Lawton Group Limited

Glebefields Care Home

Inspection report

Stratford Road
Drayton
Banbury
Oxfordshire
OX15 6EH

Tel: 01295738133
Website: www.brighterkind.com/glebefields.com

Date of inspection visit:
08 February 2016

Date of publication:
04 March 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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this service on 8 February 2016. This was an unannounced inspection.

Glebefields is a nursing home providing nursing care for up to 48 people. At the time of our visit there were 43 people living at the service. The service is divided into two units. One of the units is called Willow lane and is designed to meet the needs of people living with dementia. People who require nursing care live in the other unit.

The home had a registered manager in place. 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, relatives and staff were complimentary about the registered manager and the management team. The registered manager sought feedback from people and their relatives and was continually striving to improve the quality of the service. There was an open culture where people and staff were confident they could raise any concerns and these would be dealt with promptly.

There was a warm and friendly atmosphere at the service. People felt safe, enjoyed living at the service and felt valued as individuals. Staff knew the people they cared for and what was important to them. People felt involved in their care and their choices and wishes were respected and recorded in their care records.

People enjoyed the many activities on offer and told us there was always something to do. However, we have asked the service to make improvements to the activity provision for people who are living with dementia. This was because people living on Willow Lane did not always benefit from the activities on offer.

People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. People were assessed regularly and care plans were detailed. Staff followed guidance in care plans and risk assessments to ensure people were safe and their needs were met. However, we have asked the service to make some improvements to peoples care records. This was because some care records were not written in a legible way and not all capacity assessments were individualised.

Where required staff involved a range of other professionals in people's care. Staff were quick to identify and alert other professionals when people's needs changed.

People were supported to have their nutritional needs met. People liked the food, regular snacks and drinks were offered and mealtimes were relaxed and sociable. People were supported with specialist diets.

There were enough staff to meet people's needs. People felt cared for by competent staff. Staff felt supported, understood the values and ethos of the service and were motivated to improve the quality of

care. Staff benefitted from regular supervision, team meetings and training to help them meet the needs of the people they were caring for.

Medicines were stored and administered safely.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. Where restrictions were in place for people these had been legally authorised and people were supported in the least restrictive way.

We have made a recommendation about the activity provision for people who are living with dementia.

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 followed guidance in risk assessments and were knowledgeable
about the procedures in place to recognise and respond to abuse.

Medicines were stored and administered safely. There was enough staff to meet people needs.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge needed to care for people.

People were involved in the planning of their care and were supported by staff who acted within the requirements of the law in relation to the Mental Capacity Act 2005.

People were supported to maintain their independence. Other health and social care professionals were involved in supporting people to ensure their needs were met.

Is the service caring?

Good

The service was caring. People spoke positively about staff and living at the service.

Staff understood people's individual needs and people were cared for in a kind, caring and respectful way.

People were supported to maintain their independence and were given the information, support and equipment they needed.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was a wide range of activities planned. However, people

living on Willow Lane did not always benefit from the activities on offer.

Care records contained detailed information about people's health needs, their choices and preferences. However, some care records were not written in a legible way and not all capacity assessments were individualised.

People knew how to make a complaint if required.

Is the service well-led?

Good

The service was well-led.

There was a positive and open culture where people, relatives and staff felt able to raise any concerns or suggestions for improvements to the service.

The registered manager had developed positive relationships with the staff team, relatives and people who lived at the service.

The quality of the service was regularly reviewed. The registered manager continually strived to improve the quality of service offered.

Glebefields 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the Service under the Care Act 2014.

This inspection took place on 8 February and was unannounced. The inspection team consisted of two inspectors.

Before the inspection we reviewed information we held about the home, this included previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the report issued following a recent local authority monitoring visit.

During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with nine people and six of their relatives/visitors. 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. We also spoke with 11 members of staff including nursing and care staff, activity staff, ancillary staff, and the chef.

We looked at records, which included 11 people's care records and six staff files. We checked medicines administration records and looked at staff training and supervision records. We also looked at records relating to the management of the service, which included minutes of meetings, complaints and compliments, a range of audits and quality assurance feedback.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. Comments included: "I'm perfectly safe", "Everything is about keeping us safe" and "I couldn't be safer".

