

Lawton Group Limited

Glebefields Care Home

Inspection report

Stratford Road
Drayton
Banbury
Oxfordshire
OX15 6EH

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Tel: 01295738133

Website: www.brighterkind.com/glebefields

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

About the service

Glebefields Care Home is a service providing personal and nursing care for people aged 65 and over. It accommodates up to 48 people across two separate wings, each of which has separate adapted facilities. One of the wings is designated to provide care to people living with dementia. There were 32 people living at the service at the time of our inspection.

People's experience of using this service and what we found

People told us they received caring and kind support from compassionate staff. Staff respected people's privacy and dignity. Staff told us the caring nature came from their hearts, staff were enthusiastic, motivated and supportive to each other.

The team was committed to respecting people's individual needs, including communication and diversity needs. People were supported to be independent and their confidentiality was respected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were very well supported to meet their nutritional needs and complimented the food. Staff worked with a number of external professionals to maintain people's health and to enable them to access health care services. External professionals were complimentary about the home and care provided to people.

People told us they received support that met their needs. There were opportunities for people to participate in various, meaningful activities of their choice. People knew how to raise any concerns and had confidence any concerns would be promptly addressed.

People told us they were safe and there was a sufficient number of safely recruited staff. People were supported to take their medicines as prescribed. Risks to people's, such as surrounding mobility or skin integrity had been assessed and recorded. The lessons learnt process took place where the service could be improved further for people.

The service was well-led by a new manager who was in a process of registering with the Care Quality Commission. The culture they created was positive, inclusive and empowered staff and people. There was a clear staffing structure in place and staff worked well as a team. There were effective quality assurance systems in place that were used to monitor various aspects of the service deliver and plan further developments.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service awarded at the most recent full, comprehensive inspection was requires improvement (published 17 August 2018). We also carried out a responsive, focussed inspection that covered safe and well-led domains in January 2019. The overall rating remained requires improvement (published 20 March 2019). At our last visit in January 2019 we found one breach of regulation. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Glebefields 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Inspection was carried out by two inspectors and one 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.

Service and service type

Glebefields Care Home 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. The service had a manager who was in a process of registering with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and took place on 18 July 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also 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 spoke with ten people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the regional manager, the manager, a nurse, senior care

staff, care staff, activities and kitchen staff. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints log and audits were viewed. We also spoke with one visiting external professional.

After the inspection

We contacted five external health and social care professionals, including commissioners to obtain their views about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we found the provider did not always ensure people received their medicines as prescribed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At this inspection we found people received their medicines safely and as prescribed. There was a safe system to order, store and manage medicines. Only suitably trained staff who had their competencies checked handled medicines. When people had been prescribed as required medicine (PRN), systems were in place and there was a good system in place that ensure the stock of people's medicines kept at the service was correct.
- One person told us about support they had with taking their medicines. They said, "I am looked after, they give me Paracetamol if I need it, they are always asking me (if I need it)".

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe at the service. One person said, "I lost my wife and I couldn't manage things on my own at home, a relative tended to suggest that I would be better off living here. I am definitely much better off living here and I feel that I am getting better".
- The provider had safeguarding and whistle blowing policies in place. Staff knew how to report, raise and escalate any safeguarding concerns. One member of staff said to us they, "Would inform the nurse on duty and the manager of any concerns".

Assessing risk, safety monitoring and management

- Risks to people's safety, including any risk surrounding their individual needs had been assessed and recorded. People's care files contained information how to manage these risk, for example, when a person required oxygen or where people had been assessed as at risk of developing a skin pressure area.
- Staff were knowledgeable about how to manage risks assessed and the records showed that relevant professionals, for example, a dietician had been involved appropriately.
- The provider had a system in place to manage risks surrounding the environment, we saw evidence a number of checks such as surrounding fire safety, water and equipment took place regularly. One person told us about the fire alarm test, "Oh yes we do (have tests), we have to stay in our rooms and the door slams shut".

