

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Enstone House

Cox Lane, Chipping Norton, OX7 4LF

Tel: 01608677375

Date of Inspection: 10 January 2013

Date of Publication: January 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✗ Action needed
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Marcus Care Homes Limited
Overview of the service	Enstone House is a residential care home. It is registered for accommodation for up to 33 people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Staffing	11
Assessing and monitoring the quality of service provision	12
<hr/>	
Information primarily for the provider:	
Action we have told the provider to take	13
<hr/>	
About CQC Inspections	14
<hr/>	
How we define our judgements	15
<hr/>	
Glossary of terms we use in this report	17
<hr/>	
Contact us	19

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 10 January 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

We spoke to four people all of whom told us they enjoyed living in the home. They said they were comfortable to raise concerns with the carers or registered manager. One person told us that it was a "lovely home" and another person told us she "loved it here." People we spoke to said the staff were "very kind" and said there were "polite and nice staff." One person said she received "very good care." People told us about activities they enjoyed including bingo and tea-dances. One person said she listened to taped stories in her room.

We observed that staff respected and involved people. Some people's needs were not accurately assessed and reflected in their individual care plans. Staff in the home had received adequate training on safeguarding vulnerable adults. They were aware of how to respond and what to do if there were concerns about a person's safety. We saw staff co-operated with each other and worked together. The provider assessed and monitored the quality of care provided.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 21 February 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We saw and observed that there was an accessible and detailed service user's guide at the entrance of the home. This had recently been updated. It provided information for people using the service and their relatives on all aspects of care and life in the home. It included information about services that could be accessed for example hairdressing, interests, hobbies, and catering. It explained how people could raise concerns or comments and relevant contact information was provided. The service user's guide stated the home promoted equality and diversity for all people and that a person's individuality was respected at all times.

We observed that records included details of people's lives and whether they preferred a male or female carer. We saw evidence that on admission staff noted the name people preferred to be called and their 'likes and dislikes.'

People expressed their views and were involved in making decisions about their care and treatment. For example, on the day of our inspection we saw an afternoon tea-dance. Staff encouraged people to participate and held out their hands to people who were seated in chairs as they encouraged them to participate. People told us staff were "very helpful" and "very useful." All four people we spoke with told us that staff supported them. People felt their care needs were met.

We observed that all doors had locks with the person's name on the door, staff told us they always knocked before entering. We observed that all staff knocked on doors before entering. The bedrooms we saw were personalised with family photographs and ornaments. We observed that staff provided care in a dignified manner, and were cheerful in their attitude.

People were supported in promoting their independence and community involvement. The provider told us that the home had joined a local dementia care group and a volunteer attended the home to take residents to a local church. We observed from care plans and discussion with the activity co-ordinator that a number of activities took place. People told us about the activities they enjoyed in the home, this included bingo and the 'sing-songs.' This showed the provider encouraged the independence of people.

People who use the service understood the care and treatment choices available to them. Staff told us they always asked about people's preferences. Staff gave examples related to the clothes people wore. Staff told us they always asked the people "how they like things done." Staff explained they also used the care plans and found out further information about the preferences of people. We observed that staff gave a choice of desserts at lunch, and asked if people would like to sit in the lounge or stay in the dining area after breakfast. We observed that staff said hello to people in kindly tones. We observed throughout the inspection staff gave people time to answer and did not rush them. This showed staff were treating people with respect.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was not meeting this standard.

Information in the care plans was incomplete on occasions. This may have an impact on ensuring that people received safe and appropriate care.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People told us the "care is very good" "staff are very helpful and look after us well." One person said she can "always ask if she wants anything and is not told just to go." All the people we spoke to were happy and content to live in the home.

We observed cards from appreciative relatives on the wall. We saw comments such as "without your care and understanding Mum's quality of life would have been reduced." Other comments included "we know that he was immensely grateful for the care and kindness."

Staff used risk assessments to identify and manage any potential or actual problems that impacted on individuals. We saw there were risk assessments for various care needs including injury when outside, isolation and hygiene neglect. We saw in one person's records, evidence of a care plan for personal safety, prevention from falls and a plan for medication. It included an assessment of need but there were no goals. We saw an undated care plan related to a person with diabetes which had not been updated.

We observed the care records for four people. We saw that people had an initial assessment of their needs and that their care was then planned from this. We saw information in the care plans was incomplete on occasions and not updated. This included in the management of one person's diabetes when staff told us there had been changes in the management of his diabetes. This may have an impact on ensuring that people receive safe and appropriate care. Another type of risk assessment that was used related to people's nutritional state. We noted that in one case a person's MUST (Malnutrition Universal Screening Tool) score had been recorded and indicated that staff were required to carry out certain actions to minimise the risks to this person. This included keeping valid food charts and regular weighing. However, we noted that neither of these actions had been taken by staff and we saw that this person had lost a significant amount of weight and was at risk of malnutrition. We discussed the care plan with senior members of staff and the registered manager. They explained the project to review the care plans documentation had just started. Staff were concerned that the layout of the care plans were not organised in a systematic way in order to be easily accessed and updated.

