

Four Seasons (H2) Limited

# The Headington Care Home

## Inspection report

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Headington  
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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 Headington is a residential care home providing personal and nursing care to 49 people aged 65 and over at the time of the inspection. The service can support up to 60 people.

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

People living at The Headington received safe care from skilled and knowledgeable staff. Staff understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. The home used the same agency staff to ensure consistency. Staff recruitment was on-going. Medicines were managed safely and people received their medicines as prescribed.

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. People were supported to maintain good health and to meet their nutritional needs.

People told us staff were caring. Staff consistency enabled people to receive good care from staff who knew them well. People had access to activities to prevent social isolation.

The Headington was well-led by a registered manager who was passionate about improving people's care. The service had a clear management and staffing structure in place. Staff worked well as a team and had a sense of pride working at the service. The provider had quality assurance systems in place to monitor the quality and safety of the service.

### Rating at last inspection:

At our last inspection we rated the service good. Our last report was published on 20 April 2017.

### Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

### Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 Headington Care Home

## 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.

#### Inspection team

The inspection team consisted of two inspectors and two Experts 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 Headington 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. 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

Before the inspection we reviewed the information we held about the service and the service provider. 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 received feedback from two social and health care professionals who regularly visited people who received care from the service. We also reviewed the provider's previous inspection reports. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people and eight relatives. We looked at seven people's care records and five medicine administration records (MAR). During the inspection we spent time with people. Most of the people who used the service had communication and language difficulties and because of this we were unable to fully obtain each of their views about their experiences. We relied mainly on observations of care and our discussions with people's relatives and staff to form our judgements. We looked around the home and observed the way staff interacted with people. We spoke with the area manager, the deputy manager and five staff which included, carer staff, kitchen staff, activities coordinator and a volunteer. We reviewed a range of records relating to the management of the home. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at The Headington. One person told us, "Yes, safe as houses. You don't get much wrong here". One relative said, "He feels safe here, he tells me if he ever feels he is not being cared for properly here". Another relative told us, "We and he knows and shows us that he is safe".
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff told us, "Any concerns, I'd tell my manager and call CQC (Care Quality Commission) straight away".
- The provider had safeguarding policies in place and the team reported concerns accordingly.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure they were safe.
- People's risk assessments included areas such as their mobility, nutrition or medicine management. Staff were familiar with and followed people's risk management plans.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.
- Equipment used to support people's care, for example, wheelchairs, hoists and standing aids were clean and had been serviced in line with national recommendations.

Staffing and recruitment

- There were enough staff on duty with the right skill mix to keep people safe. Agency staff were used when needed and the provider ensured the same staff were used to maintain consistency of care. The area manager told us recruitment was ongoing and there was a huge recruitment drive from the provider. Staff told us, "Oh yes, there is enough staff here" and "I have enough staff on this unit to meet residents' needs. Staffing is not a problem".
- On the day of the inspection, we saw people were attended to in a timely manner and staff were not rushed.
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

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 had been trained in administering medicines and their competency checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

#### Preventing and controlling infection

- The provider had an infection control policy in place. Staff were aware of the provider's infection control policy and adhered to it.
- The provider ensured staff were trained in infection control. We saw staff washed their hands and used disposable gloves and aprons where required.

#### Learning lessons when things go wrong

- The registered manager ensured staff reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.
- Discussions with staff showed there had been learning following possible delayed hospital admissions. Staff had received further training to ensure they sought professional support appropriately.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good rating.

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's needs were assessed before they came to live at The Headington to ensure those needs could be met and individual care plans put in place.
- People's expected outcomes were identified and care and support was regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.
- Relatives told us they were involved in the assessment and care planning process.

Staff support: induction, training, skills and experience

- New staff went through an induction and probationary period which prepared them for their roles.
- Staff induction included the provider's mandatory training as well as shadowing an experienced member of staff. One member of staff commented, "Induction was very comprehensive with relevant training".
- Staff told us they were supported through supervisions and appraisals. These meetings provided an opportunity for staff to meet with their managers to agree objectives and discuss their performance.

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

- People were continuously involved in decisions about their nutrition. Records showed menus were often discussed in resident's and relatives' meetings so as to improve people's experience. Staff supported people to maintain good nutrition and hydration. This included special diets, individual choices and preferences.
- The home operated a protected meal time to ensure people had their meals undisturbed. During meals, people were shown meals plates to aid choices.
- People who could verbalise complimented the food and said, "I get a nice bowl or big mug of soup and three sandwiches for supper, it's beautiful" and "It's nice food, just the right size".
- People had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience and support where ever they chose to eat their meal.
- The kitchen staff were aware of people's dietary preferences and ensured special diets were catered for. Alternative menus were available if and when people changed their minds.

Staff working with other agencies to provide consistent, effective, timely care

- The home had clear systems and processes for referring people to external services, which were applied consistently, and had a clear strategy to maintain continuity of care and support. This allowed effective

information sharing and continuity of care.

- People's care and support was planned and coordinated when people moved between different services.

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

- The home had several sitting places where people could spend their time. These included the music room and coffee room.
- The signage was dementia friendly and allowed people to orientate themselves around the home and maintain independence. For example, toilet doors had contrasting colours to other doors and had a visible coloured picture on them. The home also had stimulating themed corridors which allowed easy navigation through the floors.
- People could move around freely in the communal areas of the building and the gardens.
- People's rooms were personalised and decorated with personal effects, furnished and adapted to meet their individual needs and preferences.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to stay healthy and their care records described the support they needed. Where referrals were needed, this was done in a timely manner.
- Healthcare professionals complimented staff and told us staff followed their advice and sought further advice when needed.