Staffing and recruitment

- There were sufficient staffing levels to keep people safe. One person said, "The weekend is no different, the numbers of staff and the atmosphere is the same, there are always plenty of staff if you need help". Throughout our inspection visit we saw people being attended promptly and without an unnecessary delay.
- The manager worked to reduce the use of agency staff and where agency staff were required they ensured consistency of care was maintained as much as possible.
- The provider followed safe recruitment practices to ensure staff were suitable to work with adults at risk.

Preventing and controlling infection

- Staff received training in infection control and had access to protective personal equipment such as gloves and aprons.
- The environment was kept clean and we saw where a need for a carpet replacement had been identified this had been on order and was going to be actioned in due course.

Learning lessons when things go wrong

- The management team ensured they reflected on when things could be improved and prompt action was taken when needed. For example, it had been identified the fire system needed upgrading and it had been replaced. Additional fire drills took place to ensure staff were familiar with it and confident in case of an emergency.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider ensured people's needs were assessed before they came to live at the service. Copies of assessments from commissioners were used alongside the provider's own assessment to draft people's care plans. This was to ensure people's needs can be met.
- The external professionals had been included in the assessment process. One external professional told us, "I joined the deputy and one other member of staff on an assessment for a patient in a hospital. Their approach towards the patient was kind, caring and reassuring to the patient's needs".
- People's needs had been outlined in their care plans, and support was regularly reviewed, and the records updated. There was an emphasis on reducing anti-psychotic medicines and the team successfully achieved this for a number of people. One staff member told us, "Before hardly anyone (on dementia wing) used to get out of bed, now it's more lively atmosphere".

Staff support: induction, training, skills and experience

- Staff received ongoing training that was relevant to their roles, the training included training and working alongside an experienced staff.
- Staff had opportunities to complete additional training that was specific to people's needs. For example, the management had recently arranged for additional, in-depth dementia training.
- Staff told us they had good support from the team and management team. Comments included, "I feel supported in my role", "I love it here, love the development opportunities" and "I worked another shadowing shift before working on the new (to me) unit".

Supporting people to eat and drink enough to maintain a balanced diet

- People's care records reflected people's dietary needs and their nutritional status. Regular weights were conducted to ensure people's weight was stable and their diet was altered, for example, by introducing a fortified food when needed.
- People complimented the food. Comments included, "The food is very good here, if it is something you don't like they'll find you something else. You only have to look at my size!", "I can't eat tomatoes or anything with seeds, so jam for example I have a jelly jam, I eat a lot of fish and they all know my diet. The chef is very good and knows what I need" and "You get a choice of food every day and there is a vegetarian option too".
- We observed the lunch time, this was a "protected" time which meant people were not to have any interruptions, such as medicine administered during meal (unless time dependent). We saw the food was

served on hot plates and looked appetizing. Where needed staff sat with people and assisted by giving encouragement and cutting up if needed. There was some gentle background music, the meal was served in an ordered and unrushed way. A few people had a glass of white wine with their meals, people confirmed they knew and expected a choice of alcoholic drink to be available.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were supported to access various professionals such as GP and Care Home Support Service (CHHS). People's record demonstrated any advice received was incorporated into people's care planning. One external health professional praised their working relationship with the service. They said, "It's a two-way process and it's all about the best way forward and care for people".
- People's care records contained information how to meet people's healthcare needs, this included dental hygiene. One person's care plan, for example, gave details of person's preferences in relation to wearing their dentures and their oral hygiene.
- We observed one of the visiting health professionals entering the person's room whilst a member of the inspection team was talking with them. They introduced himself and enquired about the person's health and well-being which clearly pleased the person.

Adapting service, design, decoration to meet people's needs

- People had a choice of communal areas to use and were able to personalise their bedrooms. One person said, "I really like my room, it is very nice, I can keep all my photos and pictures".
- There was an internet connection for people to use. One person used their computer that was linked to Alexa (a hands-free speaker device that can be controlled with one's voice). They told us, "I use the internet to order some shopping".
- The environment on the dementia wing had some points of focus such as a hat stand or a pram with dolls that had been introduced by the staff. The unit would benefit from the use of dementia friendly colour and more prominent use of sensory stimulation aids. We discussed this with the managers who reassured us they had already considered and planned refurbishment of the unit.

