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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

What life is like for people using this service:

People continued to benefit from kind and committed staff. People complimented the support received and told us they formed meaningful, caring relationships with the staff. Staff knew what was important to people and ensured people had care that met their needs and choices. People's dignity, confidentiality and privacy were respected and their independence was promoted.

People received support that met their needs and was in line with care plans and good practice. People's rights to make own decisions were respected. People were encouraged to maintain good diet and access health services when required.

The registered manager ensured people received safe care and treatment. People complimented the continuity of care provided by skilled and competent staff. People received their medicines safely and as prescribed. Risks to people's well-being were assessed, recorded and updated when people's circumstances changed. The staff ensured any lessons learnt were reflected to improve the service delivery.

The service was well run by the registered manager who was supported by a team of committed staff. The provider's quality assurance processes were effective and there was a focus on continuous improvement. Where an area for improvement had been identified there was a prompt action taken to address it.

People, staff and relatives were involved and felt listened to. The team at Leaffield worked well in partnership with other agencies, social and health professionals and external organisations.

Rating at last inspection: Good (report published 13 August 2016).

About the service:

Leaffield is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service can provide accommodation and care to 24 people. At the time of the inspection 23 people lived there.

Why we inspected:

This was a planned, routine inspection.

Follow up:

We will monitor all information received about the service to understand any risks that may arise and to

ensure the next planned inspection is scheduled accordingly.

More information is in Detailed Findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our findings below.

Good ●

Leaffield Residential Care Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Leaffield is a care home registered to provide accommodation and nursing or personal care. 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.

Notice of inspection:

This inspection was unannounced and took place on 7 December 2018.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The

registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we observed how staff interacted with people. We spoke with 6 people, 2 relatives and one professional to gather their views. We looked at records, which included six people's care and medicines records. We checked recruitment, training and supervision records for six staff. We looked at a range of records about how the service was managed. We also spoke with the provider, the deputy manager, one senior care staff, five care staff, and the housekeeper.

After the inspection we contacted commissioners to obtain their views about the service.

Is the service safe?

Our findings

People were safe and protected from avoidable harm.

Systems and processes:

- People told us they were safe. One person said, "I feel safe here".
- People were cared for by staff that knew how to raise and report safeguarding concerns.
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management:

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, mobility, skin integrity and individual conditions such as compromised swallowing.
- The provider ensured there were systems in place to manage emergency situations such as evacuation in case of a fire.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Staffing levels:

- People were supported by consistent staff and in unhurried manner. People told us there was enough staff. One person said, "There is always someone about if you need help".
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Using medicines safely:

- People received their medicines safely and as prescribed. One person said, "They make sure I take my tablets".
- People's medicines were stored securely and in line with manufacturers' guidance.
- The register manager ensured people's medicine were administered by trained and competent staff.

Preventing and controlling infection:

- Staff were trained in infection control and had access to protective personal equipment such as gloves.
- The environment was clean and well maintained.

Learning lessons when things go wrong:

- The registered manager ensured they reflected on occurrences where a lesson could be learnt and the team used this as an opportunity to improve the experience for people.

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best practice.

Eating and drinking:

- People complimented the food. They said, "The food is good" and "The food is really nice".
- People were supported to maintain good nutrition and hydration. This included special diets, individual choices and preferences.
- The kitchen staff were aware of people's dietary preferences and ensured special diets were catered for.
- People's dining experience was a positive, social opportunity. We saw people were appropriately supported when required, this included people who chose to remain in their bedrooms.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed prior to their admission to the service to ensure these could be met. Information from the assessment was used to inform the care planning process. People and relatives, if appropriate were involved in these processes.
- When a new person moved into the service staff discussed their life history with them and their families where possible, to ensure support and activities were tailored to meet the person's needs, wishes, choices and preferences.
- People benefitted from a fit for purpose environment and were able to personalise their bedrooms. There was a choice of communal areas, dining rooms and a garden area.

Staff skills, knowledge and experience:

- People were cared for by skilled staff that received training relevant to their roles.
- Staff told us they were well supported in their roles and had regular supervision meetings with their line manager to discuss their practices and further development opportunities. One staff member said, "We get regular supervision we discuss what we are good at and what we can improve on".

Staff providing consistent, effective, timely care and involvement of health professionals:

- People told us staff knew how to meet their needs. One person said, "They know me well". Another person said, "The staff do a great job at supporting me".
- Staff told us that GPs, District Nurses and other professionals were regularly in contact with people and involved in the planning of care. This was confirmed by the feedback we had from people's relatives and by our examination of people's care plans.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights to make their own decisions were respected. One person said, "They encourage me to make my own choices when I am getting dressed".
- People were supported by staff that knew the principles of The Mental Capacity Act 2005.
- Where people were being deprived of their liberty appropriate applications had been submitted to the local authority.

