

The Fields Care Home

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

This unannounced inspection took place on 27 and 29 November 2017. This meant the provider, registered manager, staff and people using the service did not know that we would be carrying out an inspection of the service.

This service was registered on 1 October 2010. The last inspection of the service was carried out on 12 and 13 October 2015. We rated the service to be Good.

The Fields 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 Fields care home is an established building which has been adapted to become a care home. People have their own room and can access three communal areas and an outside courtyard. The service can accommodate up to 24 older people who require personal care, including people who live with a dementia or sensory impairment. It is not registered to provide nursing care. At the time of the inspection, there were 23 people using the service.

The registered manager has been registered with the Care Quality Commission since 1 October 2010. 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.

There was no evidence of oversight by the provider for the service or registered manager. This lack of oversight had led to deterioration at the service. The quality assurance procedures were ineffective and they had not identified any of the concerns highlighted during this inspection. People, relatives and staff spoke positively about the registered manager. Staff worked together as a team.

The management of medicines needed to be improved. Doors to rooms which should have been locked for people's safety had been left open. Water temperatures were below safe bathing temperature limits. Personal emergency evacuation plans did not reflect individual needs.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice. Staff did not work in line with the Mental Capacity Act 2005.

There were gaps in supervision and training. New staff were not appropriately supported through their induction. Competency assessments were not carried out following training. The service was not dementia friendly or suitable for people with sensory impairments.

Care plans and risk assessments were not always person-centred and were in place regardless of individual needs. There were no care plans or risk assessments in place for people with specific needs such as sensory impairments. Staff did not effectively monitor people at risk of dehydration or developing pressures ulcers. Health professionals were involved in people's care. Systems were in place to provide end of life care to people.

People had access to regular meaningful activities. A complaints procedure was in place which everyone was aware of. Good procedures were in place for recruitment and there were sufficient staff on duty. Staff understood and had followed safeguarding procedures. The service was clean and infection prevention and control procedures had been followed. The registered manager understood the actions they needed to take to follow procedures for ensuring lessons were learned.

People received good care from a staff team who knew them well. Privacy and dignity was maintained whenever people received care and support. People were not always involved in making decisions about the care and support they received. Advocacy services were available. People had access to assistive technologies to maintain their independence.

We found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, safeguarding people from abuse, the premises, governance, and staffing. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

Risk assessments were not always person-centred. Personal emergency evacuation plans did not reflect people's individual needs.

Water temperatures were below safe temperature limits. Doors which needed to be kept locked to ensure safety were consistently left open.

The management of medicines needed improvement.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The human and legal rights of people who used this service were not protected because staff did not have a good working knowledge of the principles of the Mental Capacity Act 2005.

New staff did not receive a comprehensive induction which included regular review. There were gaps in training for staff.

Effective monitoring was not in place for people at risk of dehydration. The environment was not dementia friendly. Aspects of the service required general updating.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Assistive technologies were in place for people but not for people with sensory impairments. We made a recommendation about this

People were not always involved in making decisions about their care. We made a recommendation about this.

People received good care from staff who knew their needs, wishes and preferences. Staff respected and maintained people's

Requires Improvement ●

dignity.

Is the service responsive?

The service was not always responsive.

Care plans did not consistently contain the detail needed. There were gaps in records and reviews had not always been completed.

People engaged in meaningful activities at the service.

People knew how to make to complaint and felt they could approach the registered manager to do so.
Complaints had been investigated and responded to appropriately.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

The provider and registered manager did not have oversight of the service. Policies and procedures in place needed to be improved.

Quality assurance procedures were ineffective and had failed to identify the concerns we found during the inspection.

Staff were supportive of each other and the registered manager.

Inadequate ●

The Fields 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.

The Fields 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 .

We carried out a comprehensive inspection of this service on 27 and 29 November 2017. One adult social care inspector and one expert by experience visited the service for an unannounced inspection on 27 November 2017. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case, the expert by experience had experience of working with older people, including those living with a dementia type illness. Two adult social care inspectors returned for an unannounced inspection on 29 November 2017.

