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Leafield Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

Leafield Care Home is a residential care home without nursing that offers a service for up to 24 older people. Some people may suffer from varying types and degrees of dementia. At the time of our visit 21 people were using the service.

This was an unannounced inspection which took place on 27 July 2015. During our last inspection in October 2013 we found the provider did not satisfy the legal requirements in the areas that we looked at. A follow up to this inspection was carried out in September 2014 and we were satisfied that the home had taken the appropriate action surrounding our concerns.

A registered manager was employed by the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service did not always manage the administration of people's medicines safely. There were not always photographs on people's medicine administration records. This protocol is designed to ensure that medicines are being given to the right person.

People were not always protected from untoward events and emergencies, we observed on the day of our inspection evacuation plans were not easily accessible.

The adaption and design of the service did not always meet people needs. Where people were living with dementia the home was not decorated in a way which followed good practice guidance for helping people to be stimulated and orientated.

Staff were able to explain their understanding of how to gain consent to care and treatment. However, consent to care was not always sought before staff assisted people.

During our inspection we observed positive and caring interactions between staff and people. People, relatives and professionals said that the home was caring. However the home was not always responsive to people's needs and preferences.

Staff protected people from the risks associated with their care. There were enough staff deployed to meet people's needs. People told us they felt safe in the home, staff had a good understanding of safeguarding and the service took appropriate action to deal with any concerns or allegations of abuse.

Staff were aware of their roles and responsibilities. Newly appointed care staff went through an induction period. Staff received the core training required by the provider, such as safeguarding, infection control, manual handling and health and safety.

Staff gave people the time to express their wishes and respected the decisions they made. Staff also ensured that people's dignity and privacy were respected.

There was a procedure in place which outlined how the provider would respond to complaints. People and their relatives told us they knew what to do to make a complaint, and everyone we spoke with said they felt comfortable speaking with the managers. The registered manager had systems in place to monitor the quality of the service.

People and their family were regularly involved with the service and their feedback was sought by the provider and the registered manager. People's opinions were sought via satisfaction surveys which were carried out every six months.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 not always safe.

People were not always protected in the event of untoward events and emergencies.

People received their prescribed medicines, however staff did not always manage medicines safely.

People were supported by staff who could explain how they would recognise and report abuse. There was enough staff deployed to meet people's needs

Requires improvement

Is the service effective?
The service was not always effective.

The adaption a design of the service did not always meet people's needs.

Consent to care was not always sought before staff assisted people

People spoke positively about the food and support they received.

Requires improvement

Is the service caring?
The service was caring.

People and/or their relatives told us they felt cared for.

People were cared for by staff who were knowledgeable about the care they required and the things that were important to them in their lives

People were treated with dignity and kindness from care workers and were supported to make choices.

Good

Is the service responsive?
This service was not always responsive.

Care records where not consistent and sometimes had person centred information missing.

The home did not always deliver person centred care that matched people's preferences.

People were not always stimulated through meaningful activities.

People and/or their relatives said they were able to speak with staff or the managers if they had any concerns or a complaint.

Requires improvement

Is the service well-led?
The service was not always well led.

Requires improvement

Summary of findings

The registered manager had systems in place to monitor the quality of the service. But these systems were not effective.

All staff understood the provider's whistleblowing policy and procedure and said they would feel confident speaking with management about poor practice.

Staff members told us they felt there was an open and transparent culture at the home.

Leafield Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 27 July 2015 and was unannounced. Two inspectors carried out this inspection with support from 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 service.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We also contacted a healthcare professional and the commissioners of the service and who have day to day contact with home to obtain their views.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with seven people and four relatives about their views on the quality of the care and support being provided. We looked at six people's care records. We also looked at a range of documents around the management of the service.

During our inspection we observed how staff supported and interacted with people who use the service. This included Short Observational Framework for Inspection (SOFI). SOFI provides a framework for directly observing and reporting on the quality of care experienced by people who cannot describe this themselves. We spoke with the registered manager, the deputy manager, five staff members and two healthcare professionals.

Requires improvement

Is the service safe?

Our findings

People were not always protected from untoward events and emergencies. For example, a 'grab box' (A box containing personal evacuation plans, designed to be easily accessible in the event of an untoward incident) was empty. This meant staff had no documented guidance of how to act in an emergency. We raised this with the registered manager and deputy manager and were given reassurances that this was being addressed. The managers were able to demonstrate to us that individual evacuation plans were in there care records to mitigate this risk.

