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Leafield Residential 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

This inspection took place on 29 July 2016. It was an unannounced inspection.

Leafield Residential Care Home is registered to provide accommodation for up to 24 older people who require personal care. At the time of the inspection there were 21 people living at the service.

At the previous inspection on 1 June 2015 we found the home was not always ensuring that person centred care was matched to people's preferences. We also found that people were not stimulated through a range of meaningful activities. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the home had made significant improvements to address the areas of concern and bring the service up to the required standards.

The service had a registered manager. 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.

The service had a part time activities coordinator and people were offered a range of activities. People received person centred care. People were cared for by a service that understood the importance of getting to know the people they supported. There was a clear focus on the importance of knowing people's histories.

People told us they were safe. People were supported by staff who could explain what constitutes abuse and what to do in the event of suspecting abuse. Staff had completed safeguarding training and understood their responsibilities.

People received their medicines as prescribed. Staff administering medicines checked each person's identity and explained what was happening before giving people their medicine.

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Staff understood the Mental Capacity Act (MCA) 2005 and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves.

The service sought people's views and opinions and acted upon them. People and their relatives told us

they were confident they would be listened to and action would be taken if they raised a concern. Where risks to people had been identified risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe.

People had sufficient to eat and drink. Where people required special diets, for example, pureed or fortified meals, these were provided by kitchen staff who clearly understood the dietary needs of the people they were catering for.

Staff spoke positively about the support they received from the registered manager. Staff had access to effective supervision. Staff and the registered manager shared the visions and values of the service and these were embedded within service delivery. The service had systems to assess the quality of the service provided. Learning from audits took place which promoted people's safety and quality of life.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

There were sufficient staff on duty to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff had the training, skills and support to care for people.

People had sufficient to eat and drink and were supported to maintain good health.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Good

The service was caring. Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate when providing support to people.

Is the service responsive?

Good

The service was responsive. People's needs were assessed to ensure they received personalised care.

Staff understood people's needs and preferences. Staff were knowledgeable about the support people needed.

There was a range of activities for people to engage with.

Is the service well-led?

Good

The service was well led. The manager conducted regular audits to monitor the quality of service.

The home had a culture of openness and honesty where people came first.

There was a whistleblowing policy in place that was available to staff around the home. Staff knew how to raise concerns.

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 checked whether the provider was 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 the 29 July 2016 and was unannounced. The inspection was carried out by one inspector.

We spoke with seven people, four relatives, six care staff, the kitchen assistant, two senior carers the registered manager and two healthcare professionals. We reviewed seven people's care files, six staff records and records relating to the management of the service. Prior to the inspections we spoke to commissioners of the home to get their views on the service is run.

We 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.

Before the inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "They always look after me", "Oh yes I am safe here", "I am being looked after here" and "I am happy enough here". One person who had recently moved into the home told us, "I have been made to feel welcomed and I am safe here". Relatives told us that people were safe. One relative told us, "I have no worries about safety, in fact my worries have been taken away since [person] has been here". Another relative told us, "I feel my husband is safe there".

One visiting healthcare professional we spoke with told us "We have no concerns about people's safety".

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately. Comments included; "I would report it to [registered manager]", "I would go to my manager or my senior" and "I would inform the person of what I was going to do and inform my manager".

Staff were also aware they could report externally if needed. Comments included; "I would report it to safeguarding", "I would consider involving the family and also report it to CQC (Care Quality Commission), "I would involve the persons care manager", "I would ring you (CQC) or the police if someone was at immediate danger" and "I would go to CQC, police or the safeguarding team if I had to".

People's care plans contained risk assessments which included risks associated with; moving and handling, choking, pressure damage, falls, personal care and environment risks. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at risk of developing pressure damage. The person's risk assessment included guidance on the use of pressure relieving equipment and to frequently encourage and support the person to change their position. The risk assessment also provided guidance for staff on what to do in the event that the person may develop a pressure ulcer. Staff we spoke with were aware of these risks and what action to take as a result.

We noted and were informed by the registered manager that at the time of our inspection people who had been identified as at high risk of pressure damage had not gone on to develop pressure ulcers.

People who were assessed as being at risk of malnutrition had accurate and up to date Malnutrition Universal Screening Tools (MUST) in place and were supported by staff who were aware of these risks and what action to take as a result.

People had their medicines as prescribed. The staff checked each person's identity and explained the process before giving people their medicine. Medicines were stored securely and in line with manufacturer's guidance. Staff were trained to administer medicine and their competency was regularly checked by the registered manager.

We observed a medicine round and saw correct procedures were followed ensuring people received their medicine as prescribed. Medicines administered 'as and when required' included protocols providing

guidance for staff about when the medication should be used. Staff had an understanding of the protocols and how to use them.