Before our inspection we reviewed all the information we held about the service. We examined the notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted Durham local authority contracts and commissioning team, Health watch, and Durham fire service. We used this feedback as part of our inspection planning process.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This document had been completed and we used this information to inform our inspection.

During the inspection we spoke with six people and four relatives. We also spoke with the registered manager, deputy manager, six staff and a district nurse.

We reviewed eight care records in detail. We reviewed four recruitment, induction and supervision records. We reviewed the training summary records for ten staff. We also reviewed records relating to the day to day running of the service.

We looked around the service and went into some people's bedrooms (with their permission) and visited the communal areas. 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.



Our findings

We looked at how the service was ensuring the safety of people who used the service. We found risk assessments were in place and had been regularly reviewed. However, we identified that some risk assessments were individual to people and covered specific needs such as epilepsy and sleep apnoea. There were clear guidelines in place which identified the risks and the actions staff had taken to reduce those risks. However, risk assessments for visual impairments did not consider the individual risks to the person, such as moving around, falls, disorientation and moving between light and dark spaces at the service. In the eight records we reviewed, all eight people had the same risk assessments in place which were not individual to them. These included risk assessments for becoming institutionalised, creams and toiletries and accessing services. Staff had not respected people's rights because they had not considered whether these risk assessments were necessary.

Incomplete records were in place for people who had been identified at risk of developing pressure ulcers. For example, records did not show if people were turned regularly to alleviate pressures to high risk areas. This was not in line with NICE guidance for the management of pressure ulcers. The times of which turns needed to be carried out had been pre-populated on the records and therefore provided inaccurate information about when turns were carried out. Records did not highlight where people refused to follow best practice guidance and the action staff needed to follow to minimise the risks to people developing pressure ulcers.

Personal emergency evacuation plans (PEEPs) provide important information about the support people need to evacuate the building in an emergency. In the records reviewed, we identified that these records did not contain accurate information. Key health conditions had not always been included, people's level of capacity was not always correctly recorded and we found that information regarding sensory impairments had not been included. We noted that one person had a hearing impairment and would not have heard the fire alarm ringing. However, measures had not been put in place to address this.

Each person had a completed Herbert protocol in place. The Herbert protocol is a record of useful information about a person living with a dementia which can be used if they go missing. This includes meaningful places such as previous addresses and favourite holiday destinations. We noted these completed protocols were in place regardless of whether or not people were living with a dementia and required photographs had not been included.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Staff observed people taking their medicines and medicine records had been signed for appropriately. There was sufficient stock of medicines for people. Good procedures were in place for controlled drugs. These are drugs liable for misuse. However there were no systems in place for one person who was responsible for managing their own medicine administration.

Not all prescribed medicines, topical creams and fortisip nutritional supplements had been included onto medicine administration records (MARs). A body map was not in place for one person and there were no directions available for the topical cream to be applied onto the person's skin. This meant we could not be sure that the topical cream was applied as directed. One person was prescribed a medicine which needed to be given before breakfast, however this medicine had not been included onto the MAR. The registered manager said this medicine was given before breakfast by staff; however there was no evidence to show it was given as prescribed. The registered manager could not provide a reason why this medicine had not been included onto the MAR.

All of the care records reviewed stated that each person was given a daily vitamin to assist with their health and well-being. The records did not show if people had consented to this, had been prescribed this vitamin by their GP or had been involved in this decision making. There was no homely remedies policy in place to support this.

There were no records of medicines stock carried over from the previous month on the MARs. This meant staff had not kept an accurate record of the quantities of each medicine. This is good practice in ensuring people have sufficient quantities of medicines available. Medicines records were not always legible because they had been over-photocopied. Key codes were not used on these hand written MARs. Key codes are used, such as when people refuse a medicine.

Some people received their medicines through a 'transdermal patch.' This means the medicine is absorbed through the skin and into the bloodstream. Transdermal patch application records were in place, however there was no guidance available about how often to rotate the patch and where the patch should be located on body. This is important to make sure the patch has been applied in the correct place. The registered manager was aware of the guidance and told us they would take immediate action to put this in place.

Water temperatures had been carried out each month by the service and showed that they were within safe bathing temperature levels. However, an external company carried out water temperature checks on the first day of inspection as part of legionella checks on behalf of the provider. This external company told us that temperatures were too low. The registered manager provided copies of this companies temperature records for the service and told us that repairs would be carried out immediately.

