

Extraservice Limited

Fieldgate Nursing Home

Inspection report

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30 June 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on the 29 and 30 June 2016 and was unannounced.

Fieldgate Nursing Home is registered to provide care for up to 39 people. The home is registered with the Care Quality Commission to provide nursing or personal care for older people. At the time of our inspection there were 33 people in receipt of care from the provider.

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.

Registered managers and providers are required to send statutory notifications to the Care Quality Commission (CQC) when a significant event occurs. For example, receiving an injury. The provider had sent very few notifications to CQC and during the inspection we found two incidents that had not been notified to CQC.

People told us they felt safe in the home and staff were aware of the procedure to take if abuse was suspected.

Staff were recruited safely and records included appropriate checks as well as proof of identity to ensure they were appropriate for the role they were employed to undertake.

Medicines were stored and secured appropriately and people received their medicines on time.

The registered manager was knowledgeable about the Mental Capacity Act 2005 (MCA) and Deprivation of Safeguards (DoLS). When people were assessed as unable to make decisions for themselves the MCA 2005 process had been followed. DoLS are put in place to protect people where their freedom of movement is restricted to prevent them from possible harm. The registered manager had taken appropriate action for people who needed their movement restricted.

People had sufficient to eat and drink and were supported to maintain a balanced diet. They had access to a range of healthcare professionals and services.

People were looked after by kind and caring staff who knew them well. They were supported to express their views and to be involved in all aspects of their care. People were treated with dignity and respect.

People and their relatives thought that the home was well-led. They all spoke positively about the registered manager and the staff group.

Complaints policies and procedures were in place and were available to people and visitors. People and their relatives told us they were confident that they could raise concerns or complaints and that these would be dealt with.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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?

Good ●

The service was safe.

People told us they felt safe and risks to people were managed in a safe way. Staff knew how to recognise and report any potential abuse.

There were enough qualified staff to provide people's care and support safely.

The provider had a robust recruitment procedure in place to ensure people were suitably employed

Medicines were managed safely and administered as prescribed.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff who had the skills and knowledge to meet their needs.

Staff had received appropriate training, and understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

A variety of food and drink was available at the home and specialist diets were supported. People told us they were happy with the meals provided.

Is the service caring?

Good ●

The service was caring

Staff at all levels supported people with care and compassion.

People using the services told us they found the staff caring and friendly.

Staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Care records were person-centred and reflective of people's needs.

People were supported to follow their interests and take part in social activities

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Is the service well-led?

The service was not always well led.

Notifications had not always been submitted to the Care Quality Commission when required.

Staff told us they were supported by the management team.

Quality assurance checks were carried out to identify if improvements were required.

Requires Improvement 

Fieldgate Nursing 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 was planned to check 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 the 29 and 30 June 2016 and was unannounced. The inspection was carried out by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service, such as notifications that the provider is required to send us by law, of serious incidents, safeguarding concerns and deaths. We used this information to assist us in the planning of our inspection.

During our inspection we spoke with five people who live in the home, four relatives, two health professionals, five staff members and the registered manager of the home. We looked at the care records of eight people, eight staff files, training records, complaints and compliments, accidents and incidents recordings, medication records, and quality audits.

The service was last inspected in August 2013 and was compliant with the regulations it was inspected against at the time.

Is the service safe?

Our findings

People told us they felt safe. One person said, "When the staff give me personal care, they are very gentle. I feel quite safe." Another said, "I feel extremely safe here." A relative told us, "I am reassured they weren't coping where they were before, here is very different. It feels safe."

The provider had safeguarding and whistleblowing policies and procedures in place to help keep people safe. These were accessible to staff to ensure they had up to date information. Staff were able to describe the different types of abuse that could occur, and the signs and indicators to look for if they suspected a person was at risk. Staff were clear that any concerns would be reported to the registered manager immediately. For example one staff member told us, "If I had a safeguarding concern. I would report it to the nurse in charge or the registered manager immediately." Records demonstrated that all staff had received training in safeguarding adults and whistleblowing. The registered manager demonstrated a clear understanding of the local authority's safeguarding procedures and what action needed to be taken to report any concerns appropriately.

Risk assessments were in place for each person using the service. For example, moving and handling assessments identified the individual risks and the level of support needed to move safely. We also saw that risks of people acquiring pressure sores due to immobility and frailty were assessed. Where potential risks were identified pressure relieving equipment was put in place, such as specialist mattresses and seat cushions. The staff told us they were aware of the accident and incident recording procedures. We saw that the registered manager closely monitored accident and incidents to look for trends in an effort to reduce the risks. We also saw that relevant risk assessments were reviewed and updated as required following any accidents and incidents occurring.

The provider had plans in place to deal with foreseeable emergencies, such as loss of utilities or severe weather. Health and safety checks were carried out regularly to ensure the premises and equipment, such as hoists, pressure relieving equipment and beds, were safe for use. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire. There was a Personal Emergency Evacuation Plan (PEEP) in each of the care files we looked at. This is a document which assesses and details what assistance each person would need to leave the building in case of an emergency.