We observed, and staffing rotas confirmed, there were enough staff to meet people's needs. Relatives told us there were enough staff to meet people's needs. One relative said, "There seems to be enough staff to me". The registered manager used a 'dependency tool' when carrying out initial assessments on peoples care needs. The registered manager told us, "I only use it when we are initially assessing someone to be sure we can support their level of dependency, it's there if we need it but at the moment the people here are low in their dependency needs" and "We review dependency daily through our observations, that's the good thing about knowing the residents well, we are quick to pick up on changes".

During the day we observed staff were not rushed in their duties and had time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support. People in their rooms had call bells to hand and call bells were answered promptly.

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 Service checks. These checks identify if prospective staff were of good character and were suitable for their role.

Good

Is the service effective?

Our findings

People we spoke with told us staff were knowledgeable about their needs and supported them in line with their support plans. Comments included: "Staff are pretty good, they get to know you, "The staff know what I need" and "We are well looked after here by staff that know us".

Relative's told us staff were knowledgeable. Relative's comments included; "They are very knowledgeable about dad", "They are a very happy crowd and they seem to know what they are doing" and "Yes they are absolutely responsive to [persons] needs"

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. Training included safeguarding, moving and handling, medication, infection control and Mental Capacity Act 2005 (MCA). Staff comments included "The training is good", "If we ever want training we just have to ask" and "Training is always available if you want it". Staff told us and records confirmed that staff had access to further training and development opportunities. For example, staff had access to national certificates in care.

Staff told us, and records confirmed they had effective support. Staff received regular supervision (one to one meetings with their manager). Staff we spoke with told they felt supported by the registered manager. Comments included; "She is friendly and always listens to what you have to say", "Supervision is good, sometimes you just need that one to one space", "She tells me straight if there is something I need to improve on" and "You know if you need help then she will provide it, my confidence has definitely grown". We noted from personal records that one staff member had requested the opportunity to complete a national vocational qualification (NVQ) in care. We spoke with this staff member who confirmed that this had taken place.

Since our last inspection the service had made considerable changes to the adaption and design of the home to ensure that a stimulating environment was created for the people living there.

We observed parts of the home where people were living with dementia were 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 they had been supported by a relative in achieving this. We spoke with the relative and they told us, "The changes are amazing, it makes a real difference that effects the people, the staff and professionals" and "They do for my husband what I cant. So I help them".

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. We discussed the MCA with the registered manager who was knowledgeable regarding the act. The 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 were supported by staff who had been trained in the MCA and applied it's principles in their work. All staff we spoke with had a good understanding of the Act. Comments included; "If we had any concerns then we would have a best interest meeting and involve the persons G.P and family", "It's there to protect vulnerable adults and the staff that work alongside them", "If I had concerns about someone's capacity then I would speak with [registered manager] or a senior" and "It's about peoples best interests".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the home was meeting the requirements of DoLS. At the time of our inspection the service had made DoLS applications for one person.

People had sufficient to eat and drink. People who needed assistance with eating and drinking were supported appropriately. People were offered a choice of three meals from the daily menu and could also choose the accompanying vegetables that they would like with their meals. For example, people could choice between having boiled potatoes or chips. The kitchen assistant advised us that if people did not like the choices available an alternative would be provided. During our inspection we observed that the food looked wholesome and appetising. People told us they enjoyed the food provided by the home. Comments included "I think the foods pretty good actually", "I like the lunch's", "The foods not bad at all" and "The foods good here".

Where people required special diets, for example, pureed or fortified meals, these were provided by kitchen staff who clearly understood the dietary needs of the people they were catering for. One person we spoke with told us that they were vegetarian and that the home catered for their needs. They told us, "I get plenty of vegetables" and "There is a good variety of options". We spoke with the kitchen assistant about how they met the needs of one person who was diabetic. They told us "We try and do the same for [person] as we do for others but just make little changes. For example, if they are having banana custard then we replace the sugar with sweetener for [person]".

Menus were displayed in the homes reception area and staff assisted people with their choices. During our observation of the lunch time meal we noted that people were offered a choice of drinks throughout. People had access to and were offered drinks throughout the day.

People had regular access to other healthcare professionals such as, G.P's, district nurses, occupational therapists and other professionals from the care home support team. Where healthcare professionals provided advice about people's care this was incorporated into people's care plans and risk assessments. For example, one person had been identified as having swallowing difficulties referrals had been made to Speech and Language Therapy (SALT). The person's care records contained details of recommendations made by SALT and we saw staff were following the recommendations.