On the second day of inspection, we carried out our own checks across 12 areas of the service which included baths, showers and sinks. Unsafe bathing temperatures were in place for nine of them. Sinks were recorded between 21 and 26 degrees Celsius and a bath was recorded at 33 degrees Celsius. We spoke with staff about water temperatures and they told us, "The top floor is a bit hit and miss with hot water." And, "There's nothing new about that [low water temperatures]." Another staff member told us, "The hot water valves were a bit of a problem this morning. Some taps are running cold and some are ok." One person told us, "You have to wait for the water to get hot." We asked the registered manager to take immediate action to address this. Thermometers were not in place for all baths and showers. No records were in place to show that people had been bathed in safe temperature limits. The registered manager kept us up to date with

repairs taking place to make sure people had access to safe water temperatures and this concern had been included into an action plan the provider sent to us after the inspection.

Some areas of the service needed updated. Skirting boards and walls within the service had been scuffed by wheelchairs. We saw a radiator had come away from the wall. We told the registered manager about this and prompted them to take immediate action to address this because we were concerned it could come away the wall completely. This was repaired straight away. However the radiator cabinet remained missing on the second day of inspection and we noted carpet was missing underneath the radiator showing bare wood. These cabinets help to reduce the risk of injury to people such as burns.

The carpet in the registered manager's office was heavily stained and worn in places. Flooring in two communal toilets needed to be repaired because they had started to lift increasing the risk of falls. The registered manager told us they had been measured for replacement, however could not tell us when they would be repaired.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Good recruitment procedures were in place for staff. All staff had completed an application form, had two checked references and a current Disclosure and Barring Service (DBS) check in place. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

People told us, staff answered their call bells within an appropriate amount of time. One person told us, "I can buzz [press call bell], someone [staff] will come, it's not a problem." People, relatives and staff told us there were sufficient staff on duty at all times. People told us staff were responsive to call bells and staff were always visible to them. The registered manager told us they had recently increased staffing numbers on a morning to reduce pressures on staff.

People told us they felt safe living at the service. One person told us, "You can't beat the staff. You can have anything you want." Another person told us, "Oh yes I feel safe, they [staff] are pleasant and kind." A district nurse told us, "[People] are safe. Staff are happy in work and polite to visitors."

Staff understood the procedures they needed to follow to keep people safe. One staff member told us, "It's our role to keep people safe and protect them from harm." Staff had followed the correct procedures to keep people safe from harm, abuse, bullying and discrimination. Following a recent safeguarding alert, the registered manager told us they had discussed the alert during supervision and in team meetings to ensure lessons had been learned. The registered manager told us about the processes which they would follow to make sure lessons were learned and to reduce the risk of repeat incidents.

Accidents and incidents had been recorded and analysed to look for patterns and trends to enable staff to take action to minimise the risk of reoccurrence. Health and safety checks had been carried out, although these did not include water temperatures. Up to date safety certificates were in place. Staff had participated in fire safety training and planned fire drills. These planned fire drills were scenario based and involved people and staff.

Staff had undertaken training in infection prevention and control. Cleaning schedules were in place for domestic and care staff to ensure the service remained clean. The registered manager told us all infections were recorded and care plans and risk assessments would be put in place if people were experiencing an infection.



Our findings

We looked at the support people received with their nutrition and hydration. We identified that records had not been kept up to date to show if one person at risk of dehydration was receiving the support they needed. In the records reviewed, we found there was no information about how much fluids which the person needed to achieve each day and staff spoken with were not aware of what the target should be. These fluid balance records had not been totalled up to determine the total volume of fluids achieved each day. This would have identified that the person was not consuming enough fluids. The registered manager told us that they were aware that this person was not consuming enough fluids. From our discussions with the registered manager and staff, we established that the person was not dehydrated and staff were prompting with fluids from them, staff and the records what action they were taking to increase the person's fluid intake. We asked the registered manager to take immediate action to ensure the records to monitor this person's fluid intake were kept up to date.