People told us they also felt safe because there were enough staff to meet their needs and staff would come quickly when they called for them. One person said, "If you ring the bell they come quick and they are always lovely when they come. They help you straight away". People had call bells in reach or wore pendant call bells. Throughout the inspection call bells were answered promptly and people were offered assistance in a timely way. Some people were unable to use a call bell. Staff had identified the risks to people who were unable to use the call bell. Staff regularly checked people to check if they needed anything.

Other risks to people's personal safety had been assessed and people had plans in place to manage the risks. These included areas such as falls, using bed rails, and moving and handling. Staff were aware of the risks to people and used the assessments to support people and meet their needs. For example, one person had a risk assessment in relation to falls. This had identified the person may forget to use their walking stick and this would increase their risk of falls. An action was for staff to remind and encourage the person to use their walking stick. During our observations we saw this person leaving their seat. They had not picked up their walking stick. Staff immediately noticed this and went to the person's assistance. The staff member reminded the person about needing to use their walking stick and handed it to them.

Where advice and guidance from other professionals had been sought this was incorporated in people's care plans and risk assessments. For example, one person had been identified as at high risk of choking. They had been referred to and seen by a speech and language therapist (SALT). The SALT had recommended the person should be sat in an upright position when eating or drinking, their food should be pureed and their fluids should be thickened and served in a beaker without a lid or straw. Staff described how this person should be supported and we observed them being supported in line with instructions in their care record.

There were assessments in place to address the risks associated with some people's choices or preferences. For example, one person had requested a kettle in their room so they could make a cup of tea when they woke up. The risks to this person had been assessed and a kettle had been provided. Another person chose to administer their own medicines. Staff had assessed the risks to ensure the person was able to take their medicines safely.

People who did not self-medicate told us they were given their medicines when they needed them. Medicines were administered safely. We observed staff administering medicines; staff supported people to take their medicines in line with their prescription. People had individual protocols for medicines that were not given as a regular dose but to be taken when required (PRN). Protocols gave staff detailed guidance about why the person might need the medicine and when they could take it. Staff told us they used the protocols to ensure people received their PRN medicines in a consistent way.

There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given or if not taken the reason why.

Where people refused their medicines but were assessed as lacking mental capacity to make decisions around their health needs, staff took appropriate action. Best interest decisions were made with staff, people's representatives and the person's GP. Where it was found to be in the person's best interest, people received their medicines covertly which meant it could be hidden in food or drink.

Most medicines were stored safely. However, thickening powder that was prescribed to be used as part of the treatment for people with swallowing problems was not stored in line with safe storage guidance. For example, three people's thickening powder was stored on a table in their room. Although the thickening powder was not left in reach of these people other people might have been able to access the powder if they went in these rooms which may put them at risk. When we raised this as a safety issue staff took immediate action to ensure the thickening powder was removed.

People were supported by staff who were knowledgeable about the procedures in place to keep people safe from abuse. For example, Staff had attended training in safeguarding vulnerable people and were aware of types and signs of possible abuse. Staff had good knowledge of the services whistleblowing and safeguarding procedures and their responsibility to report and record any concerns promptly. One staff member said, "I would go to my manager if I was worried about abuse, or the safeguarding team and the Care Quality Commission if they didn't listen". People, relatives and staff told us they would have no hesitation in raising concerns about peoples care and welfare.

Safe recruitment procedures were followed before new staff were appointed to work with people. Appropriate checks were undertaken to ensure that staff were of good character and were suitable for their role.

People and staff benefited from risk assessments in relation to the environment. Emergency plans were in place in the event of a fire at the service and people had personalised evacuation plans. The service had contingency plans in place for unforeseen emergencies that may impact on the service's ability to deliver people's planned care. For example, a power failure or bad weather.

