enable people to navigate the home and identify rooms easily.

Is the service caring?

Our findings

The home provided an extremely caring service to people who benefitted from caring relationships with the staff. People told us staff were exceptionally kind and compassionate. Their comments included; "They're definitely kind and compassionate, they're always very nice", "All of them are very kind and compassionate, always", "The staff here are wonderful, really wonderful" and "Before you ask me anything it's a perfect home and a perfectly caring place, I'd recommend it". One relative said, "They're very much kind and considerate here". Another relative said, "The standard of the home and care here is excellent. You cannot fault this place, they aim for perfection here and they achieve it. They're all so caring".

It became apparent to us, during our inspection that the level of care was outstanding. This was demonstrated by staff's actions and attitudes throughout the day evidencing a culture of compassionate care where people were the focus of staff efforts. The registered manager and staff quietly went about their business without drawing attention to their practice that put people's well-being at the centre of everything done in the service. When we commented on this a member of staff replied, "It is just what we do". The ethos of care within the home was tangible but understated.

Whenever staff supported people they did so with kindness, compassion and genuine affection. The home exhibited a quiet and calm atmosphere, which both staff and the registered manager had fostered. Whilst being busy, there was a relaxed dignified feeling to the home where people were valued and their wellbeing was at the forefront of staff's endeavours. We were provided with evidence of staff going the extra mile to support people. For example, as one person's condition deteriorated their appetite reduced. Staff were concerned the person was not eating and drinking enough. One staff member asked the person, "What would tempt you to eat and drink?" The person replied "Fresh smoked salmon and [particular drink]". We were told this person was provided with their requested food and drink and as a result their appetite had returned.

People told us staff cared for them at a personal level. One person said, "Sometimes I like to go for a walk and they're ever so kind. They [staff] take me and we go out and sit on the bench up the road and have a little chat". Records confirmed these walks had improved this person's mobility and promoted their well-being.

In the lounge we saw a wish tree. People wrote their wishes on cards depicted as leaves, and put them on the tree. People's personal wishes included trips out to the seaside and attending musical events. The registered manager told us, "We try to grant three wishes per month for residents and, where ever possible we will make their wishes come true". At the time of our inspection, six people's wishes had come true since November 2017.

The registered manager went on to tell us about a particularly moving wish the service had granted. They said, "One person was very near to the end of their life and wanted to have a meal with their brother as this reminded them of their past. The meal they wanted was a particular meal they had years ago, not readily available today. We managed to source this meal and the wine [the person] wanted and contacted their

brother. Shortly before [the person] died, their wish was granted and they had their meal. I know it meant so much to them".

People were supported by a dedicated staff team who were sensitive to people's emotional needs and had genuine warmth and affection for people. Staff comments included: "I just enjoy caring", "Caring? Definitely, we treat residents like our own families" and "I've been here six years, it's a very homely environment". One member of staff, for who English was not their first language told us how they had developed a relationship with a person, which has helped them to improve their language skills. This has allowed them to communicate more effectively with the people they support. They said, "I love it here, I've been here ten years, I'm from Brazil and one resident used to teach me English, she was lovely"

People were involved in planning their care, the day to day support they received. Records showed people were involved in reviews of their care and staff told us they involved people in their support. One staff member said, "I start with their [people's] consent and generally communicate with them as their needs can change. When you communicate residents quickly get involved". One relative said, "My sister deals with all that [care plans], she's a nurse too so she knows all about these things and gets very involved". Another relative said, "They've fully involved us with all decisions, they're very open".

People's independence was promoted. For example, one person's goal was to 'remain independent and mobile'. The person could mobilise independently but could become tired very quickly. Staff were guided to encourage this person to 'take regular, short walks". We saw staff following this guidance, supporting the person to mobilise. Another person could mobilise independently but had difficulty negotiating stairs. The person was reluctant to use the lift. Staff sought professional guidance and the person was assessed. It was discovered the person could navigate the stairs independently if they came down backwards. Staff supported the person by descending ahead of them patiently providing encouragement and reassurance until they felt confident enough to come use the stairs on their own. Records confirmed this person was now able to independently come safely down the stairs. One staff member said, "I don't take over, I let them [people] do what they can".

People were treated with dignity and respect. The homes 'values' were displayed and included 'Caring, Openness, Honesty and Respect'. Throughout our inspection, staff demonstrated these core values in their work. We observed these values being displayed when staff spoke to, and cared for people. This put people at ease and fostered genuine, positive relationships. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. People responded with smiles and on many occasions they reached out to hold staff members hands whilst chatting to them. Language used in care plans was respectful. People were addressed by their preferred names and staff knocked on people's doors before entering. Throughout the inspection, we observed staff treating people with dignity, respect and compassion. One person said, "I have never found them to be unkind and they treat me with respect".

