Lawton Group Limited

Hempton Field Care Home

Inspection report

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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

We undertook an unannounced inspection of Hempton Field Care Home on 1 March 2018.

Hempton Field provides accommodation for up to 29 people who require nursing or personal care. The home is situated in the village of Chinnor, Oxfordshire. On the day of our inspection 28 people were living at the home.

Hempton Field 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.

Rating at last inspection
At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Further information is in the detailed findings below

Why the service is rated Good:

People remained safe living in the home. There were sufficient staff to meet people's needs and staff had time to spend with people. Risk assessments were carried out and promoted positive risk taking which enable people to live their lives as they chose. People received their medicines safely.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

The service continued to provide support in a caring way. Staff supported people with kindness and compassion. Staff respected people as individuals and treated them with dignity. People were involved in decisions about their care needs and the support they required to meet those needs.

People had access to information about their care and staff supported people in their preferred method of communication. Staff also provided people with emotional support.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People had access to a variety of

activities that met their individual needs.

The service was led by a registered manager who promoted a service that put people at the forefront of all the service did. There was a positive culture that valued people, relatives and staff and promoted a caring ethos.

The registered manager monitored the quality of the service and looked for continuous improvement. There was a clear vision to deliver high-quality care and support and promote a positive culture that was person-centred, open, inclusive and empowering which achieved good outcomes for people. The registered manager was supported by the regional manager.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Hempton Field 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 1 March 2018 and was unannounced. The inspection was carried out by one inspector 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.

Before the inspection, we asked the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR, previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about.

We spoke with 10 people, four care staff, one nurse, the chef, the deputy manager and the registered manager. During the inspection we looked at four people's care plans, four staff files, medicine records and other records relating to the management of the service. We observed care practice throughout the inspection. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People continued to feel safe. People's comments included; "This is the sort of place you feel utterly safe living at", "It probably saved my life coming here really" and "Safe? Yes I think we are all okay here".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "I'd go straight to [registered manager] and I'd contact CQC (Care Quality Commission) and the local authorities. I have done so in the past" and "I would tell my manager and call safeguarding". There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

There were sufficient staff on duty to meet people's needs. Staff were not rushed in their duties". One person said, "Anyone who needs help, someone always comes quickly". One staff member said, "Yes, I think we have enough staff here. We don't use any agency staff at all". During our inspection we saw people's requests for support were responded to promptly. Records confirmed the service had robust recruitment procedures in place.

Risks to people were identified in their care plans. People were able to move freely about the home and there were systems in place to manage risks relating to people's individual needs. For example, where people were at risk of developing pressure ulcers, guidance had been sought from healthcare professionals and their guidance was followed.

People were protected from the risk of infection. Infection control policies and procedures were in place and we observed staff following safe practice. Colour coded equipment was used along with personal protective equipment (PPE). The home was clean and free from malodours. Staff told us they were supported with infection control measures and practices. One staff member said, "It's good here. There is plenty of PPE (personal protective equipment) and we discuss infection control at meetings".

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration we saw these instructions were followed. Medicines were stored safely. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. One person commented about their medicine. They said, "One of my medications has been changed recently but they always make sure I take them all".

We observed a medicine round. Staff identified the person and explained what they were doing. They sought the person's consent before administering the medicine. When they were satisfied the person had taken their medicine they signed the medicine administration record (MAR).

However, some bottled medicines did not have an opening date. This meant that bottles without an opening date could be used beyond the recommended life of the medicine. We raised this with the clinical

lead and the registered manager. Immediate action was taken to resolve our concern. This did not impact on people's safety.

Accidents and incidents were recorded and investigated. They were also analysed to see if people's care needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals. Lessons were learned from incidents and this learning was used to improve the service. For example, one person fell out of bed. Due to their condition the option of using bedrails to keep the person safe was not feasible and the person was provided with a 'floor bed'. The registered manager monitored this person and found the use of the floor bed extremely successful. The service was in the process of replacing all people's beds with floor beds.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. The induction programme was linked to the Care Certificate. The Care Certificate is a national training programme for care staff.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training and understood how to support people in line with the principles of the Act. One staff member said, "This is about choice and allowing people to make a choice. I offer options and go with people's decisions. I always seek their consent". Throughout the inspection we observed staff routinely seeking people's consent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had a clear understanding of DoLS. At the time of our inspection no one at the service was subject to a DoLS authorisation. Some people had appointed legal representatives who could make decisions on their behalf. Where people lacked capacity to make certain decisions capacity assessments had been conducted and demonstrated people's best interests had been considered. Where decisions had been made the least restrictive practices had been implemented.

People's needs were assessed prior to their admission to ensure their care needs could be met in line with current guidance and best practice. This included people's preferences relating to their care and communication needs. For example, care plans noted whether people required support relating to glasses or hearing aids. One person's care plan guided staff to ensure their glasses were cleaned every day. Staff were aware of people's support needs and preferences.

Staff told us and records confirmed that staff received support through regular one to one meetings with their line manager and training. Staff training records were maintained and we saw planned training was up to date. Where training was required we saw training events had been booked. Staff also had further training opportunities. One staff member said, "I'm well supported to do my job here, supervision is part of that support".

People were positive about the food and received support to maintain their nutrition. People's comments included; "I'm delighted to see that mackerel is on the menu for this Saturday", "It is good food, quite a collection of things they do for you" and "Food and drink? It is all fine".

Where people had specific dietary requirements these were met. Where people were at risk of weight loss their weight was monitored and people were supported to maintain their weight. We spoke with the chef who told us, "I get regular updates about resident's diets, such as diabetes and I feel supported in my role. If

residents don't like what's on the menu I can provide alternatives, but as I talk to them every day I know what they like so it does not happen too often".