We noted staff were recording that they had offered this person fluids, when they had been asleep. This meant staff had incorrectly completed these records because the person was not able to make a decision about whether they accepted or declined fluids. Care plans and risk assessments did not detail any concerns about the person's fluid intake, difficulties the person may be experiencing with fluid intake or strategies staff could use to increase fluid intake.

In the eight records reviewed, we identified six people had lost weight in September 2017. Staff had not recognised a pattern in weight losses during this month and audits had failed to identify these omissions. We could see these weight losses only occurred during this month and there were no risks associated with weight loss. Staff had not considered whether people needed to be re-weighed or whether chair scales required calibrating.

Pictorial menus were not in place for the ten people using the service who were living with dementia and for people who had a visual impairment. Staff had not recognised that these were needed and had not considered that they could have shown people plates of food to allow them to make a choice. Dementia friendly crockery was not in use. Red coloured plates can make foods such as mashed potato stand out and would be more likely to be eaten.

The provider's induction policy did not identify what activities new staff needed to undertake during their induction period, including reviews and probationary meetings. The provider had not taken action to ensure all new staff employed since April 2015 had completed or were signed up to complete this certificate as part

of their induction programme. The Care Certificate is a set of minimum standards that should be covered as part of induction training. Only two staff had enrolled onto the Care Certificate, however records were not available for inspection.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. At the time of inspection there were three people subject to DoLS. Action had not been taken to chase up one person's DoLS application, which had been submitted in September 2017. We asked the registered manager to investigate this delay.

Staff had carried out training in the MCA and DoLS, however we found their knowledge was limited and no staff spoken with could tell us how many people were subject to DoLS. In six records reviewed, MCA assessments had been carried out for each person who were deemed to have capacity and where there was no concern that capacity maybe lacking. We also identified that people without capacity had been given a daily vitamin which was not prescribed by their GP. Staff had not carried out a best interests decision for these people.

Best interests decisions are made on behalf of people when they are deemed to lack capacity to make decisions for themselves. These decisions must be in people's 'best interests' and be the least restrictive of a person's rights and freedoms. In the records reviewed, we found best interests decisions had been carried out for people who had capacity to make their own decisions. This meant staff had not followed the principles of the MCA 2005 and had not ensured people's equality; diversity and human rights were protected.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had not received regular reviews during their induction to monitor their progress and to identify whether staff needed any additional support. Of the four staff records reviewed, all had been employed between three and five months. Three of these staff had not received any reviews. One staff member had received a supervision review to cover the period of April to August 2017; however they did not start their employment until 26 June 2017. An appraisal had been carried out for this staff member in August 2017. An appraisal is a formal meeting, usually carried out after one year of employment to assess the performance of a staff member and to set goals to achieve over the coming year. Systems were in place for established staff to receive supervision and appraisal, however the registered manager had not received an appraisal or supervision from the provider.

Staff completed a range of mandatory training in areas such as first aid, equality and diversity, health and safety, dementia care and safeguarding. This is training the provider deems necessary for staff to carry out their roles safely. We identified gaps in training in areas such as epilepsy, risk assessments, person-centred care, diabetes, nutrition, stroke awareness and care planning.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ten people using the service were living with a dementia. We identified that the environment at the service was not dementia friendly and did not reflect best practice in dementia care. There was a lack of signage and pictures in place for people to navigate their way around the service. Where signage was in place, it was small and could create difficulty for people living with a dementia or sensory impairment. Light switches were not easy to identify. The provider had not considered the use of colour and patterns for people living with a dementia.

There were no standard toilet seats in place at the service. However there was a raised toilet in place instead. This meant people and visitors were using raised toilet seats which they had not been assessed for and people did not have a choice about using a toilet with a standard seat. We noted that none of these were red or blue to make them stand out for people living with a dementia or visual impairment.

We recommend the provider reviews how people's individual needs are met by the adaptation, design and decoration of premises at this service.

People attended healthcare appointments when they needed to. We saw district nurses attending the service during the inspection. Health professionals were asked to record details of their visits in care records. The registered manager told us they had supported one person in line with guidance from health professionals and their quality of life had improved. This person was spending less time in bed and their pain was more consistently managed.