The registered manager told us "When someone new comes in regardless of their history we involve [professional] from the care home support service, she's brilliant. This is so we can identify the person's competency's surrounding things like balance or identify underlying things like infections and general health".

Good

Is the service caring?

Our findings

People were complimentary about the staff and told us staff were caring. People's comments included; "The staff are good, they look after us", "They are a very kind bunch" and "Oh certainly the staff are very kind and caring".

Relatives we spoke with us told us the staff were caring. Comments included; "Without a doubt they are kind and caring", "The care is fabulous", "I have no worries about the care here", "I am pleased with how they treat him" and "It is very good care". One visiting healthcare professional we spoke with told us "The staff are kind and caring".

Throughout our visit we saw people were treated in a caring and kind way. The staff were friendly, polite and respectful when providing support to people. Staff took time to speak with people and reassure them, always making sure people were comfortable and had everything they needed before moving away. For example, one person started coughing loudly in the lounge. A Staff member who was in the corridor notice this and went to support the person.

The staff member knelt down to eye level and checked with the person to see if they had a drink. The person told the staff that they didn't. The staff member said "Give me two seconds [person]", they returned shortly with a glass of water. The person thanked the staff member. The staff member checked with the person to ensure they had everything they needed before carrying on with their work.

One person became agitated about another person who was about to be supported with a hoist transfer. A staff member knelt to the person's eye level and held the persons hand. Staff then reassured them that the person was "safe and alright".

People were treated with dignity and respect. Staff took time to ensure people understood what was going to happen and explained what they were doing whenever they supported people. For example. We observed a person being supported with a hoist transfer. Throughout the task staff reassured the person and informed them of what was happening. Staff informed the person first that "We are going over there [person], is that o.k. The person gave their consent. When the transfer was complete staff told the person "You did well, well done [person]".

We also observed how one member of staff supported a person with a medical condition. Throughout the interaction the staff member took the time to explain what was happening and what was going to happen next.

We saw staff call out to people if their room doors were open before they walked in, or knocked on doors that were closed. When they provided personal care, people's doors and curtains were closed. For example, we observed a staff member knocking on a person's door before entering, the staff member then spoke with the person and explained they were there to deliver personal care.

We saw how staff spoke to people with respect using the person's preferred name. When staff spoke about people to us or amongst themselves they were respectful. People's friends and relatives could visit whenever they wanted to. People were able to meet their relatives in the communal areas or in the privacy of their rooms.

Throughout our inspection we observed that interactions were kind and caring. People were treated as individuals and supported with their independence. For example, we observed how one person decided that they did not want support from a staff member during a transfer using a walking aid. The staff member respected this wish whilst staying close to the person and keeping a watchful eye on them. We spoke with this staff member who told us "We must encourage people to do things on their own and not get in the way as long as they are safe" and "This supports independence".

People's advanced wishes were recorded. 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 people's care records that discussions had taken place with peoples family's and significant others surrounding end of life care.

Good

Is the service responsive?

Our findings

At the previous inspection on 1 June 2015 we found the home was not always ensuring that person centred care was matched to people's preferences. We also found that people were not stimulated through meaningful activities. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the home had made significant improvements to address the areas of concern and bring the service up to the required standards.

We saw evidence that people had been involved in their assessment. Care plans contained 'my story' documents which detailed the person's history, likes, dislikes and preferences how they liked to spend their time and things that were important to them.

For example, we saw that these documents included details on people's families, their childhoods, their working life, important relationships and special celebrations. Another person's care records highlighted their preferences surrounding personal care and guidance for staff to ensure that this was respected. We spoke with this person who told us that staff followed this guidance. We spoke with the registered manager about this and they told us, "This is what we have developed since our last inspection feedback" and "key to this is getting the family involved in as much as we can".

People received personalised care and staff we spoke with were knowledgeable about the people they supported. For example, we spoke with one member of staff who was able to tell us a person's life history and provide details about the person's previous military and employment history. The information shared with us by the staff member matched the information in the person's care records. People's care records contained historic photographs of people and their families which the registered manager had requested from people's relatives.

The service had a part time activities coordinator and people were offered a range of activities that included; puzzles, art and crafts, seasonal events like Halloween and Easter baskets and hand manicures. The home also worked alongside an occupational therapist once a week to run activities that include; pottery and reminiscence activities through the use of memory boxes. We also saw evidence that the home was recruiting another staff member to the post. The registered manager told us this was to ensure "Continuous cover throughout the week". We also saw evidence of how people who did not want to participate in activities had their preferences and wishes respected. For example, one person we spoke with told us "It's not for me, they know that".

People we spoke with told us that the service was responsive to their needs. One person we spoke with told us, "If you need help they get it". Relatives told us the service was responsive. Relative's comments included; "They ring me if there are any problems", "They are very informative", "My dad is settled and part of the community. They have helped me gain insight into settling him and supporting him".