One bottle of a person's prescribed medicines had not been dated and signed when opened. We discussed this with staff who said "It must have been missed" therefore staff were not aware of when this medicine would no longer be fit for purpose. The staff member we spoke with took appropriate action by removing this and replacing it with a new bottle, which they then labelled correctly. Medicines were not always stored safely, for example, one bottle of morphine was stored in a locked room. However it was not locked in a cabinet that contained other medicines of this type which we were told by staff was the homes practice. We raised this with the staff member and the registered manager who informed us that this was an old medicine for a person who had left the service, and it was waiting to be returned to the local pharmacist. The staff member took action to secure this.

There were not always photographs of people on the front of their MAR charts. This meant there was a risk of medicines being incorrectly administered because staff who were unfamiliar with the people may not know who people were. We discussed this with staff administering the medicines and they told us that the photographs "Hadn't been processed yet". We raised this with the registered manager and the deputy manager who gave assurances that this would be completed.

People were assisted with their medicines when needed and were not rushed. We observed staff preparing medicines for one person. Staff observed the person take their medicine, and ensured there was a focus on taking the medicine. Medicine Administration Records (MAR charts) had been signed and were completed. Protocols for 'as necessary' medicines had been completed for people in line with the provider's procedure.

People told us they felt safe. Comments included; "I feel safe here it's lovely". Call bells were available and placed within reach of people in their bedrooms. Relatives told us "I have no doubts that my dad is safe here" and "I'm in a lot and having looked after my Mum have an idea and have never seen anything to cause concern". On the day of our inspection we found there was enough staff available to meet the needs of people living in the home this was also evident in the staff rotas that we saw.

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to their manager or senior person on duty. They were also aware they could report externally if needed. One member of staff said "I can report to my senior, and if they didn't listen then I would go higher until I got the response I wanted", "I'd phone CQC (Care Quality Commission) or even the police if I had to". The manager was able to demonstrate two examples were the home had communicated and worked closely with the local safeguarding team to ensure peoples safety and wellbeing.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

Requires improvement

Is the service effective?

Our findings

The adaption and design of the service did not always meet people's needs. One relative we spoke with said "This building is totally inadequate". We observed parts of the home where people were living with dementia were not decorated in a way that followed good practice guidance for helping people to be stimulated and orientated. We discussed this with the registered manager who informed us that a lead person in dementia had been identified and part of their role would be to address these concerns.

Staff were able to explain their understanding of how to gain consent to care and treatment. However, consent to care was not always sought before staff assisted people. For example, staff did not ask if one person was happy to be moved from their armchair to a wheelchair or explain the purpose for doing this. The person became agitated and distressed. Once the person was in the wheelchair staff did explain "it's time to go to the toilet".

Staff informed us of one person who's behaviour my challenge others. One staff member we spoke with could explain the signs to look out for in this person's behaviour and how to reassure the person to calm them down. However other staff that did not have the same level of knowledge.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report our findings. The MCA is a framework to ensure, where people lack the capacity to make decisions, any decisions made on the person's behalf are made in their best Interest. Not all staff we spoke with said that they had received training in the MCA, This was also evident in staff training records. However, staff were able to explain how they would support people to make decisions about their care. Staff told us they would inform their manager if a person was not able to consent to the support needed to meet their needs.

During the inspection, the registered manager described to us how they were in the process of making an application for Deprivation of Liberty Safeguards (DoLS) authorisations. DoLS are part of the MCA. They are used to protect the rights of people who lack the ability to make certain decisions for themselves. The applications had been submitted by the provider to the supervisory authority and they were awaiting a response. Records showed an assessment of the person's capacity to make decisions had been undertaken. A best interest's decision had been made in conjunction with relatives and other health and social care professionals.

Staff were aware of their roles and responsibilities. Newly appointed care staff went through an induction period which included shadowing an experienced member of staff. Staff told us they received the core training required by the provider, such as safeguarding, infection control, manual handling and health and safety. Training records confirmed this. We also observed that the registered manager was working with two members of staff in obtaining a nationally recognised certificate in care.

Regular meetings were held between staff and their line manager. These meetings were used to discuss progress in the work of staff members, training and development opportunities and other matters relating to the provision of care for people living in the home. These meetings would also be an opportunity to discuss any difficulties or concerns staff had. Staff said they felt supported by both the registered manager and the deputy manager. They said managers encouraged 'an open door policy' to discuss support needs outside of these formal meetings to seek guidance and support. Comments included "I always come away [from the meetings] with actions" and the meetings "Are really beneficial".