People had access to a range of social activities, people made biscuits, played scrabble and some people worked in the garden. We spoke with the activities co-ordinator who explained the variety of activities undertaken at the home. We saw the garden that people who use the service had contributed to, with painted artwork. The activity co-ordinator told us she worked three days a week and showed us her timetable. She indicated the variety of activities that had taken place over the last year which included a day trip on the Thames. This meant that people were encouraged and supported to maintain their welfare and independence through a range of socially stimulating activities.

The service had put in place measures to support staff in dealing with emergency situations. For example, we saw the records and heard from staff that they had undertaken training as to what action to take in case of emergency. We saw records that showed staffed had completed training schedules. Staff had undertaken 'Basic Emergency Aid' training every two years with an external provider. We saw evidence of a file kept accessible for staff with the contact numbers for the local emergency services, safeguarding services, and what action to take in emergency situations such as a power failure.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse from happening.

Reasons for our judgement

All four people we spoke to reporting they felt safe in the home.

We saw the whistleblowing and safeguarding policy and were told that all staff had been given a copy of them to keep, at the start of their induction. We saw that the local safeguarding contact details were easily accessible by staff. The staff we spoke to had their own copies of the policies for safeguarding and whistleblowing. Staff were aware where to access the policies and local safeguarding contact details in the home.

The registered manager told us all staff attended a day course on safeguarding every two years and senior staff additionally attended a further course with marked work and an exam. We saw evidence that staff had completed this training.

We spoke to two members of staff who were able to answer questions about types of abuse and the signs that they would look for and appropriate action required. Staff explained they always reported any safeguarding concerns to a more senior member of staff or the registered manager.

The registered manager told us there had been no whistleblowing or safeguarding concerns in the last year.

From our discussion with staff and a review of the information available we found that people who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse from happening.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The registered manager told us the baseline needs of the home showed five staff were needed in the daytime of which one or two were senior staff and additionally the registered manager worked. We were told that the senior staff were always on duty and we observed this during the daytime. The staffing rota was reviewed by us and confirmed the arrangements that were in place. We saw the deputy manager led staff in work on the day of inspection.

The registered manager told us that sickness and emergencies were covered by internal staff who worked overtime and if necessary, she worked in a clinical capacity. The home did not use agency staff.

The two staff we spoke to said they were supported by senior staff and the registered manager. We saw from training records that senior staff had completed level three NVQ (National Vocation Qualification) in Dementia Care. This meant senior staff had the correct skills required to support junior staff, and staff could meet care needs of people.

Three of the people we spoke to said there were enough staff on duty. One person said "there is always somebody about and she was never left on her own for long." Two members of staff we spoke to reported to us that the home was adequately staffed.

We saw that staff worked in a calm manner. All staff responded to people in a timely manner. We observed at lunch there were enough staff to respond to people's needs. For example, we observed staff who assisted with feeding of people.

We observed there were enough qualified, skilled and experienced staff to meet people's needs.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The provider took account of complaints and comments to improve the service.

We saw that the relatives were sent a detailed survey which requested their view on all aspects of care in the home. We saw evidence of this survey in individual care folders and the registered manager was able to tell us what action had been taken to as a result of the feedback from family. For example, staff had telephoned relatives of one person using the service more frequently as requested by a relative in order to provide them with information about a person in the home.

We saw that there were residents' meetings but the minutes and action points were not always recorded. We discussed some of the points raised by people at the meetings and could see from observation of changes in the home and discussion with the manager that planned action had been taken. We saw, for example, that a request for Holy Communion at the home was now a monthly event. The provider may wish to be aware that there was no documentation of what action had taken place as a result of follow-up feedback from family members or the residents' meetings. This meant that written information related to discussions was not available to people who used the service, staff and family. This could assist in meeting people's needs.

We saw evidence of a robust reporting mechanism for adverse events and saw the accident reporting book. We saw evidence of detailed documentation of incidents and outcomes.

We saw evidence of the complaints policy and procedure which was very visible in the entrance of the home. We observed the log of complaints and saw that complaints were responded to promptly, issues had been resolved, and the action taken documented.

We saw that senior staff shadowed more junior staff for a shift. Junior staff were assessed to see if they were competent or not in certain duties. We saw this documented in individuals' personal files. The information was then used in appraisals. This meant the provider monitored the skills of staff in order to meet the care needs of people.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services
	How the regulation was not being met: Some peoples's needs were not accurately assessed and this information was not available to accurately reflect their care plans. Therefore, their needs may not have been met. Regulation 9 (1) (a) (b) (i) & (ii)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 21 February 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