One visiting healthcare professional we spoke with told us, "They are quite good at being responsive, they seem to want what's best for [person]".

Staff were responsive to people's changing needs. We noted the service had responded to one person's changing needs surrounding their mobility. For example the person's care records gave guidance that if this person became 'unsteady on their feet again then they should be referred to the falls prevention team'. We noted from the persons care records that they had been an instance were had happened again. This persons care records demonstrated the home had made a referral to the falls prevention team and the occupational therapist. Following these referrals the person's care records had been updated with guidance for staff to support this person. Staff we spoke with told us they followed this guidance.

Another person had stopped responding to a prescribed medication. We noted the registered manager had contacted this person's G.P to seek advice, As a result the person's G.P agreed to visit them on that day. We observed a morning staff meeting and it was evident that people's changing needs were being discussed. For example, staff discussed recommendations made by the district nurse surrounding a change in a person's medical condition.

Care records included guidance on how to support people who may demonstrate behaviour that challenged others. For example, we observed an incident at lunch time where a person who may demonstrate this behaviour started shouting at a staff member. The staff member spoke to the person in a calm manner and deescalated the situation by providing the person with a picture of their favourite member of the royal family. Records confirmed that staff had followed the guidance in this person's care plan. We observed a number of interactions involving this person throughout the day and the staff teams approach to supporting this person was exemplary.

People's opinions were sought and acted upon. Regular 'residents meetings' were held and gave people and their relatives the opportunity to raise issues and concerns. For example, people had requested a change in some of the snacks available. People wanted less chocolate and more traditional boiled sweets. As a result the registered manager introduced a tuck shop that was available for people to go and fill a bag of their favourite boiled sweets as and when they wanted.

People knew how to make a complaint. One person we spoke with told us "I would tell them if I had to". There had been no complaints since our last inspection. One relative we spoke with told us "(the registered manager) always tells us, my eyes and ears can't be everywhere. If you see something that's not right tell me. She listens and she is very very responsive".

Good

Is the service well-led?

Our findings

Staff spoke positively about the registered manager. Comments included; "If there has ever been a problem she has listened and dealt with it", "You couldn't ask for a better boss", "[Registered manager] is very good", "She puts herself out for everyone. Staff and people", "We have supervision but if you need to talk to [registered manager] about anything then the doors always open", "She always has time to listen". One relative we spoke with told us "The manager is great". Another relative told us "[registered manager] is brilliant.

The registered manager told us their visions and values for the home were, They said, "For this to be really good home where the residents get the most out of what we do", "I would do anything for these residents and that's what it is about", "I want the home to be fully developed with the plans that I have in relation to the adaption of the building" and "I want us to do everything we can so when we walk out of here on a night, we know that everyone is safe and sound". Throughout our visit we observed staff displaying these values. One staff member we spoke with told us "We have a strong team here" and "[registered manager] has an open door policy". There was a positive and open culture in the home and the registered manager was available and approachable. People knew who the registered manager was and we saw people and staff approach and talk with them in an open and trusting manner.

Staff understood the whistleblowing policy and procedures. Staff told us they felt 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. One member of staff we spoke with told us, "I have used it in the past and [registered manager] addressed my concerns".

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

Regular audits were conducted to monitor the quality of service. These were carried out by the registered manager and the provider. Audits covered all aspects of care including, care plans and assessments, risks, staff processes and training. Information was analysed and action plans created to allow the registered manager to improve the service. For example, following an audit surrounding care plans the registered manager recognised the need to complement the services new approach to knowing people's personal histories. It was also important to record existing needs and preferences. Therefore they developed a 'This is me now' document that included capturing information on peoples 'favourite treats', how they would 'like to look' and people's ideas of the 'perfect day out'.

Accidents and incidents were recorded and investigated. The registered manager used information from the investigations to improve the service. For example, following an incident where a person had a minor fall. The incident was investigated and the person's care plan reviewed to ensure they were safe. The registered manager referred the person to the falls prevention team. The registered manager had then updated the person's care records to include the need for increased observations on the person's mobility. All accidents and incidents were reviewed collectively to look for patterns and trends.

The service was continually looking to improve. For example, following the changes in the design of the environment. The registered manager also introduced the use of memory boxes. We noted that work was currently being carried out in the home to fit these outside of people's rooms. However, some were complete and they contained pictures, personal belongings and information about the person. The registered manager told us "I am hoping to have this fully in place by the end of September".

The service worked in partnership with visiting agencies and had links with GPs, the pharmacist, district nurse and Care Home Support Service. One healthcare professional we spoke with told us "They call us if they need us".