There were enough suitably qualified and skilled staff deployed to support and meet the needs of the people living in the home. People told us there was enough staff to support them safely. One person told us, "If I need help with anything I just use my call bell. I never have to wait very long for someone to assist me." A relative told us, "When we visit we don't have to wait at the front door for ages to get in and there always seems enough staff around." During the inspection we saw that call bells were answered quickly and staff were present in communal areas. The manager reviewed staffing levels regularly and took account of people's specific needs. Additional staff were deployed when necessary, for example when a person needed one to one support when they were unwell, and to support a person at the end of their life.

The provider had a robust recruitment procedure in place. We looked at eight staff files to ensure

appropriate checks had been carried out before staff started working at the home. All files contained completed application forms, references had been obtained, a detailed employment history and proof of identity was also recorded. Disclosure and Barring Service (DBS) checks had been carried out before staff were employed. This helped the provider make safer recruitment decisions. When qualified nurses were recruited the provider carried out checks with the nursing and midwifery council (NMC) to ensure they were properly registered or that there were no restrictions on their practice that would affect their ability to be employed. We saw the provider monitored the renewal of qualified nurses' registration.

There were clear policy and procedures in place for the safe management of medicines. We found the policy covered all aspects of ordering, storing, administering and disposing of medicines safely. The policies and procedures were being followed by staff who had undertaken training in the safe handling of medicines. There had been competency assessments carried out on all staff who handled medicines. We saw when people had PRN (as and when required) medicines there were clear protocols in place to tell staff what the medicine was for and when it was likely to be needed. There were regular audits to ensure medicines were given and recorded accurately.

Is the service effective?

Our findings

People told us that staff providing their care were appropriately trained to meet their needs. One person told us, "The staff are well trained they know how to care for me properly." A relative told us, "The staff seem to have a good understanding of [person's name] needs and know how to give appropriate care."

All staff received mandatory training such as first aid, fire safety, health and safety and infection control. Staff had also been provided with specific training to meet people's care needs, such as equality and diversity and caring for people living with dementia. The qualified nurses all told us the provider was supportive of the new revalidation process for nurses. The Nursing and Midwifery Council (NMC) has introduced revalidation for nurses to strengthen the three-yearly registration renewal process and increase professionalism. We looked at the providers training records which identified training completed and when updates were required. We saw that training was up to date or if lapsed plans were in place for those staff to receive the training in the near future. The provider with the support of the registered manager had supported all unqualified staff to complete the care certificate within the last year. This certificate is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. New staff undertook a period of induction before they were assessed as competent to work on their own. We saw that staff cared for people in a competent way and their actions and approach to their role demonstrated that they had the knowledge and skills to undertake their role. One staff member told us, "The induction and training I have had really prepared me for the role and I feel confident in providing care to people."

Staff told us they received regular supervision. A member of staff said, "We have supervision approximately every eight weeks, but if I feel I need support in between. I only have to ask and my supervisor will meet with me straight away." Staff had previously had annual appraisals with the registered manager. However records showed that no staff had received an annual appraisal in the last 12 months. The registered manager explained that as they had been supporting staff through the care certificate they felt they had been supervising staff so regularly it was not required. The provider immediately put in place plans to complete annual appraisals for all staff as soon as possible.

The Mental Capacity Act (MCA) 2005 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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people lacked capacity to make certain decisions, the provider followed the principles of the MCA 2005 and ensured that best interest decisions were made lawfully. Staff had a good understanding of the practical application of the act, including how to support people to make their own decisions. One staff member said, "You assume that everyone has capacity to make decisions for themselves. Even if it is a

unwise choice as long as they understand the consequences." This meant people's rights were being upheld and any restrictions in people's care were lawful.

We checked whether the service was working within the principles of the MCA 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider had followed the requirements of DoLS and 15 applications had been submitted to the local authority and were waiting to be assessed.

People were supported to maintain good health and wellbeing whilst living at the home. There was evidence in people's care records which showed they were supported and encouraged to attend outpatient or hospital appointments. Where necessary people had been visited and assessed by health professionals, such as district nurses and GPs. During our inspection we spoke to a visiting health professional who told us, "The home works really well with us, they refer people when they should be referred and any guidance we give regarding their care needs the staff always follow and keep us updated if anything changes."

People were provided with a well-balanced and nutritious diet. Where people required specialist diets such as sugar free or gluten free these were provided. Pureed or soft diets were well presented with each element of the meal individually served. People and their relatives told us they enjoyed the food at the home and that it was of a good quality. One person told us, "The food here is lovely and I always have enough." Another said, "I like the food. I get enough choice and I can always ask for something else" A relative told us, "Staff allow plenty of time when helping people to eat my [relative] needs assistance to eat and I have never seen them rushed with their food."

Is the service caring?

Our findings

People and their relatives told us that staff at the home were caring. One person told us, "I cannot fault the care I get; all the staff including the matron are very caring." Another said, "All the staff are very gentle, kind and care for me very well." A visitor told us, "I am very happy with the care my relative gets. The staff are amazing and the care my relative gets is second to none."