We observed the midday meal, which was a lively affair with chatting and laughter. Where people required support this was provided appropriately. People with special dietary needs received an appropriate meal which looked wholesome and appetising. Throughout the meal staff encouraged people to eat and drink with extra portions on offer.

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment. These included GPs, speech and language therapists and chiropodists. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. One person said, "If I needed a doctor, I know they would come here".

People's rooms were furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms. Corridors displayed period pictures and paintings and contrasting handrails had been installed to assist people living with dementia to mobilise. Signage on people's rooms, toilets and bathrooms were clear. There were books, hats, clothing and other items of interest around the home for people to interact with

Good

Is the service caring?

Our findings

The home continued to provide a caring service to people who benefitted from caring relationships with the staff. People's comments included; "I like to chat to people and they [staff] try to stop when they can", "They've [staff] always got time for a chat" and "I feel I know all the carers, they are like friends".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "I love working with the elderly, it is so rewarding" and "I like it here because we are a family, it feels like a family. That is a nice feeling".

People were involved in planning their care, the day to day support they received and their independence was promoted. Records showed people were involved in reviews of their care and staff told us they involved people in their support. One staff member said, "I involve them [people] by getting them to do what they can. It involves them and also promotes their independence". One staff member told us about a person whose mobility improved. They said, "Some residents are happy to let their skills go. I don't let them do that. One lady [person] was ill and lost her mobility. It took a long time but we got her walking again. That's why it is so important to encourage them to get involved". This practice promoted people's independence.

People were treated with dignity and respect. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. People were addressed by their preferred names and staff knocked on people's doors before entering. Throughout the inspection we observed staff treating people with dignity, respect and compassion.

People's diverse needs were respected. Discussion with the registered manager showed that they respected people's different sexual orientation so that gay and bisexual people could feel accepted and welcomed in the service. The provider's equality and diversity policy supported this culture. We asked staff about diversity. One staff member said, "We try very hard to get to know our residents. No one here is prejudice so we treat all our residents as individuals".

People received emotional support. For example, one person's care plan noted the person was extremely fond of a baby doll. Staff were guided to ensure the doll was to hand for the person and inform them [the person] if they had 'to move the doll for any reason'. We saw this person in their room with their doll. One person spoke about their emotional well-being. They said, "I'm happy and looked after properly and certainly don't get depressed".

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely.

Good

Is the service responsive?

Our findings

The service continued to be responsive. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. Staff were aware of, and respected people's preferences.

Staff treated people as individuals. For example, one staff member described how one person "Loves to look nice". This staff member had detailed knowledge of this person's individual needs and preferences. The care plan stated the person proud of their appearance and like to have their 'hair and nails done'. We saw this person who looked clean, tidy and well groomed.

People had access to information. People had access to their care records and staff informed people about all aspects of their care. Where appropriate, staff explained documents to relatives and legal representatives. Information was also available in foreign languages or large print on request. Staff supported people to have access to information. For example, we saw one staff member clean a person's glasses for them so they were able to read a formal letter. This was in line with the guidance provided to staff in the person's care plan.

People told us they liked the activities. People's comments included; "I am reading now more than ever before. I join in all the activities, the quizzes I like especially", "We have visited both the Hearing Dogs Centre and to [local] stables" and "We do exercise classes and I go along to all of them".

People were offered a range of activities they could engage in. These included; puzzles, games, music and arts and crafts. A hairdresser regularly visited the home and religious services were routinely held. We observed a very lively musical exercise activity where people were joking and laughing with themselves and staff. The home also provided a 'wishing well' service where people could post a wish and staff would endeavour to make it come true. Many people's wishes had been granted and included a trip to an animal park and a Chinese take away meal.

No one at the home was currently receiving end of life care. People's advanced wishes were, however, recorded. Care plans recorded people's end of life wishes. For example, where they wished to die and any funeral arrangements. Staff told us people's wishes were always respected. Staff had been trained in end of life care under the Gold Standards Framework Programme. This programme sets high standards in staff training relating to all aspects of end of life care.

The service had systems in place to record, investigate and resolve complaints. One complaint was recorded for 2017/18 and had been dealt with compassionately, in line with the provider's policy. The complaints policy was displayed in the reception area. The registered manager spoke with us about complaints. They said, "We deal with any concerns long before the formal complaint stage so we get very few formal complaints. It works well for residents, families and ourselves".

Good

Is the service well-led?

Our findings

The service continued to be well led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

People knew the registered manager who was present throughout the inspection and interacted with people in a friendly and familiar way. It was clear that positive relationships had been formed between people, the registered manager and deputy manager. People's comments included; "Yes I know her [registered manager], she is excellent", "Yes, [registered manager] is the manager here" and "[Registered manager] is the manager, very good".

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "I am well supported by [registered manager]", "She [registered manager] is approachable and supportive. This is a well-run home, I'd be happy for my mum to be here" and "She listens and I can approach her with anything. She is very helpful. Yes I'd say this was a well-run home".

The service had a positive culture that was open and honest. Staff were valued and people were treated as individuals. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The registered manager spoke openly and honestly about the service and the challenges they faced.

We spoke with the registered manager about their vision for the service. They said, "I want to ensure and maintain the standards and reputation of this home within the local community. Many of our residents are local and deserve a safe environment with good quality care provided by great staff".

The registered manager monitored the quality of service. Audits were conducted by the registered manager who was supported by the regional manager who regularly visited the home. Action plans arising from audits were used to improve the service. For example, one audit identified the need for improvements in the recording of 'mattress settings' and updating the 'supplementary folders'. Staff were briefed and we saw this action had been completed. Records relating to mattress settings were accurate and up to date.

The service worked in partnership with local authorities, healthcare professionals, GPs and social services. The registered manager also attended external meetings, such as the Oxfordshire Care Home Association.