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 when this is in their best interests and legally authorised under the MCA. 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.

- We observed staff sought people's consent before delivering care and support.
- Staff knew the principles of the MCA. Comments from staff included, "Always assume people have got capacity" and "Don't assume people haven't got capacity including when people make unwise decisions".
- People care records contained assessments of people's capacity to make specific decisions and the details of where people had an appointee able to make lawful decisions on their behalf. Where DoLS applications had been made to the local authority there was evidence the best interest decision principles

had been followed in line with the MCA Code of Practice.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were content, settled and there was a very positive ambience at the service. It was apparent people formed friendships with fellow service users and had a good rapport with staff. One person said, "I am completely happy, the staff are really nice, and we get on well together. No problems at all, living here is far better for me than being at home on my own or living with my [family]". Another person added, "The carers are good, and I would rather be here than live with one of my children".
- We saw unrushed, positive attitude demonstrated by staff influenced people's mood accordingly as the people were content and comfortable. People told us about a good rapport they had with the team. One person said, "The carers come to me in any emergency and to see me and give me breakfast in bed. They help me with shower sometimes to make sure I am okay, other than that we are just like friends". Another person said, "I know the maintenance man, he is a mate really".
- The provider recognised importance of celebrating people's diversity and the staff were committed to treating everyone equally. People's diverse needs, such as their cultural or religious needs were reflected in their care plans. On the day of our visit a deacon from the local church was seen spending time with people and he told us he was visiting regularly.

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

- Staff knew people's needs well and their preferred routines. Staff addressed people consistently by their preferred names. We observed staff explained to people what they were doing or about to do.
- People's feedback demonstrated they received the care that was in line with their wishes and expectations. One person said, "I would not change anything about my life here".

Respecting and promoting people's privacy, dignity and independence

- The staff ensured people felt as they mattered and celebrated what was important to them. One person told us about the surprise party they had. They said, "They are really very nice here and when they found out I was 90 it was lovely and they arranged a big party for me. They invited all my contacts, I couldn't believe it, they were clever and told me they were taking me out and they had all my friends waiting outside my room, I never let them forget what a lovely surprise that was!"
- We observed staff knocked on peoples' bedroom door before entering. Staff respected people's privacy by closing doors and placing a relevant notice to advise people 'not to disturb' when personal care was in progress.

- People's independence was promoted. For example, we observed one person walking to have lunch. Their room is a significant distance from the dining room and we observed they were accompanied by a staff member. The person moved very slowly, carefully accompanied by a staff member behind her. The staff encouraged the person throughout, "You look pretty in pink today". We then saw the person made the same return walk independently after they had lunch.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans reflected people's needs and were current. People's care records contained people's life histories and information about their likes, dislikes and preferred routines.
- People received support in a way that met their needs. For example, one person had a note in their bedroom that said, "please administer my medication one by one, in to my hand, I am able to take my medication usually with squash or water". We saw the staff followed this practice and the person was appropriately supported to take all their medicines in an unhurried manner. An external professional involved in another person's care said, "The deputy manager worked very hard to engage with [person] and they appeared to have a good understanding of his social and psychological needs, he received personalised care, this has enabled this complex gentleman to settle into his new care environment".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's records gave details of people's communication needs. This ensured people had the information in a format that allowed them to fully understand and participate in the communication. For example, one person's care plan clearly stated how to communicate effectively with one person who could be anxious. Their care plan stated, "I respond well to reassurance, friendly approach and showing understanding and support".
- Staff used aids when required to enhance the effectiveness of the communication. For example, one person used a white board. We saw staff recorded the details of the person's upcoming visit from a health professional to remind them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was a designated staff member who ensured there was a good choice of activities on offer. There were good records kept that showed what activities people had been offered or attended.
- People were complimentary about activities that were on offer. Comments included, "I get out and about a fair bit here. There is a van here but they also bring in another transport, they arrange that and it is more suitable for some people", "They do our nails and someone comes in once a week to do hair" and "They put

so many things on for you, it is lovely".