People's safety was maintained through the cleanliness, maintenance and monitoring of the building and equipment. For example, water testing, fire equipment testing, lift servicing and electrical certification was monitored by the maintenance staff and carried out by certified external contractors. Equipment used to support people's care, for example, hoists were clean, stored appropriately and had been properly maintained. The service kept a range of records which showed equipment was serviced and maintained in line with nationally recommended schedules. The service was clean and staff adhered to the provider's infection control policies.

Good

Is the service effective?

Our findings

People were supported to stay healthy and care records described the support they required to manage their health needs. People told us they had regular access to other healthcare professionals such as, the GP, chiropodists, opticians and dentists. On the day of the inspection we observed staff on different units contacting peoples GPs because they were concerned people had become unwell. Details of professional visits were seen in each person's care record, with information on outcomes and changes to treatment if needed.

People were encouraged to eat and drink and told us they enjoyed the food. One person said, "I have put on weight since I've been here. Food is excellent, wonderful. Other comments included: "The food says eat me, it's always beautifully presented" and "Food is marvellous", "The food is lovely, eggs and bacon every morning I had forgotten what that was like". A relative told us, "The food is a little samey for people having pureed food, variety would be nice".

People choose where they wanted to eat their meal. One person told us, "I like to eat in my room. They (staff) try to tempt me downstairs but understand when I don't want to". Mealtimes in the communal dining rooms were a sociable event. However, in the dining room on Willow Lane, staff appeared disorganised at times and spent some of the time they were assisting people to eat discussing the mealtime tasks with each other. These people did not benefit from the same social mealtime experience as other people who did not require assistance to eat.

People were given a choice of what to eat. People either chose their meals the previous day or were also shown plated meals at mealtimes. Alternatives were available for people who wanted something different from the menu. One person said, "There is a lot of choice. They (staff) ask what you want the day before but there are always alternatives on the day if you change your mind".

People's specific dietary needs were met. For example, people having softened foods or thickened fluids where choking was a risk. Where some people had lost weight there was a plan in place to manage weight loss; people had been reviewed by the GP and referred for specialist advice if required. For example, one person had been identified as at risk of losing weight. They required assistance with eating and drinking. Staff had involved the GP and SALT in the person's assessment and incorporated their advice in the person's care plan. Staff followed the actions and kept a record of food and drink intake and weighed the person to monitor their weight. We looked at this persons weight chart and saw they were gaining weight.

People could move around freely in the communal areas of the building and gardens. There were several sitting rooms and communal areas. People who were living with dementia in Willow Lane benefitted from an interesting and stimulating environment.

People were supported in line with the Mental Capacity Act 2005 (MCA). 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 told us staff asked for their consent before delivering care tasks and staff were able to describe how they supported people to make choices about their day to day care.

The registered manager understood their responsibilities in relation to the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be restricted of their liberty for their own safety. Where restrictions were in place for people these had been legally authorised and people were supported in the least restrictive way.

People felt supported by competent staff. One person told us Staff, "More than know what they are doing". Another person said "Staff are very highly trained and are so gentle".

Staff were up to date with attending the services mandatory training courses such as infection control and safeguarding. Staff were motivated to develop their skills further to ensure they were able to effectively care for people. For example, some staff were completing training linked to the Qualification and Credit Framework (QCF) in health and social care. This is a qualification aimed to further increase skills and knowledge in how to support people with their care needs. One staff member told us, "I have been supported to do level 2 (NVQ 2 National Vocational Qualification, now replaced by QCF) and will do level 3".

Newly appointed care staff went through an induction period. This included training for their role and shadowing an experienced staff member. The induction plan followed nationally recognised training and standards in the care sector and was designed to help ensure staff were sufficiently skilled to carry out their roles before working independently. One recently employed staff member told us, "Training has been very good, my induction was long and I felt very confident when I started".

Staff told us they enjoyed working at the service and felt well supported. One staff member said, "There's a supportive team. It's a nice place to work". One person told us "They (staff) really enjoy their work and it shows". Staff had regular one to one supervision meetings with their line manager where they were able to discuss their areas of practice and responsibilities. One staff member told us, "Supervision is very good and I get it when I need it," Staff received an annual appraisal. This meant they could discuss their progress and any training and development they might wish to follow to care for people effectively.