Is the service caring?

Our findings

The service remained caring and people told us they were supported in a compassionate way.

Treating people with kindness, compassion and respect:

- The team demonstrated caring nature and staff told us the senior team led by example. One relative told us, "Everyone without exception displays a positive caring attitude".
- All people and relatives we spoke with were satisfied with the service received and told us they were able to form meaningful caring relationships with staff. One person told us, "They are polite and caring". A relative said, "The staff are great".
- Staff talked about people with real consideration and kindness and emphasised their desire to be kind and compassionate in their dealings with people.

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

- People told us their decisions about their care and support were respected. One person said, "They respect my wishes".
- People's individual communication needs were assessed and recorded in their care plan. Staff knew how to ensure good communication and they told us they would ensure people's glasses were the right ones as per the person's prescription.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity were respected. One person told us, "They always knock on my door". A relative said, "They always ask me to leave the room when they deliver care".
- Staff understood the need to ensure people's privacy and dignity and gave us examples of doing this. For example, by only carrying out personal care respectfully and with people's permission. We observed interactions between people which showed respect and care.
- People were supported to be as independent as possible. A relative said, "They get [person] to do everything [person] can for themselves".
- The provider recognised people's diversity and had policies in place that highlighted the need of respecting people's protected characteristics. People's needs in respect of their age and disability were clearly understood by staff and met in a caring way.
- People's confidentiality was respected and their care records were kept secure. One member of staff told us, "We always speak to people in private about their care needs".

Is the service responsive?

Our findings

People experienced responsive care and support.

How people's needs were met, personalised care:

- People were supported in a way that met their needs and achieved good outcomes.
- People and relatives praised the responsive nature of the team. One relative said, "The staff are marvellous, [person's] needs changed and [person] started to go through a bad patch. The staff got the help [person] needed and kept me informed throughout".
- People had opportunities to join with activities that were flexible and tailored to what people wanted on the day. There was a wide range of activities offered such as board games and trips out were organised. Special occasions such as birthdays were celebrated.
- The staff knew people's needs well. People's care plans reflected people's wishes, choices and preferences on how they like to be cared for and were reviewed regularly.

Improving care quality in response to complaints or concerns:

- The provider had systems to manage complaints and the records reflected any complaints received were recorded, investigated and responded to in line with the provider's policy.
- People knew how to make a complaint and told us any concerns were dealt with promptly. One person said, "I would tell them if I had a problem and they would sort it out. I know they would".
- The registered manager saw complaints as an opportunity to improve the service for people and welcomed any suggestions and comments.

End of life care and support:

- No people received end of life support at the time of our inspection.
- People's end of life wishes had been discussed with people and where appropriate, their relatives.
- People's care records contained 'Do Not Attempt CPR' forms that had been signed by medical professionals. People also had 'Advance Care Plan' forms which recorded people's wishes for end of life care.

Is the service well-led?

Our findings

The service was well-led, the leadership and management assured person-centred care and a fair, open and transparent culture.

Leadership and management:

- People and relatives told us the service was well run. One person said, "[Registered manager] is always involved". A relative said, "When you think of managers that run places like this, you can often think of someone who is above the likes of us. Well that's not the case with [Registered manager]. She is kind considerate and straight to the point. She is brilliant".
- The registered manager worked at the service for over 9 years which contributed to the stability and continuity of the senior team.
- Staff told us the registered manager was very supportive. One staff member said, "[Registered manager] is approachable and you can go to her with anything".

Plan to promote person-centred, high-quality care and good outcomes for people:

- People and relatives praised the service received and how the service was run. Everyone we spoke with felt the service was well managed and open. One professional said, "They are very accommodating and give you access to everything you need".
- The registered manager promoted an open culture which contributed to staff work satisfaction. There was a good team work and staff morale. One staff member said, "Working here is great".

Managers and staff are clear about their roles, and understood quality performance, risks and regulatory requirements; continuous learning and improving care:

- The registered manager had number of quality assurance systems in place. The audits included medicine records, care planning, infection control, accidents and health and safety among others.
- The registered manager ensured where an area of improvement had been identified they acted promptly to address it. For example, following an audit around the end of life care related records it had been identified that records could be improved to ensure peoples wishes and needs were met. As a result, the management developed a new system to capture this.
- There was a clear staffing structure and staff were aware of their roles and responsibilities.

Engaging and involving people using the service, the public and staff:

- The provider involved people in various ways. People had opportunities to attend meetings, complete surveys or raise any comments via an open-door policy at any time.
- The staff told us they felt listened to, valued and praised the team work. Staff gave us examples of the management responding positively to suggestions.

Working in partnership with others:

- The staff worked well with the local health and social care external professionals. One professional said, "I cannot recommend this place enough. The care is person centred. They are responsive and they listen".