Leonard Cheshire Disability

John Masefield - Care Home with Nursing Physical Disabilities

Inspection report

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Date of inspection visit:
31 March 2016

Date of publication:
28 April 2016

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 31 March 2016. It was an unannounced inspection.

John Masefield House is registered to provide accommodation for up to 22 older people who require nursing care. At the time of the inspection there were 22 people with physical disabilities living at the service.

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.

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. The service sought people's views and opinions and acted upon them.

People received their medicines as prescribed. Staff administering medicines checked each person's identity and explained what was happening before giving people their medicine. Relatives told us the service was responsive and well managed.

Where risks to people had been identified risk assessments were in place and action had been taken to reduce the risks. Staff were aware of people's needs and followed guidance to keep them safe.

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) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves.

People and 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.

Relatives told us they were confident they would be listened to and action would be taken if they raised a concern. We saw complaints were dealt with in a compassionate and timely fashion.

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. There were enough staff to meet people's needs.

Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

Risks to people had been assessed and recorded.

People received their medicines as prescribed and was administered by staff equipped with the skills and training to do so.

Is the service effective?

Good

The service was effective. People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act (MCA) and understood and applied its principles.

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 respectful 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.

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

Staff understood people's needs and preferences. Staff were

knowledgeable about the support people needed.

Is the service well-led?

Good

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

Learning from these audits was used to make improvements.

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

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

John Masefield - Care Home with Nursing Physical Disabilities

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 on 31 March 2016 and was unannounced. The inspection team consisted of two inspectors.

We spoke with seven people, six relatives, five care staff, one nurse, the registered manager and two healthcare professionals. We reviewed eight people's care files, six staff records and records relating to the management of the service.

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.

Good

Is the service safe?

Our findings

We found concerns regarding thickener used for people Two people were prescribed thickener for their drinks. The thickener was not always stored safely. For example, we observed the thickener was kept in communal areas of the service that were accessible to people. This meant that people were at risk of accidently taking the thickener. However there had not been an incident where this had impacted on people's safety. We spoke with the registered manager about this who took immediate action in removing the thickeners from the communal areas and storing them appropriately. During our inspection we noted that the registered manager had followed this up with an email to all staff reinforcing the message surrounding the safe storage of thickeners.

People we spoke with told us they felt safe. Comments included "This is a safe place", "I feel safe here" and "They look after me here".

People's relatives told us that people were safe. Comments included "Oh yes [person] is safe", "I have no concerns about safety", "[Person] is definitely safe there", "[Person] has never been so happy" and "[Person] often tells me she is happy there".

Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff we spoke with told us that if they had any concerns then they would report them to the manager. Staff comments included; "I would raise it with the nurse", "I would go straight to the team leader or manager and the nurse would be informed as well", "I would report my concerns straight to the registered manager" and "I would go straight to the lead nurse or the registered manager". Staff were aware they could raise concerns outside of the organisation. One care worker told us "If the risk to the person was immediate, then I would report it either to the police, social services, the G.P or you guys (The Care Quality Commission)". Safeguarding information was available in the home to people and staff.

People's care plans contained risk assessments which included risks associated with; moving and handling, pressure damage, falls and nutrition. Where risks were identified plans were in place to identify how risks would be managed. For example, one person who was at risk of falls had a risk assessment that highlighted the appropriate use of bedrails to mitigate the risk of falling. The person's support plan stated 'I use bedrails to ensure I do not fall out of bed at night so they must be put up when I am on my bed at all times'. Staff we spoke with were aware of these risks at what action to take as a result. There were personal evacuation plans in place for each person and this ensured people were protected during untoward events and emergencies.

People who were at high risk of pressure damage had accurate and up to date prepositioning charts in place and were supported by staff who were aware of these risks and what action to take as a result. The service had also sought advice and guidance from the tissue viability team. This included the use of pressure relieving equipment. One visiting healthcare professional we spoke with told us "They know how to ask for help here".

We observed, and staffing rotas confirmed, that there were enough staff to meet people's needs. Staff and relatives told us there were enough staff to meet people's needs. One relative said "There is always plenty of staff around". We observed records demonstrating that staffing levels were regularly reviewed by the management team. 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. Call bells were also answered promptly. People in their rooms had call bells to hand. One relative told us "They make sure [persons] call bell is clipped to their pillow, so they can access it at all times".

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 (DBS). These checks identify if prospective staff were of good character and were suitable for their role. Staff members we spoke with told us "You can't work with people until the checks are done" and "I did not start until my DBS came through".

People received their medicines as prescribed. Staff administering medicines checked each person's identity and explained what was happening before giving people their medicine. This ensured people received the right medicine at the right time. Medicine records were completed accurately. Medicines were stored securely in a locked cabinet and in line with manufacturer's guidelines.

During our inspection we observed how one person refused their medication. Staff spoke with this person and explained what the medication was for and why it was important to take the medication. As a result the person took their medication. We observed staff speaking with this person in a warm and gentle manner whilst maintaining a clear focus on the person finishing their medication.

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.

