

Mariposa Care Group Limited

# The Old Prebendal House

## Inspection report

Station Road  
Shipton-under-Wychwood  
Chipping Norton  
Oxfordshire  
OX7 6BQ

Tel: 01993831888

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Old Prebendal House is a residential care home providing personal and nursing care in an adapted building. At the time of the inspection 24 people aged 65 and over were living at the service. The service can support up to 39 people.

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

People living at The Old Prebendal House received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place which incorporated their values.

Risks to people's safety and well-being were managed through a risk management process. Peoples care plans provided staff with the information they needed to manage the identified risks.

Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults and staffing arrangements met people's needs. There were sufficient staff deployed to meet people's needs.

Medicines were managed safely, and people received their medicines as prescribed. Staff had the necessary skills to carry out their roles. Staff had regular training and opportunities for regular supervision and observations of their work performance.

People and relatives told us staff were caring. Staff did all they could to promote people's independence and we saw examples of this. People had access to other healthcare services, ensuring a holistic level of support was provided.

The registered manager and staff demonstrated a commitment to people and displayed strong person-centred values. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had a particularly good understanding of when the principles of the Mental Capacity Act should be applied. People were supported to meet their nutritional needs and complimented the food at the home.

The home was well-led by a new registered manager who was committed to improving people's quality of life. They and the provider had made a lot of significant changes to improve people's care. The service had a clear management and staffing structure in place and staff worked well as a team. The provider had effective quality assurance systems in place that they used to monitor the quality and safety of the service. Staff worked well with external social and health care professionals.

### Rating at last inspection

The last rating for the service under the previous provider was good, published on 22 March 2019.

### Why we inspected

This was a planned inspection.

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 COVID-19 and other infection outbreaks effectively.

### Follow up

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# The Old Prebendal House

## 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 two 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

The Old Prebendal House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service. We looked around the home and observed the way staff interacted with people. We looked at three people's care records and three medicine administration records (MAR). We received feedback from three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, nurses, care staff, the chef, activities coordinator and a Clinic Support Assistant. We looked at five recruitment and training records and quality assurance records.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested feedback from healthcare professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm and they said they trusted staff to keep them safe. People told us, "I always feel safe, staff know what they are doing" and "Feel very safe, staff are thoughtful." People were supported by staff that knew how to raise safeguarding concerns.
- Staff received regular safeguarding training and updates. They were able to tell us about different types of abuse and what steps they would take if they believed people were at risk of harm.
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe. The provider's electronic recording system effectively interlinked people's risks allowing personalised planning of care.
- People's risk assessments included areas such as nutrition, choking and pressure area management. Staff were familiar with and followed people's risk management plans.
- People felt safe and acknowledged that the team was meticulous in preventing infections and also noted that extra regulations had been introduced recently to augment existing procedures.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- The Old Prebendal House had enough staff to meet people's needs. We saw people were attended to in a timely manner and staff were not rushed. The registered manager regularly reviewed staffing levels and adapted them to people's changing needs. The registered manager told us they were using regular agency staff when needed and that recruitment was on-going. They were also updating person specifications to create more accessible positions to those new to care and access via schemes such as The Kickstart. The Kickstart Scheme is a programme launched by the government to deliver funding for employers offering new job roles for 16-24 years olds who are currently unemployed.
- People and relatives told us there were enough staff to meet their needs. One relative said, "I have not experienced any unreasonable delays in getting responses from the emergency bell nor, for example, in requesting help in moving my wife from her chair to a wheelchair."
- The provider followed safe value based recruitment practices and ensured people were protected against the employment of unsuitable staff. Appropriate recruitment checks were carried out as standard practice.

### Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Thorough checks were in place prior to visitors crossing the threshold into the service.
- 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. Staff were observed to put on and take off PPE correctly and there were designated PPE stations for staff to use.
- We were assured that the provider was accessing testing for people using the service and staff. Regular testing was in place to maintain staff and people's safety.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People were supported to access spacious, communal seating areas, while maintaining social distancing.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Management plans, policies and procedures were in place, implemented in practice and observed to be followed by staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.
- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received tailored care and support that was centred around their assessed needs, choices and decisions. This was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. Records showed people's needs were assessed before they came to live at The Old Prebendal House.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.
- People and relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction and did not work unsupervised until they and their line manager were confident, they could do so. The induction included the provider's own mandatory training as well as shadowing an experienced member of staff. New staff were also buddied up with an experienced member of staff after they had completed induction.
- Staff had access to supervisions and appraisals which were used to develop and motivate staff, review their practice and focus on professional development. Staff told us they felt supported and that these meetings provided an opportunity for them to meet with their line managers and agree objectives as well as discuss their performance.
- Staff were offered development opportunities, and these were often discussed in team meetings. For example, staff discussed options to change staff structure. The registered manager introduced senior shift leader role as a staff development pathway.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with nutrition and hydration in a dignified way. The dining environment was pleasant, and food was well-presented.
- Mealtimes were set to suit people's individual needs, were not rushed and were supported by enough members of staff who provided personal support. We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that and facilitated a tray service. People had the same pleasant dining experience and support wherever they chose to have their meal.
- People told us they enjoyed the food and that they were always offered choices. Records of meeting minutes also showed food options were discussed with people.
- Relatives were equally complimentary of the food. One relative commented, "Food seems of a high standard and the residents have a good choice. I know my mother likes the aspect of choosing from a menu the day before - it feels like a hotel."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support. Where referrals were needed, this was done in a timely manner.
- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

Adapting service, design, decoration to meet people's needs

- The Old Prebendal House was an adapted listed building which had been decorated to a good standard. People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences. There were several sitting areas around the home as well as a quiet lounges where people could spend their time.
- The home also offered self-contained flats with kitchenets which allowed people to continue being independent. Couples were also supported to continue living together whenever possible.
- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had big, beautiful and well-maintained gardens and several sitting areas. The outside space had been assessed for risks and had quiet areas for people to see their visitors.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in line with the principles of the act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.
- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We support people in their best interest. Maintain choices and support with even unwise decisions."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were consistently positive about the caring attitude of the staff. People said, "Most staff are nice and kind" and "Very pleasant people."
- Relatives told us staff were caring and provided compassionate care. They commented, "They (staff) are friendly and accessible" and "They are respectful and cheerful, always using my mother's 'Mrs X' form of address rather than her first name."
- We observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. People's body language demonstrated that they were happy in the presence of staff and other residents.
- The provider had an equality, diversity and human rights approach to supporting staff as well as respecting people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain their cultural needs. Staff treated people as individuals and respected their choices.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. One relative said, "Yes. My family and I have made it very clear that we wish to take a most active role in my wife's care. The manager has told us of significant innovations he is introducing which will further improve communications with relatives."
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.
- The service made sure that staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times and were not discriminated against. The service supported and encouraged staff to notice and challenge any failings in how people were treated at the home.
- Relatives told us staff treated people respectfully and maintained their privacy. People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent.
- The provider ensured people's confidentiality was respected. Staff were discreet and challenged behaviour and practices that fell short of this. Records containing people's personal information were kept

in the main office as well as on electronic systems and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect confidential information.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support specific to their needs, preferences and routines. Care planning was focused on the person's whole life, including their goals, skills and abilities. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care.
- It was clear staff knew people very well, had a good understanding of their individual needs and made sure those needs were met. People's care plans were regularly updated to reflect people's changing needs.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to look out for facial expressions, observe body language and maintain eye contact to promote communication and minimise frustration.
- Information was accessible to people in different formats such as audio, pictorial, large print as well as in different languages. Staff were advised of any significant communication barriers via a pictorial handover where significant risks are highlighted.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities at The Old Prebendal House were facilitated by a dedicated activities team who supported people with partaking hobbies and activities that were meaningful to them. One activities coordinator commented, "Feedback on activities is sought from families and residents. We ask them for suggestions from them."
- People had access to a variety of activities which included individual and group activities some of which were linked with public holidays such as Christmas and Halloween. Animals such as ponies, Lamas and deer had been brought in and people loved them. Activities also included, scrabble, pizza days, dessert days,

coffee mornings, poetry and table talk gardening which was very popular.