Good

Is the service caring?

Our findings

People felt cared for and were complimentary about the staff and living at the service. Comments about staff included: "it's a wonderful place to live, staff are fantastic. They are so lovely I can't say enough about them", "They are very caring", "They're the best. Friendly and very caring", "Anything they can do to make you comfortable, they will do it" and "They are lovely staff". Comments from relatives included: "Excellent home, really wonderful staff", "They have been wonderful with my dad" and "Good home, very caring".

There was a warm, friendly atmosphere at the service. One person told us, "It's a friendly, happy place to live". People told us they were treated with respect. Throughout the inspection we saw many examples of people being supported by staff who were kind and respectful. One person told us, "The lady next door can't talk. I see the way they treat her with tender loving care and I hear the way they talk to her with such love and respect".

Staff took an interest in what people were doing and chatted with them whilst they went about their work. People valued their relationships with each other and the staff. One person told us, "You can have a chat with them (staff) and have a giggle". Another person who had been at the service for a short time said, "I feel as if I've known them (staff) forever, they're already friends". A relative said, "They (staff) go beyond what they have time for really, they really try and encourage friendships between people its lovely to see".

People told us how the care they had received at the service had improved their quality of life. For example, one person said "I was cold, tired and malnourished when I came here. They whisked me in, cared for me and look at me now. I can't praise it enough. Every day I'm stronger and walking now".

People looked well cared for, were clean and tidy in their appearance and dressed appropriately for the weather. People were supported with their personal care discretely and in ways which upheld and promoted their privacy and dignity. One person said, "Staff respect me yes, my dignity stays intact and I am a private person". Another person said, "It's as private as possible. I'm always covered with towels when I'm washing". A relative said, "They always knock and respect my mum". People confirmed staff knocked on their doors and waited to be invited in before entering and ensured curtains and door were closed during care.

People were supported to be independent and were encouraged to do as much for themselves as possible. Some people used equipment to maintain their independence. Staff ensured people had the equipment when they needed it and encouraged people to use it. For example, one person told us they had fallen in the past but liked to walk around the service. They said "I've got this call bell to wear round my neck and they (staff) always make sure my frame is nearby. They remind me about the frame because sometimes I forget". A relative said, "The way my father's independence was encouraged was very skilful. As it became more obvious he wasn't safe they did an excellent job of being tactful, he was happy to go along with the advice of staff, but that was largely down to the way the home respected him".

People felt listened to and involved in their care. For example, one person said "The staff listen to me, it's

really comforting, you hear such bad things, but I'm lucky to be here". Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. People were supported to make decisions and choices about their day to day care.

Requires Improvement

Is the service responsive?

Our findings

People told us they were able to keep in contact with friends and relatives and take part in activities they enjoyed. One person told us, "There's something going on morning and afternoon every day". There were two activity coordinators employed at the service. Activities were provided over a seven day period and a list of planned activities displayed in the home. This included arts and crafts, quizzes, board games, visiting entertainers and religious services. The programme was designed with input from people who lived at the service. Activities were also designed to ensure people were able to maintain links with the community. For example, some people visited a local primary school and had lunch with the children. Students who were completing their Duke of Edinburgh awards also visited the service to join in with activities. People told us they enjoyed the time spent with the students. One person said, "The kids coming makes my day, it keeps my mind working, it's a lovely idea".

People living with dementia in Willow Lane did not always benefit from the same level of activity as other people in the service. For example, on the day of the inspection the activity planned for people on Willow Lane was the sensory room. We observed this activity and saw that it consisted of people being sat in the sensory room with the equipment on. One person was brought into the sensory room and was left there for over four and a half hours. They were in a wheelchair and could not leave without assistance. Whilst this activity was taking place the two activity coordinators each took a person out to visit a garden centre. Although staff occasionally entered the sensory room to assist people, people were mostly left unattended. Other activities for people on this unit mostly consisted of weekly one to one activity such as manicures or foot spas. Activity staff had not undertaken additional training in providing activities for people living with dementia and did not show a good understanding of how the needs of people might differ in the different areas of the service.