People's healthcare needs were regularly monitored. There was evidence of regular consultations with health care professionals where needed, such as, doctors, district nurses and specialists. Concerns about people's health had been followed up and there was evidence of this in people's care plans.

One staff member described how they have a good working relationship with the district nurse, which included shadowing them on their visits. This allowed the staff member to update peoples care plans and update other staff in a timely manner. The staff member also gave an example of where the district nurse had trained them to re-apply a person's dressing who had a tendency to remove the dressings. This was evidenced in the person's records.

People had access to food and drink throughout the day and staff supported them when required. People told us they enjoyed the food provided by the home. Comments included, "The meals are nice" "There's plenty of it" and "I

Requires improvement

Is the service effective?

really like the food". At lunchtime we saw that meals were served hot from the kitchen and looked wholesome and appetising. People could choice the food they wanted from a menu.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. Comments included; “This is a care home that really does care”, “The staff as far as I’m concerned care” and “The staff are so lovely here, you couldn't wish for anything better”. Visiting professionals were very complimentary about the service. They said “Leafield is a care home that cares, I’m happy with the care they deliver” “The staff really do care” and “The staff are brilliant they really do care about the residents”.

The atmosphere was calm and friendly with staff engaging with people in a respectful manner. We observed warm and friendly interactions. For example at lunch time one person did not want to wear a clothing protector and so the staff member explained why it was needed and when the person still did not want it, the staff member removed it.

People were cared for by staff who were knowledgeable about the care they required and the things that were important to them in their lives. Staff spoke with people about their careers, family and where they had lived. Care plans listed people’s preferences and personal histories and staff were able to tell us about them. For example, One member of staff initiated a conversation with a person about their previous time in the military, when we spoke with this staff member later they were able to identify two other people who had similar histories.

We also observed how one person was not engaging with staff, the staff member spent the time to find a topic of conversation about the person’s family who had recently visited. This topic really engaged the person and they looked up smiling and started to talk about the visit. We observed another interaction between this person and the staff member later on. It was evident that the staff member knew they liked signing and sang with them for a while. The person joined in and visibly enjoyed it.

Staff gave people the time to express their wishes and respected the decisions they made. For example, we observed one person who was reluctant to eat. A staff member spent time encouraging them, but respected their choice. The staff member covered the plate to keep it warm and then spoke about something else for a while and then went back to the topic of food. They uncovered the food again and the person showed an interest. The Staff member supported this person to eat at their own pace and in a caring way.

We looked at people’s records and where there were instructions on ‘Do Not Attempt Cardio Pulmonary Resuscitation’ the correct form was in place stating that they did not want to receive active treatment in the event of their health deteriorating. It was also evident within peoples care records that discussions had taken place with peoples family’s and significant others surrounding end of life care.

People’s dignity and privacy were respected. We saw staff call out to people if their room doors were open before they walked in, or knocked on doors that were closed. Where they were providing personal care people’s doors and curtains were closed.

Requires improvement

Is the service responsive?

Our findings

On the morning of our inspection we were informed by a staff member that people did not have a choice surrounding bathing or showering. One staff member said "No one has baths, only showers". We were told by a staff member that this was because the baths were "out of use". The staff member told us that "They [people] don't really ask for baths". However one person we spoke with told us "I like my baths but we can only have showers".

We spoke with other staff about this and the responses were varied. Some staff confirmed what we had been told, but others told us that bathing was an option and that the problems with the baths had been fixed. We spoke with the registered manager and deputy manager about this and they told us that the baths had in fact been fixed. This meant the staff were not kept up to date to deliver person centred care, that matched peoples preferences.

The home did not have an activity co-ordinator in post on the day of our inspection. The home was supported by an occupational therapist that came to the home once a week to deliver activities. Staff told us that this included "quizzes, catch, [and] name that tune". However relatives and people we spoke with felt that there was not enough stimulation for people in the home. One person told us "there's very little [activities] as far as I know". Relatives said "Activities are very poor by comparison with the home that [previously] looked after my Mum." One relative told us that they would be concerned if it wasn't for the fact that the family supported there relative in getting out.