People's diverse needs were respected. Discussion with the registered manager showed that they respected people's different sexual orientation so that gay and bisexual people could feel accepted and welcomed in the service. The provider's equality and diversity policy supported this culture. We asked staff about diversity. Their comments included; "We are mindful here of people's differences. For example, in how we [staff] facilitate people's prayers".

People were supported to express their views. People were able to read their care plans and other documents, and their comments and opinions noted. Where people had difficulty, we observed and were told staff sat with people and explained documents to ensure people understood. One staff member said, "I always talk through our processes with residents and keep them up to date with their care and progress. It

gives them a chance to have their say. I respect their views".

People received emotional support. People's emotional support needs were assessed and staff were provided with guidance on how to support people. For example, one person could become anxious. Staff were guided to reassure the person and involve them in all aspects of their care. Care records also informed staff that a trigger to the person's anxiety was if the person did not have their handbag. We saw staff supporting this person in line with guidance, the person was holding their handbag and appeared relaxed and calm. Some people had been provided with 'fiddle cushions'. These cushions provided tactile distraction allowing people to 'fiddle' with the different textures and attachments sewn into the cushions. For one person it meant they no longer scratched their hands, which had caused the person discomfort in the past.

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely.

Is the service responsive?

Our findings

The service continued to be responsive. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Staff were aware of, and respected people's preferences.

Staff treated people as individuals. For example, one person's care plan stated the person could 'walk independently with a stick' but that the person 'liked to walk with a staff member'. Staff told us and records confirmed this person's request was respected.

People had access to information. People had access to their care records and staff informed people about all aspects of their care. Where appropriate, staff explained documents to relatives and legal representatives. A newsletter was regularly published giving people information about the home, news and events. Signs on people's doors provided information in braille which helped people who were partially sighted to identify their rooms. Documents were also available in large print or foreign languages.

Care plans and risk assessments were reviewed to reflect people's changing needs. For example, one person's condition changed and new medicine was prescribed. The service worked closely with the person's GP and records were updated to reflect the person's current support needs.

People were offered a range of activities they could engage in. These included; puzzles, games, music, arts and crafts and regular trips out of the home. For example, trips to garden centres and places of interest. Special events, such as Halloween and Christmas were celebrated as were people's birthdays. People spoke with us about activities. Their comments included; "In the Summer, I do gardening; they let me go round deadheading. When we have a barbecue I make sure the garden looks nice" and "The activities are as much as I want, four of us play dominoes quite often".

The service had systems in place to record, investigate and resolve complaints. One complaint was recorded for 2017 and had been dealt with compassionately, in line with the policy. The complaints policy was displayed in the reception area. One person said, "I wouldn't be frightened to say if I had a complaint but I haven't got any complaints".

People's advanced wishes were recorded. Care plans recorded people's end of life wishes. For example, where they wished to die and funeral arrangements. Staff told us people's wishes were always respected.

Is the service well-led?

Our findings

The service continued to be well led. 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 knew the registered manager who was present throughout the inspection and interacted with people in a friendly and familiar way. It was clear that positive relationships had been formed between people and the registered manager. Relatives commented on the registered manager and the home. One relative said, "We know the Manager and we have a single point of contact, we don't have any issues, never have done but we know if we did it would be taken seriously". Another said, "We looked at seven different places but this was by far the best and she [my relative] was happy here, all five years of it. The standard of the home here is excellent".

Staff told us they had confidence in the service and felt it was well managed. One staff member said, "I've been here six years, it's a very homely environment. The Manager is brilliant, she's very professional". Another said, "[Registered manager] is approachable and really helpful".

The service had a positive culture that was open and honest. Staff were valued and people were treated as individuals. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The registered manager spoke openly and honestly about the service and the challenges they faced.

We spoke with the registered manager about their vision for the service. They said, "To treat people as we would like to be treated ourselves. Taking care of little things. For example, if a resident does not have a regular visitor or relative, a staff member is appointed to them. We call it 'relationship centred care'. They will spend more time with the resident and do those little things like shopping for them".

The registered manager monitored the quality of service. For example, audits were conducted by the registered manager and an external auditor. Action plans arising from audits were used to improve the service. One audit identified malodours in one section of the home caused by people's conditions. We saw this issue was discussed with staff and cleaning in this area was increased with 'waste' bags being replaced twice a day. This resolved the issue.

The registered manager looked for continuous improvement. Surveys, 'resident meetings' and staff meetings were used to improve the service. Survey results were very positive. People were also involved in running the home. For example, potential new staff spent time with people who fed back to the registered manager with their views on how suitable these candidates would be for the role.

The service worked in partnership with local authorities, healthcare professionals, GPs and social services.

The registered manager also attended external meetings, such as the Oxfordshire Care Home Association. The registered manager said, "I work closely with other homes looking for best practice".