

Barchester Healthcare Homes Limited

Oxford Beaumont

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Oxford Beaumont Care Home is a nursing home contained in a purpose-built building. The home accommodates up to 49 older people with a range of needs, and at the time of our inspection there were 36 people living at the home.

People's experience of using this service and what we found

There was a new registered manager in post who had successfully created an open and transparent culture which contributed to staff work satisfaction. Staff told us the measures the registered manager had introduced had improved the service and raised staff morale.

Staff had opportunities to raise concerns and discuss issues with the registered manager. They told us the "Managers office door is always open, she is always ready to listen" We saw procedures within the home had been reviewed. For example, nurses told us people's dependency assessments had been explained and reviewed and that this was an improvement.

There was an up to date whistle blowing policy in place. Whistleblowing is a way staff can raise concerns they have about the service. Staff we spoke with were aware of the policy and told us they were confident to report concerns.

New admissions to the home required a negative test and 14 day isolation period. Staff had been well trained and followed robust PPE (personal protective equipment) protocols. Due to the layout and size of the building, social distancing was in place and followed. Staff had taken steps that supported people with social distancing where-ever possible. The management were aware of zoning guidelines but did not need to implement it as no people were Covid-19 confirmed or suspected in this location.

The provider ensured there was a sufficient stock of personal protective equipment (PPE) and the vetted supplier ensured it complied with the quality standards. Staff had infection control training and understood the correct donning and doffing procedure.

People were supported by a stable and committed team of staff whom they knew well. This helped people to recognize the individual staff with the need to wear face masks.

Staff were well supported and praised the management team, comments included; "I get good support from my manager." The provider considered risks and impact of the inspection on the individual staff members, this included around their health conditions as well as their caring responsibilities.

Additional cleaning schedules had been introduced to reflect additional tasks such as cleaning of frequently touched surfaces. Regular audits took place which led to improvements and safety. For example, carpets in one of the dementia units were being changed.

Regular testing for Covid-19 was conducted for both people living at the service and the staff. There was a comprehensive contingency plan of what to do in case of an outbreak.

The provider ensured people's relatives were able to stay in touch with people and the local community. For example, by using technology and through safe, face to face visits in an adapted shielded room.

Why we inspected

We identified concerns in relation to working practices which could indicate a closed culture at the home. As a result, we undertook a targeted inspection for us to examine those risks and have reported on our findings in the Well led key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

The overall rating for the service has not changed following this targeted inspection and remains Good. We found no evidence during this inspection that people were at risk of harm from our concerns.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

Inspected but not rated

Is the service well-led?

Inspected but not rated

Inspected but not rated

Oxford Beaumont

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of three inspectors 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.

Service and service type

Oxford Beaumont Care Home 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. The service had a manager registered with the Care Quality Commission. Registered managers and providers are legally responsible for how services are run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection to ascertain to Covid status of the service and make sure the manager was available to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. In addition, we asked the registered manager to send us documents relating to staff procedures, including staff rotas, the whistleblowing policy, staff supervision files and minutes of staff meetings. We used this information to plan our inspection.

During the inspection

We spoke with five people, 12 relatives, 11 members of staff, the registered manager, the general manager and the receptionist. We also looked at the infection control and prevention measures in place.

Is the service safe?

Our findings

S5 How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service well-led?

Our findings

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their obligations and responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us morale was good and had significantly improved since the new registered manager started at the home. One staff member said, "[Registered manager] is getting it all together now, things are much better. The morale has improved, and you can talk to [registered manager] if you have a problem and she will listen."

- People, their relatives and staff had opportunities to provide feedback and raise any comments via an open door policy at any time. One person spoke with us about their experience. They said, "I know the manager, very nice and helpful. If I ask for something I get, they are pretty good on that. I do get to have my say here, I think they listen to me. I think things have got better recently." One relative said, "Staff call us straight away and let us know when [person] needs medical treatment".

- The registered manager had reviewed staff practices and procedures in the home. Staff told us this had led to improvements in the operation of the home. For example, staff spoke with us about the staff training. Comments included; "It is really, really good how training has improved over the last four to five months which is down to the manager," and "I am now a training care practitioner, she [registered manager] really tries her best for us."

- Staff told us, and records confirmed staff were involved in the running of the home. Supervision records and staff meeting minutes showed staff had opportunities to raise concerns and discuss issues. One staff member told us, "The manager is very approachable. I have been scared to go to managers in the past but not now."

- There was an up to date whistle blowing policy in place which allowed the staff to raise any concerns they had about the service. Staff we spoke with were aware of this policy and told they were confident in its use.