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's rights to make their own decisions were respected and people were in control of their support.
- 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 all work to the principles of the MCA. All the residents on this unit struggle with decisions so my staff and I work in their best interests".
- Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.

## 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- We observed staff talking to people in a polite and respectful manner. It was clear people were comfortable in the company of staff. The atmosphere was calm and pleasant. On one occasion a carer placed a supportive arm around a person and spoke kindly and sensitively. The person was really pleased with the support.
- People and relatives told us staff were caring. One person told us, "This is a great place as far as I am concerned, this is the last place that I shall live so that is important to me. Carers are excellent, they care for me and are wonderful- they do the little things too". One relative said, "The nursing care here is very reliable and assuring". Another relative commented, "We think the care is good here, we would be happy to be cared for by anyone here over the years".
- Staff knew people very well and knew how best to support them. For example, people with challenging behaviour. We saw staff tactfully distracting two people involved, talking in a calm manner, re-positioning chairs to discourage eye contact, and offer food and fluids.
- The service had an equality, diversity and human rights approach to supporting staff as well as 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 and develop this.
- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or religious needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices.

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

- People were involved in their care. Records showed staff discussed people's care on an on-going basis.
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. They did so in a way that was sensitive to each person's individual needs and they did all they could to encourage support and involvement. Staff encouraged use of independent mental capacity advocates (IMCAs) whenever necessary. An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them. IMCAs do not make decisions and they are independent of the people who do make the decisions.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated people respectfully and maintained their privacy. One person said, "The staff show more than respect. They tell me I'm very much loved, which delights me because it's all so genuine. As far as I'm concerned, it's first class. The courtesy and help, it does them great credit".
- People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent. One member of staff told us, "We try to involve our residents as best we can. My staff explain what's going on and encourage them to be part of what's happening, be that care, support or an activity".
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect information.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care.
- Care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to get up or what food they liked to eat.
- People's care plans were regularly updated to reflect people's changing needs. For example, one person developed an infection and they had new medicines prescribed. The person's care plan was immediately updated to reflect the changes.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers. 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.

- People's communication needs were assessed. For example, one person could not communicate verbally and had very limited communication or understanding. However, staff were encouraged to talk to the person as often as possible and look for signs of any responses, such as 'facial recognition'.
- Staff knew people's needs well. One person commented, "The staff know me well, they know I like reading in my room. They make sure I've got my hearing aids in and working".

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

- The provider had introduced a 'Living my Choices' booklet aimed at capturing people's life stories in pictures and allowing provision of meaningful activities. Activities were progressing to more person centred and this was work in progress.
- People had access to activities which included in-house, days out and group activities. For example, reminiscence and creative arts and crafts, music therapy and tea parties.
- The home employed and activities coordinator and were in process of recruiting another one.

- On the day of the inspection we observed the activities coordinator in the Home's café. This was an idea she had brought in to raise funds for more activities in the home. The café was full of buzz and people enjoyed the pampering session.
- The home had volunteers that often supported with activities. Also, students from a nearby Oxford Brookes University and pupils from a local school often visited and interacted well with people.

#### Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy.
- People knew how to give feedback about their experiences of care and could do so in a range of accessible ways, including how to raise any concerns or issues. One relative told us, "Whenever we have had a problem everything has been dealt with professionally and promptly".

#### End of life care and support

- There were no people receiving end of life support at the time of our inspection. The team occasionally supported people with end of life care and they would work closely with other professionals to ensure people had a dignified and pain free death.
- The service had explored people's preferences and choices in relation to end of life care. These were recorded and included spiritual needs, funeral arrangements and preferences relating to support. For example, one person had chosen to donate their brain following their death. There were clear instructions on how to ensure this person's wish was respected. We saw compliments received following support during end of life.
- Staff had received training in end of life care and knew how to support people and families

## 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Relatives told us the home was well led. Relatives commented, "Yes, overall the management is good here" and "The service is well managed, and communication is good".
- Staff were complimentary of the support they received from the registered manager and the deputy manager. Staff said, "Manager and deputy manager are very supportive" and "I am very well supported here, I've been here a long time. It is a good place to work".
- Relatives and staff told us the registered manager and deputy manager had a visible daily presence in the service and led very much by example.
- The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.

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 provider met their responsibilities in relation to duty of candour. Duty of candour requires that 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; Continuous learning and improving care

- There was a clear management and staffing structure and staff were aware of their roles and responsibilities. The registered manager was supported by a deputy manager and an area manager. On the day of the inspection the registered manager was away, and the service was being run effectively in their absence which showed good leadership.
- The registered manager had effective quality assurance systems in place. These included, audits of care plans, medicine records and staff files. These provided an overview to ensure improvements were made where necessary. All the records we saw were accurate and up to date.
- The registered manager promoted continuous learning, they held reflective meetings with staff to discuss

work practices, training, development needs and staff's well-being.

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

- People and their relatives had opportunities to provide feedback through surveys and electronic feedback board. The information gathered was used to improve the service. For example, some comments related to food choices and how people chose their meals.
- People and relatives had opportunities to attend meetings and raise any comments via an open-door policy at any time.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. One member of staff said, "I haven't been here long, but I feel involved in what'd going on, I am part of the team".
- During the inspection we observed effective team working. Staff worked well together and respected each other's skills and abilities.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider 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.