Our findings

We looked at how people were supported to remain independent. Assistive technologies are products and services that empower disabled people to become more independent. Under the Equality Act 2010, assistive technology is recognised as a 'reasonable adjustment' which should be made available to prevent discrimination in a wide variety of contexts. We found assistive technologies were not in place for sensory impairments. For example, personal listeners (small personal amplifiers) and flashing fire alarms were not in place for people with hearing impairments. Video magnifiers were not in place for people with visual impairments. Care records, menus, newsletters and residents meeting minutes in large font had not been made available to people who were visually impaired. Communication passports were not in place.

We recommend the provider ensures barriers for people are removed or reduced to enable people to have ways to communicate with other people when their protected and other characteristics under the Equality Act make this necessary.

Other types of assistive technologies were in place. This included large button keyboards and a mouse was available on the computers in communal areas. Wi-Fi was available; however no-one accessed this. Profiling beds, pressure relieving mattresses and falls detectors were in place. We observed people using wheelchairs and walking frames. The registered manager told us plate guards, straws and beakers with handles were available to support people with their nutrition and hydration. One relative told us, "[Person] has a stand aid, a falls mat and a pendant buzzer." Picture books were in place for people who displayed difficulty expressing themselves.

Care records did not always show if people were supported to express their views and be actively involved in making decisions about their care, support and treatment. This included the use of daily vitamins, care planning and risk assessments and participation in 'bath days.'

Some relatives told us about their involvement in planning and reviewing people's care. One relative told us, "I sign the paperwork. I read through it about the medicines and how they are and what activities they are capable of. It's not a meeting, the [registered] manager will say can you read these and sign. There are no changes needed at the moment." Another relative told us, "They [staff] discuss the care plans and activities and we sign it. We have reviews at least once a month. We can ask to have anything added, but they cover what needs to be covered. We feel involved." One person told us, "We look at it [care plan] each month. I will not sign anything if I haven't read it."

People told us they received good care and were treated with kindness, respect and compassion by staff. One person told us, "They [staff] are all very nice. You please yourself what you do. I'm grateful for the help. I couldn't wish for anymore." Another person told us, "If you want anything you just have to say." People also told us staff helped to promote their independence and they valued this. One person told us, "I have a key to my room. I do my own bed and clean my bedroom. 'There's [nothing] I want, I'm happy."

Relatives spoke positively about the care and support people received. One relative told us, "I can't speak highly enough, they [staff] are wonderful and caring." Another relative told us, "[Person] is very happy here. We've never once had any issues. They've been well cared for." A third relative told us, "[Person] is treated [treated] lovely. I come all the time. I brought my dog in the lounge. They [people] loved it. It's a happy home, people feel welcome, and it makes them feel better. Staff are good."

Staff told us they enjoyed working at the service. One staff member told us, "I love coming into work and seeing the residents, and making sure their needs are met. The residents are more important than anything." Another staff member told us, "I love it. I wish I'd done it [worked in care] years ago." A district nurse told us, "They [staff] are always polite with the residents. They are very very caring. Some residents have been here for years. People on respite ask to come back."

During inspection, we observed meaningful interactions between people and staff. We observed staff assisting one person to move using the hoist. The conversation between the person and staff flowed naturally throughout, each appeared happy and we could see the person laughing. Staff provided guidance continually to the person about what was happening and we observed that the person appeared comfortable. During the inspection, we observed that one person became upset during an activity. The staff member responded quickly and offered reassurance to the person. This was carried out in a kind and dignified manner.

We observed one person participating in doll therapy. The use of dolls and soft toys can bring great benefit to people who have a diagnosis of dementia related condition and can reduce anxiety. We saw the staff member talked to this person about their 'baby' [doll]. The staff member told the person that they had brought in some knitted cardigans for their baby and we saw the person respond to this kindness.

People told us staff supported them to maintain relationships with the people important to them. We observed visitors at the service throughout inspection and staff gave people and their visitors privacy during visits. They told us they could visit at any time and staff made them feel welcome. One relative told us, "We are made welcome. Staff are brilliant." Another relative told us, "I feel happy we can visit anytime."

Information was on display about advocacy services. This is a means of accessing independent advice and support to aid decision making.