The registered manager was aware of this concern. They informed us that they were in the process of appointing a staff member to this role who knew the residents well. We spoke with this member of staff and they explained plans they had to introduce ways in which to stimulate people. However this was not in place on the day of our inspection.

We observed positive interactions when people needed assistance with eating and drinking However observed how one person refused support from a staff member with their meal. The offer of support was then made by two other staff members and we observed that when staff left the dining room there was no communication surrounding this. The person became frustrated and upset through having to repeat their request to not have support, this person did not eat very much, we looked at this persons care records which included concerns surrounding their eating. This resulted in a review of this person's care which highlighted that they eat better with a smaller plate. The person was not supported in line with this guidance. We raised this concern with the registered manager who assured us that this usually happens, however they would address this concern.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014).

People's care plans were not always current or accurate. For example, care records had a section titled 'other people that know me will say that' although we saw evidence that this had happened and included in depth detail surrounding the people's needs and preferences this was not completed in all of the records we looked at.

People and their family were regularly involved with the service and their feedback was sought by the provider and the registered manager. People's opinions were sought via satisfaction surveys that carried out every six months. The manager had designed these in a picture format. This supported people in completing them. The most recent survey identified that people had asked for more flowers in the garden. This request had been carried out.

The registered manager told us that surveys were sent out every three to four months. The manager had a record of conversations that they had with relatives, this enabled them to act on any concerns before they escalated. The manager also attended afternoon tea on a weekly basis with people for an informal chat on how things were for them at the home.

People and their relatives told us they knew what to do to make a complaint if they were unhappy with any aspects of care they were receiving. Everyone we spoke with said they felt comfortable speaking with the managers or a member of staff. Copies of the Home's complaints procedure were clearly displayed around the building.

We spoke with one relative who told us how the home had acted on a concern surrounding their relative's health. They told us, "When they [relative] needed the doctor they got them in very quickly and then on to the hospital. They [relative] had a condition and that was dealt with very quickly".

Requires improvement

Is the service responsive?

People at the home were supported to maintain their religious believes. For example the home had made arrangements for a vicar to visit every Sunday and the delivery of Holy Communion for one resident every week.

Requires improvement

Is the service well-led?

Our findings

The registered manager had systems in place to monitor the quality of the service. This included audits carried out periodically throughout the year by the registered manager and the deputy manager. The audits covered areas such as Infection control, care records, activities, accidents and fire safety. There was evidence that learning from incidents and investigations took place and changes were made to improve the service. However, whilst the these audits had identified a number of areas for improvement, some of the issues found during the course of our inspection had not been identified.

One of the audits identified the need to have a new laundry room. The registered manager had discussed this with the provider and as a result told us that "planning permission had been granted" and they were waiting for the provider to arrange for the building work to go ahead.

Regular maintenance was undertaken to ensure the property remained fit for purpose. Environmental risk assessments such as fire risk assessments were completed. However training records highlighted that fire awareness refresher training was overdue by three months. We discussed this with the registered manager who told us that this was due to an oversight. The registered manager took immediate action and contacted the provider. As a result the training was booked for September 2015.

There was a registered manager in post who was supported by a deputy manager. Staff members told us they felt there was an open and transparent culture at the home. Staff said they felt confident any comments or concerns would be listened to and taken seriously by the registered manager. Comments included: "The manager is really approachable and I would not have any problems raising a concern", "I've received really good support from [the registered manager], she shows me how to carryout tasks and has talked me through them" and "I love it here, they are great".

All staff understood the provider's whistleblowing policy and procedure and said they would feel confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice.

The registered manager discussed concerns with staff .They used one to one meetings and the disciplinary procedure to resolve issues, share learning and provide advice and guidance for staff to prevent future occurrences. This showed the service did not display a culture of blame.

The registered Manager belonged to a facebook group called 'the outstanding manager' which was for care home managers. They described how this enabled them to network with other managers across the country and share learning. For example the registered manager had shared learning and concerns surrounding how to progress with a nationally recognised certificate for staff. They described this as a "really positive experience".

The service had good links with the local community. For example, We observed how the home had previously made arrangements in November 2014 to support people in attending a war reminiscence event in a local village hall called 'Remember When' which had been appreciated by the people who attended and their relatives.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of reportable events.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The home will ensure the delivery of person centred care that is matched to people's preferences. The home will ensure that people are stimulated through a range of meaningful activities. (9) (1) (a) (b) (c)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.