- People had opportunities to engage in group activities and there were one to one sessions for people who chose or required to stay in their bedroom. There were various fun days on offer, such as a "Wild West" day that was due to be held two days after our visit. Many of the activities over the last couple of weeks have been linked to this themed day. For example, people helped and organized to build a paper mache horse and 'wanted' posters. We saw a chair exercise session where people engaged and enjoyed and this had also been given a "Wild West" feel. There were also good links with the local communities. For example, we saw the local hospital radio station representative visited to prepare a programme whereby people's music requests and 'shout outs' were collected beforehand and broadcasted to the audience.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint. One person said, "If I ever had a problem I would raise it with the staff but it has never happened yet".
- Information how to make a complaint was displayed in the prominent places around the service.
- Where a complaint had been made this was investigated and responded to by the manager in line with the provider's policy. The service received a number of compliments since our last inspection.

End of life care and support

- There were no people receiving end of life care at the time of our inspection. The team would work with local health professionals if needed to ensure people had pain free and dignified death. People's end of life wishes, and their resuscitation status had been sought and recorded in people's care plans.
- Staff attended palliative training and they told us how they would care for the person and their family. One staff member said, "We do have a family room so they can stay" referring to the fact there was a possibility to stay at the home when their loved one was expected to pass away.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager had been in their post for less than a year and she was open and honest about the challenges they had and plans for the future. They led their team by example and were passionate about achieving good outcomes for people, developing and nurturing staff. One person said, "Oh yes, I know the manager, she is always in here. They are all nice and do all sorts of things for you, the manager is real fun". We also received very positive feedback about the new manager from staff. Comments included, "Managers are supportive, I can feel I can go to them with anything" and "We've got a fantastic manager now, and a deputy. Both will come and help on the floor, we have not had that here before".
- Staff were aware of the company's values, staff especially felt 'do it from the heart' was the best reflection of the current team and their work ethos. One staff member said, "You can see from the way people work if their heart is really in there, I can't think of anyone that does not feel it".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open, transparent and positive culture demonstrated by the team and staff told us there was "definitely a no blame" culture.
- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The manager understood their responsibilities and we saw when occurrences happened a root cause analysis took place.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- There was a clear staffing structure that ensured staff were aware of their roles and responsibilities. Staff took pride in their work and treated each other with respect. We saw staff supported each other to ensure the shift run smoothly.
- The manager had effective quality assurance systems in place. These included various audits, such as medicine records, care planning, dining experience, laundry and continence. Where an area for improvement had been identified action points had been specified in an action plan. This allowed the manager to drive continuous improvements and to ensure action points had been promptly addressed.

They had a clear plan on further developments, for example, there were plans to introduce a regular newsletter.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were a number of ways for people to feedback; surveys, reviews and meetings. One person said, "I do know the manager, she is quite good, she comes round to see me". Staff were encouraged to attend staff meetings and they told us they were listened to and their ideas were taken on board by the management team.
- There was a Glebe's Wish Tree initiative. People told us the fact that the vinegar bottles were available on the tables was in response to when people said they would like a fish and chips takeaway to be ordered and that availability of vinegar on the tables would enhance their experience and the management team had arranged this.
- There had been a volunteer's post introduced recently at Glebe's. Their role was to talk and encourage people to give feedback and act as link between the staff team and people who used the service.

Working in partnership with others

- The team worked closely in partnership with the safeguarding team and multidisciplinary teams to ensure people's needs were met. The manager told us, "We are trying to set up a managers group with [external professional's name] and other homes in the local area as well as a small support group for those who want it".
- The manager worked well with local health professionals and commissioners and teams such as a placement team (team responsible for sourcing placements). The manager said, "We have met in person and discussed our vision and passion for my home. We have worked well together especially alongside the rapid response team when same day emergencies have been required". This meant the service contributed to smoother hospital discharges process for people.
- We had positive feedback from professionals. Comments included, "I found the care home manager enthusiastic about promoting dementia care, she showed good insight into the need to improve dementia care within the care" and "I visit weekly, there are always staff available for me and I've never seen anything concerning".