People and relatives told us privacy and dignity was maintained and respected at all times. Staff told us they supported people to carry out the personal care they were able to and only assisted with permission. People were covered with towels during personal care and staff said clothing was always ready for people. We observed staff knocking on people's doors, closing them and allowing people the time they needed to respond to questions or to give information. One person told us, "Staff close the doors for privacy."



Our findings

In the eight care records reviewed, we found that they were not individual to people's needs. Although we were confident that people were receiving care in line with their needs, wishes and preferences, we found that the care records did not support this. Records did not always show if care had been provided because they had not been kept up to date. In the records we reviewed, we identified gaps of up to 11 days where personal care records had not been completed.

Records, in places lacked the information needed to provide the most appropriate care and support to people. For example, one person had a diagnosis of Parkinson's disease, however there was no information about signs and symptoms that the person may display and coping strategies which staff could use to support the person. Care records contained information about goals which people wanted to achieve. These included taking medicines at the correct time, choosing own clothes and mobility. However these goals were not individual to people and did not reflect people's actual goals. These goals were similar in all of the eight records reviewed.

One person used picture cards to communicate. No assessment had been carried out to show whether the picture cards remained relevant to the person and if staff were competent in using them. Monthly reviews did not state if the picture cards were always being used or if the person had experienced any difficulties using them.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some care records contained detailed information about people's needs. This included information about the assistance people needed. There was information in people's records about life histories which staff could use to engage people in meaningful conversation. Reviews were carried out by a range of staff, such as care staff, the activities coordinator, the cook and a housekeeper. This meant the staff team worked together to provide a full overview of the person.

Relatives told us staff were responsive to people's needs. One relative told us, staff are, "Really good. The other week my sister thought [person] was in pain. We discussed it with [staff] and she said, 'If you feel [person] is in pain, tell us.' Staff would get [person] what they needed. They [staff] put my mind at rest."

The registered manager told us no-one was actively receiving end of life care at the time of inspection.

However if this was the case, they would work alongside district nurses, GPs and advanced medical professionals. Care records would be updated and include relevant risk assessments, such as skin integrity and positional changes. Specialist equipment such as profiling beds and mattresses would be provided for people. One person had previously been placed onto an end of life care pathway and the relative told us, "We did the end of life care plan and we were told we could visit anytime and stay over if we wanted to. It's home from home, an open house and very friendly."

People spoke positively about the range of meaningful activities provided at the service. We saw evidence of planned activities on display at the service. These included quizzes, singing, crafts, skittles, movies and poetry. One person told us, "There's enough to do." A relative told us, "There's loads to do. It's been good so far." Another relative told us, "There are all sorts of activities such as skittles, bingo, hangman and colouring. The activities coordinator is spot on." A range of external visitors assisted with meaningful activities. These included visitors from religious organisations, nurseries and schools. People had also enjoyed handling small animals. Staff had brought in jars of sweets and accessories for a tombola to raise funds for the service.

People knew how to make a complaint. However, none had been received since the last inspection. People told us they would speak with staff if they had a complaint. The service had received compliments. These included, "Thank you for making this a happy home." And, "Very professional, dignified and loving care [person] received at The Fields." And, "[It is of] great comfort knowing [person] has been in such caring hands."



Our findings

The provider did not have adequate oversight of the service. They did not regularly visit the service, carry out their own quality assurance monitoring or review audits carried out by the registered manager. This had led to a deterioration in the quality of the service. People and staff told us they did not see the providers or any representatives attending the service. There was no evidence of innovation taking place at the service.

The registered manager had carried out audits in some areas of the service; however, they had not highlighted any of the concerns raised during this inspection. For example, they had not highlighted gaps in record keeping and risks to safety by not locking doors to specific rooms and medicines trolleys. Audits had also not highlighted that the environment was not specific to people living with a dementia or sensory impairment and information was not available in accessible formats.

Audits are a way of continually monitoring and improving the quality of a service. The audits carried out did not highlight what checks had been made and consisted of tick lists. Audits had been signed as completed despite gaps evident in the records which we reviewed during the inspection. Infection and prevention control audits did not look at the cleanliness of the building. Care plan audits did not highlight the checks made. Care plan reviews were ineffective because they had not identified that there were gaps in the information recorded and that information was not always accurate. They had also not identified that some of the care plans and risk assessments in place for people were not needed. Staff had not recognised that by putting these care plans and risk assessments in place, they had impacted upon people's human rights by limiting their independence.