- People told us they were involved with the activities and said, "Last week we visited Burford Garden centre", "I go out into the garden when it's nice and I'm supported to go outside when the weather is nice" and "I like knitting."
- Some people chose not to attend activities and staff respected their wishes. They told us they that they were not put under pressure to attend activities if they did not wish too. They were supported with 'in room' entertainment as they wished.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support and could do so in a range of accessible ways, including how to raise any concerns or issues. The provider had systems in place to manage complaints. Since registration, the provider had received non-formal complaints which had been investigated and addressed in line with their policy.
- People and their relatives told us they knew how to make a complaint. One relative told us, "Raise concerns with the manager who is helpful and prepared to listen, or any staff on duty. I have sometimes raised concerns with the receptionist and others on minor matters, not so much complaining as just communicating about my sister's needs." There were many compliments received regarding good care.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. This included funeral arrangements and preferences relating to support. The staff ensured these preferences took account of people's cultural and spiritual needs.
- The registered manager informed us no one was receiving end of life support at the time of our inspection. The team often worked closely with other professionals to ensure people a had dignified and pain free death.
- People were supported by staff who understand their needs, were competent and had the skills to assess their needs. Staff involved family and friends in decisions about the care provided, to make sure that the views of the people receiving the care were known, respected and acted on.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We were met by a very welcoming registered manager and team. They told us they were genuinely looking forward to our visit and were keen to show us what the team had done to provide good care to people.
- There had been a change in managers since the provider took over the service. It was clear the management of the home had significantly improved and there was a general sense of calm and pleasantness in the home. Staff looked happy.
- Relatives were complimentary of the way the home was managed and recognised the improvements since the registered manager came in post. They told us, "Very well managed now. Emails and concerns are responded to quickly. He understands how important it is to my mother to have my father there. Staff seem very happy and pleased that [registered manager] is there now and think he is doing a great job" and "Manager has made himself readily available and by all accounts is a highly effective manager in this demanding field of work. His forthcoming organisational changes should broaden our scope, as relatives, for discussing issues both immediate and longer-term with a selection of staff."
- Staff were complimentary of the support they received from the management team. Staff said, "We welcome changes introduced by new manager, he thinks out of the box" and "Manager is brilliant. His door is always open, and he listens to us" and "Manager is warm and easy to talk to. Very open, firm but fair. Focuses on good changes for staff and residents."
- The registered manager told us they had faced many challenges but managed to work through them to improve people's outcomes. They said, "It was like coming into a team working 10 years behind. There was no identified standard. It made it easier to identify what needed to be done. I gained staff trust and was able to deliver what I promised through working closely with a supportive provider. They give me what I need."

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 registered manager and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Managers and staff being clear about their roles, and understanding quality performance, risks and

### regulatory requirements

- The registered manager had been in post for only four months. They were a knowledgeable and established manager with lots of experience. They had created a clear management and staffing structure and staff were aware of their roles and responsibilities.
- The registered manager had introduced a lot of changes which had already had positive impact on people's care. Staff understood their roles and responsibilities, were motivated, and had confidence in the management team and the provider.
- There was significant emphasis on continuously improving the service. The staff team assessed the quality and safety of the service through audits. Audits included all aspects of care including health and safety checks, safe management of medicines and people's care records.

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

- People and their relatives had opportunities to raise any comments via an open-door policy at any time. Relatives commented about the positive improvement in communication with the home. One relative said, "The manager has introduced a much better system of communication with specific carer as a point of contact. Contact was very poor in the past, so I really welcome this."
- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through individual 1:1 meetings, suggestion boxes and surveys. The information gathered was used to improve the service. For example, communication had been identified as big issue both amongst staff and with relatives. The registered manager had introduced a newsletter and several communication channels with staff including communication folders. As a result, communication had significantly improved.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. One member of staff said, "Communication has improved massively. Good teamwork. It feels like we have been given an opportunity to step up." Records showed staff were constantly praised for their hard work and commitment. During the inspection we observed effective team working.

### Continuous learning and improving care

- The provider had a strong focus on continuous learning at all levels of the organisation. Learning was shared across the organisation and used to improve care.
- Staff had objectives focused on improvement and learning. Staff told us they had opportunities to develop and that the registered manager was supportive. Records of staff meetings showed staff development was a main feature on the agenda and discussed to identify staff progression. One member of staff told us, "Feels I have been given opportunity to 'grow up' and develop compared to my previous workplace. Have an opportunity to learn, complete training and looking to do NVQ2 (National Vocational Qualification)."
- The management team and staff considered information about the service's performance and how it could be used to make improvements. Records showed there were discussions around how to improve people's care following audits and surveys.

### Working in partnership with others

- The service was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective



practices which aimed at improving care outcomes for people.