Throughout our inspection we observed how staff interacted with people. We saw staff treated people with kindness and consideration. Staff spoke to people in a kind and sympathetic manner and also engaged in general conversation with people, often making them laugh. We observed a care worker entering one person's room to help them with personal care. They knocked on the door before they went in, greeted the person by name and explained how they would support them with their care. The door was closed during the delivery of personal care. We saw one person became distressed and staff immediately moved to reassure and comfort them in a gentle kind way.

During the inspection we saw that people were treated with dignity and respect by staff. Care workers respected people's daily choices about their personal care routines and how they wanted to spend their time. A person told us that they chose whether they had a bath or a shower and that staff respected their choice. One staff member said, "We always try to involve people in their care and respect them as an individual."

The provider placed no restrictions on when people could visit or for how long. People and their relatives told us the home welcomed visitors at any time of the day. One relative told us, "Between all the family we visit very regularly and various times of the day and it has never seemed to bother the staff. We have always been made to feel welcome at anytime."

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. One person told us, "The carers come quickly when I use my buzzer, I never wait too long." Another person said, "If I need the doctor then they will get the doctor." During the inspection we observed that call bells were answered quickly and did not ring for long periods. Staff responded to a person who shouted out for assistance. One staff member told us, "It doesn't matter how people ask for help, we should always respond as quickly as we possibly can."

A health professional told us, "They are very responsive. They always involve me, so we can look at how people's care should be planned. We work together well as a team, which makes my job easier."

People's care needs had been assessed and records contained information about the person's likes, dislikes and their care needs. They gave staff specific information about how people's care needs were to be met, instructions for the frequency of interventions and what staff needed to do to deliver the care in the way the person wanted. They also detailed what the person was able to do to take part in their care and to maintain independence. People therefore had individual and specific care plans to ensure consistent care and support was provided. The care plans were regularly reviewed to ensure people's needs were met and relevant changes added to individual care plans.

The service employed an activities co-ordinator. A programme of activities are held regularly such as bingo, music sessions and board games. One person told us, "I do some of the activities if I chose. I usually enjoy them." During the inspection we saw board games being played and preparations taking place for summer fete which was being held that weekend.

People we spoke with told us they were aware of how to make a complaint and were confident that if they raised a concern with any of the staff it would be listened to. One person told us, "I cannot imagine I would need to complain, but if I needed to I would speak to the matron." A relative said, "Yes we have been told how we can complain if we needed to. But we have never had the need." A copy of the provider's complaints procedure was placed on the notice board by the front door. This meant that both people using the service and their relatives had direct access to this information.

We saw evidence to demonstrate that all compliments and complaints were reviewed and monitored on a regular basis and that the registered manager checked any received as part of their regular quality audit.

Is the service well-led?

Our findings

Registered managers and providers are required to send statutory notifications to the Care Quality Commission (CQC) when a significant event occurs. For example, when a person suffers a serious injury. We found at least two incident reports that documented injuries people had been sustained and while these were dealt with appropriately by the provider, the provider had not carried out its statutory duty to complete a notification and send it to CQC. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 part 4 - Notification of other incidents.

People told us the home was well led. One person told us, "The matron and nurses lead by example, they work really well together." A health professional told us, "The registered manager is always very accessible and clearly has a genuine knowledge about all of the people in their care,"

During the inspection we saw the registered manager was familiar to people who lived at the home and knew people's individual needs. We observed people smiling at the registered manager who spoke with them about their family members and other topics that were important to them. This demonstrated the registered manager played an active role in the running of the home.

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the home and was supported by the qualified nurses. Staff spoke highly of the registered manager and told us she was very supportive, approachable and open. One staff member told us, "The matron is very supportive and you discuss any worry or concern and together we come up with a solution."

Staff told us staff meetings took place and they found these helpful. Staff explained these were an opportunity to seek clarity or discuss any concerns they had. We viewed documentation which evidenced this. We noted areas such as training and the needs of people who lived at the home were discussed with staff. One staff member told us, "I really value the staff meetings they are always very positive and I find them useful."

There were a range of systems in place to assess and monitor the quality and safety of the service. We saw a variety of audits were in place. These included areas such as health and safety, weight management, skin integrity and the use of bed rails. The registered manager explained they also reviewed the quality of care documentation to ensure it was accurate and up to date. Staff we spoke with told us they were informed if improvements were required.

The provider was also a registered sponsor with the Home office for people who require visas to work in this country. The provider had a system in place to monitor any staff employed who required a working visa. However this had not been updated for a while and the provider did not have up to date documentation in the relevant staff files to demonstrate their right to work. We recommend the provider maintains their existing system consistently in future, thereby ensuring they have copies of relevant paperwork on file where necessary.

This section is primarily information for the provider

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Diagnostic and screening procedures	The provider was not notifying CQC routinely of other incidents - Injuries that require treatment or cause prolonged pain if untreated. Registered managers and providers are required to send statutory notifications to the Care Quality Commission (CQC) when a significant event occurs
Treatment of disease, disorder or injury	