The auditing system carried out by the registered manager did not show if staff were highlighting concerns, such as with water temperatures and if any action had been taken to address the concerns. Staff were not aware of relevant policies and procedures when we spoke with them about people who had a DoLS in place, people at risk of dehydration and the activities they needed to undertake during their induction period. Staff were not aware of the timescales for supervision, appraisals and observations and were not aware of the action they needed to take when they had not met the providers supervision policy.

Policies reviewed during the inspection required updating. The policies did not contain the information needed to assist staff and did not provide correct guidance. For example, the induction policy did not set out standards which staff were expected to achieve. The medicines policy referred to outdated standards and information regarding the shelf life of eye drops was inaccurate. Staff were not aware of current legislation in dementia care, sensory impairments and equality and diversity. This meant people were not

receiving care and support in line with best practice.

An equality and diversity policy was in place, however not all staff were aware of the protected characteristics. There was no evidence to show that equality and diversity had been embedded into practice at the service, such as in supervision or meetings for people and staff. There was also no evidence to show they were any equality and diversity priorities were in place to protect people and staff from discrimination.

Staff did not follow the correct procedure to keep people safe from harm, despite feedback during the inspection. Although this appeared to be common practice, these practices had gone unnoticed during quality assurances checks. We observed that the medicines trolley was left unattended twice in the lounge with the keys left in the medicines trolley. There were no staff present in the lounge on each occasion and people were watching television. Despite our feedback at time, the medicines trolley was left wide open on a further occasion with the keys in the cabinet. The registered manager's office was also regularly left open and unattended throughout inspection. Care records and staff files were stored in this office as well as access to an unlocked cupboard containing a water tank and electrics via this office. The laundry room was also left open and unattended throughout inspection.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We wrote to the provider after the inspection to outline our findings and the concerns which we have about the service. The provider responded to our letter and shared an action plan with us. We asked for an updated action plan each week so that we can monitor the improvements the service are making.

People, staff and relatives spoke positively about the registered manager. One staff member told us, "[Registered manager] is absolutely brilliant with us." One person told us, "The [registered] manager is very good." Another person told us, "The [registered manager] is very good although I don't see her often; the girls [staff] are usually very good."

One relative told us, "It's an open house, friendly. The [registered] manager is wonderful. She sits and talks to people and reassures them." Another relative told us, "I like the [registered] manager. She is friendly." A third relative told us, Staff know [person] and he knows them. The best thing is the care. If I have an issue they [staff] would sort it out. I would not hesitate if I had any concerns. I know in my heart the [registered] manager would sort it out. She's that type of leader."

All staff worked together as a team. One staff member told us, "[Everyone is] nice. We have good team work." We spoke with a district nurse and they told us, "As care homes go this is well run and organised. Staff know the patients well and it's a small care home." We asked what was good about the service. A district nurse told us the 'holistic care' provided at the service was one merits of the service. They also told us, "It's the best in the local area. I had a family member on respite. I was happy with the individualised care."

Information about the service was shared with people and visitors and was on display at the service. This included photographs of recent events and information about the quality of the service and compliments.

The service worked in partnership with external agencies, such as district nurses, mental health teams, hairdressers, commissioning and safeguarding teams. The service had developed some links with the local community. The local church carried out visits every three months and schools visited. The local choir visited the service each month and people were planning to attend a Christmas meal at the local community centre. A local drama group had put on a show for residents and pet therapy had been provided.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>(1) The provider, registered manager and staff were not following the principles of the Mental Capacity Act 2005.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>(1) Staff did not follow safe practices. Medicines were not safely managed. Water temperatures were below safe water temperature limits. Aspects of the service required updating.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>(1) Staff had not received regular supervision and appraisal. There were gaps in training and competency assessments had not been carried out.</p>

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (1) The provider did not have oversight of the service. Ineffective quality assurance procedures were in place.

The enforcement action we took:

We issued a warning notice.