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: "The staff are knowledgeable, they know my needs", "They help me, not just me" and "They do a good job".

Relatives comments included; "The staff are brilliant", "I am really pleased with this place, [Person's] physical health has increased. They have done a good job", "The staff are brilliant, they work their socks off", "They're a good lot.", "They certainly understand [person's] needs" and "The staff are good, they know [person]".

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 moving and handling, Mental Capacity Act (MCA), safeguarding, medication, fire safety and health and safety. Staff comments included: "My induction was really good and positive", "Its amazing training, I love it", "The training is great" and "The training is good".

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. Records confirmed one staff member had recently completed a course in acquired brain injuries. We spoke with this member of staff who told us "Any training you think you may need, all you have to do is speak with [registered manager] and he will do his best to get it for you".

Staff told us, and records confirmed they had effective support. Staff received regular supervision and appraisals (one to one meetings with their manager). Staff we spoke with told they felt supported by the registered manager. Comments included "If you have an issue he will do his best to sort it out for you", "Supervision is really good" and "I am not afraid to ask for help, I know help is available".

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 protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

Records showed that staff had been trained in the Mental Capacity Act (MCA). All staff we spoke with had a good understanding of the principles of the (MCA). Staff comments included: "It's there to protect people", "Just because someone lacks capacity in one thing doesn't mean they lack capacity in everything" and "It's there to keep people safe". One staff member we spoke with described a recent situation where they had identified concerns surrounding a person's capacity and acted accordingly. They told us "I spoke with the lead nurse, we then liaised with [person's] G.P, as a result a best interest meeting has been arranged". This person's care records confirmed that this had taken place.

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS

provide legal protection for people who lack capacity and are deprived of their liberty in their own best interests. At the time of our inspection the service had made DoLS applications for two people.

People had sufficient to eat and drink. Where people needed assistance with eating and drinking were supported appropriately. People were offered a choice of two meals on the daily menu. The chef advised us that if people did not like the choices available an alternative would be provided. During our inspection we observed that one person did not want what was on the menu. The person said that they wanted fruit instead. A staff member went to the kitchen and prepared the person a bowl of fruit. Staff told us and we observed that special diets, such as diabetic needs and pureed diets, were catered for. People told us they enjoyed the food provided by the home. Comments included "The food is lovely" and "I've had a good lunch". One relative we spoke with told us "I think the food is excellent".

People had regular access to other healthcare professionals such as, G.P's, district nurses, occupational therapists, physiotherapists 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, where people had been identified as having swallowing difficulties referrals had been made to Speech and Language Therapy (SALT). Care plans contained details of recommendations made by SALT and we saw staff were following the recommendations. One visiting healthcare professional we spoke with told us there was "A great deal of expertise" among staff at the service.

Good

Is the service caring?

Our findings

People were complimentary about the staff and told us staff were caring. People's comments included "Yes they do", "My care's excellent" and "The staff look after us".

Relatives we spoke with us told us that the staff were caring. Comments included "This is a fantastic place we are extremely lucky", "I can't fault the care here, the staff are really friendly. They always stop and chat", "Even with [person's] quality of life, they still show a high level of dignity", "I think the care is amazing", "[Person] is always treated courteously and kindly", "The staff have the patience of saints", "They are incredibly kind", "They go to a lot of trouble to provide good care", "I have never come across a staff member there that is not kind or caring" and "The staff are very 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, we observed how one staff member made sure that the headrest on a person's wheelchair was at the correct position whilst they were having their lunch. The staff member knelt down to the person's eye level and informed them of what they were doing first. The staff member then checked to make sure the person had everything they needed before moving on. The person gave the staff member a big smile.

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 how one person, who was in their room looked uncomfortable. A staff member recognised this and responded to the person's needs by making them more comfortable. Throughout the task the staff member informed the person and made sure they understood what they were doing. The person gave the staff member the 'thumbs up' at the end of the task to thank them. One staff member we spoke with told us "It is important that you explain to people what you are doing all the way through, it's about protecting people's dignity and keeping that dignity intact".

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 "I've just come to get you up. Would you like a wash or a bath". The staff member then shut the door before giving personal care. Staff spoke discreetly to people when encouraging them to accept support with personal care. Information relating to people and their care was held in the office. The office had a locked door ensuring people's information remained confidential.

Staff gave people the time to express their wishes and respected the decisions they made. For example, we observed a member of staff offering a person a choice of drinks. They spoke calmly and gave them time to decide. The person chose to have a glass of orange juice and this was provided. Staff then asked where they would like to sit to have their drink and the person's preference was respected.

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. A relative told us "We can come and go whenever we want, there's not restrictions what so ever".

Interactions were kind and caring. People were treated as individuals and supported with their independence. For example, we observed how one person had been referred to an independent mental health advocate in order to support this person with their individual needs. We spoke with the advocate who told us "[Person] loves it here".

Good

Is the service responsive?

Our findings

Relatives we spoke with told us that the service was responsive to people's needs. Their comments included: "They always respond to [person's] needs", "They are good at problem solving", "They are very responsive to [person's] needs", "If [person] is taken ill then the registered manager is the first one to tell us" and "Whenever [person] needs something then it is always provided".