We recommend that the service seek support and training, about providing activities for people who are living with dementia.

Before people came to live at the service, their needs had been assessed to ensure they could be met. People's care records contained information about their life histories, health, social care needs and how to maintain people's independence. Care records reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, whether people preferred a bath or a shower and what people were able to do for themselves and what they needed help with. Care plans and risk assessments were reviewed to reflect people's changing needs. However, some records were not always written legibly which made them hard to read. We also noted some care plans had been signed by people's relatives to say they agreed to the care plan. There was no documented reason why people could not sign their own care records to show they agreed to their own care. We also found four people had identical capacity assessments. They had been photocopied and were all dated as completed on the same day. This meant these assessments were not completed in a person-centred and individualised way.

People knew how to make a complaint and the provider had a complaints policy in place. One relative said, "I would feel very comfortable raising concerns, it's easy to speak". There had been 14 complaints since our

last inspection. These were a mix of written and verbally raised concerns. The registered manager had responded to the complaints in line with the provider's policy on handling complaints. Any concerns were investigated and recorded. One relative told us they had raised a concern and this had been dealt with promptly. They said, "We had a meeting and all of our questions, and concerns were answered". The registered manager discussed concerns with staff individually and more widely at team meetings to ensure there was learning and to prevent similar incidences occurring. The registered manager kept a log of any verbal issues or concerns received, together with the action that had been taken. The log showed action had been taken promptly to address the concerns. There had been 12 written compliments since our last inspection.

Good

Is the service well-led?

Our findings

The service was well led by a registered manager and team of senior care workers and nurses. The registered manager and deputy manager had been in post for a number of years. They demonstrated strong leadership skills and had a clear vision to continue to develop and improve the quality of the service.

People and relatives were complimentary about the management team and told us the manager was frequently visible in the units and often stopped to chat with them and check all was well. One person said, "The manager is always out and about checking everything is ship shape". Another person said, "Good manager, she talks to people. It sets a good example". A relative said, "Excellent manager, values family involvement and keeps us up to date".

Staff spoke positively about the leadership of the service and felt supported and valued. They described the registered manager and other senior staff as being supportive and approachable. Comments from staff included: "The manager is always around and lets you know how you are getting on. I'd say she was outstanding", "Manager is very supportive I know my role and get good feedback" and "Very supportive manager and always available if needed". Staff described a culture that was open with good communication systems in place. Staff were confident the management team and organisation would support them if they used the whistleblowing policy.

People told us staff understood the values and ethos of the organisation. One person said, "There is a great team spirit and ethos here". One staff member said, "Good culture here, I really like it".

The registered manager ensured staff were aware of their responsibilities and accountability through regular supervision and meetings with staff. Staff felt able to make suggestions to improve people's care or the service. A daily meeting took place for unit leaders where important information about peoples care or the running of the service was discussed.

There were a range of quality monitoring systems in place to review the care and treatment offered at the home. These included a range of clinical and health and safety audits. Where any shortfalls had been identified there was an action plan in place to address them. These actions had been followed up by senior staff to check the actions had been completed. During the inspection we spoke with the registered manage about the issues around activities for people who were living with dementia. We were reassured action would be taken to address these concerns.

There was a procedure for recording incidents and accidents. Any accidents or incidents relating to people who used the service were documented on a standardised form and actions were recorded. The registered manager checked and audited the forms to identify any risks or what changes might be required to make improvements for people who used the service. For example, the registered manager had noted that one person frequently fell around the same time of day. They identified the person needed the toilet at this time. An action had been put into place for staff to assist the person to the toilet at this time. Since the actions had been put into place the persons incidence of falls had significantly reduced.

Accidents, incidents, concerns and complaints were also discussed during team meetings and during staff supervision to ensure lessons were learnt and to prevent similar incidences occurring.

People were actively encouraged to provide feedback through a satisfaction survey and meetings. People told us they had been able to offer their views and suggestions about the running of the service. Minutes of the meetings were kept together with plans that demonstrated action was being taken as a result of any suggestions and feedback.