People's needs were assessed prior to them entering the service and this information was used to develop care plans. Care plans contained details of people's likes and dislikes and how they wished support to be delivered. Care plans contained 'How best to support me' documents which detailed the person's history, how they liked to spend their time and things that were important to them. For example, one person's care records highlighted that they liked doing crosswords and having a chat. During our inspection we observed this person completing a crossword with a staff member and having a chat with them. Another person's care records highlighted how they enjoyed poetry. We observed a staff member reading poetry to this person who was clearly enjoying it.

Records confirmed and relatives told us that people's care was reviewed monthly. Relatives comments included "[Person] is included in everything", "They include the whole family", "They keep me up to date with any changes" and "They always let me know what's going on".

Staff were responsive to people's changing needs. During our inspection we observed the afternoon handover meeting and it was evident that people's changing needs were being discussed. One relative we spoke with told us "We can't fault them his (medical) needs are changed regular and everything is done as it should be, if they have any concerns they inform us and the GP".

People received personalised care. All the care plans held personal information about people including their care needs, likes, dislikes and preferences. For example one person's care records highlighted how they enjoyed milkshake and yogurt. During our inspection we observed staff making this person a milkshake. Another person's care records stated that they enjoyed listening to music. We observed this person in their room clearly enjoying music which they were playing through their headphones. People who had difficulties communicating through conventional methods had clear guidance within their records on how staff should support people. For example, one person's care records highlighted the use of communication cards; we observed staff following this guidance.

Staff 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 favourite football team, their dietary requirements and the type of humour they enjoyed. The information shared with us by the staff member matched the information in the person's care records. Care records highlighted people's faiths and religious practices. We saw evidence that people were supported to follow their faith in the way that they liked to. One relative we spoke with told us "The local Vicar comes in and [person] enjoys seeing them".

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 became abusive towards a staff member. The staff member spoke to the person in a calm manner and explained to them the situation. The staff member gave the person space to calm down and then returned to support them. Records confirmed that staff had followed the guidance in this persons care plan in deescalating the situation.

We observed that the home had a spacious, well equipped activities room. The activities room was decorated with artwork that people had made. The service had an activity's assistant and an activity coordinator who was responsible for day to day activities. People were smiling and laughing and enjoyed the social interactions with staff. People had access to a wide range of activities that included days out at the seaside, trips to wildlife parks, music therapy, arts and crafts, church services and bingo. During the inspection we saw people engaged in activities. Staff were supporting people to play card games and dominos. Another person was accessing an area of the activity room that was equipped with computers. One relative we spoke with told us "The activities are brilliant"

People knew how to make a complaint and leaflets asking for feedback about the quality of the service were available in the communal areas of the service. There had been one complaint since our last inspection and this had been logged and responded to in line with the organisations policy. Relatives we spoke with told us "I have had no reasons to complain, but I would know what to do if I had to" and "Oh yes, I would feel listened to if I had to complain".

People's opinions were sought and acted upon. There were regular meetings and surveys for people where they were encouraged to comment on the service and information was shared. Survey results and meeting minutes showed people had shared their views. For example, people had requested that part of the grounds of the service be made more accessible to people during the summer months. We saw evidence that this had taken place.

Good

Is the service well-led?

Our findings

Staff spoke positively about the registered manager. Comments included "He's all up for new ideas", "The registered manager always asks, what do you think. You're the ones on the floor" and "The registered manager always gets involved, he doesn't just sit in the office all day",

Relatives spoke positively about the service and the registered manager. Comments included: "He is always available", "He's been great", "I always get a helpful reply from [registered manager]", "It's never a problem to him", "I can't speak highly enough of the place", "It's a weight lifted off my shoulders whenever I leave there", "He's good with the clients and he's good with us" and "The registered manager is lovely". The registered manager said "I want this to be a great place to live for people and a great place for staff to work" and "It's about being consistent and fair".

The registered manager told us that the visions and values of the home were "Putting the residents at the forefront of what we do". Staff displayed these values in their work during our visit.

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. The registered manager told us "I encourage staff to trust me, and if for whatever reasons they did not, then I would signpost them to the whistleblowing policy". 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.

There was a positive and open culture in the home. 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. We saw the registered manager was involved in the day to day tasks of running the home.

There were systems in place to assess the quality of the service. Regular audits were conducted to monitor the quality of service. For example, we saw evidence of audits surrounding hoists and slings, infection control, maintenance checks, care plans and risk assessments. Learning from these audits was used to make improvements. For example, a recent health and safety audit identified that a fire extinguisher was out of date and needed replacing. We saw evidence that this had been actioned by the registered manager.

The service was continually looking to improve. For example, following a recent annual satisfaction survey the service acted upon the requests of service users to ensure that Wi-Fi was available throughout the home. This was in place during our inspection. We also observed how the home had resourced an additional four computers for residents to use.

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 that "The home's

leaders have managed it very well" and that they had "An extremely good working relationship" with the home.