

HC-One No.1 Limited

Fieldway Care Home

Inspection report

40 Tramway Path
Mitcham
Surrey
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Tel: 02086483435

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Ratings

Overall rating for this service

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Fieldway Care Home is a residential care home providing personal care and support for up to 68 people living with nursing and dementia care needs. At the time of the inspection, there were 61 people using the service. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People told us they liked living at Fieldway Care Home and that staff were kind and treated them with respect.

The provider had acted on our recommendations from the previous inspection in relation to activities provision within the home. However, we found record keeping especially in relation to end of life care planning needed to be improved.

People told us they enjoyed the range of activities in the home and were complimentary about the wellbeing team who were responsible for running these. Members of the wellbeing team had received training in how to support people living with dementia and offered both group and individual activities for those people who were bed-bound.

People received care and support from staff according to their individual assessed needs and preferences. Care plans were person-centred and contained information about how they preferred staff to meet their individual care needs and wishes.

People said they were aware of the provider's complaints policy and how to raise any concerns or complaints they might have.

The provider had made arrangements for adequate management cover whilst they were recruiting a new, permanent registered manager. The interim manager had identified a number of areas of improvement for the service which were being actioned. There was an open culture within the service and staff said they felt well supported. The provider engaged with people and relatives asking for their feedback about how the service was run. Governance systems were used to monitor the quality of care provided.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 October 2019). There were recommendations in place regarding activities provision. At this inspection enough improvement had been made in relation to this area.

Why we inspected

This inspection was carried out to look at improvements against the recommendations found at the previous inspection. As a result, we undertook a focused inspection to review the key questions of responsive and well-led only.

We did not inspect the key questions of safe, effective and caring. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fieldway Care Home, on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Fieldway Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was conducted by 2 inspectors.

Service and service type

This service 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection a registered manager was not in post. However, the provider confirmed that a manager had been recruited and would submit an application to register after their official start date.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke in person with 8 people using the service, 1 relative, the interim manager, the area director, the deputy manager, 4 nurses, 7 care workers and an activities coordinator.

Records looked at as part of this inspection included, 6 people's care plans, a weekly social activity schedule, the services complaints log and other records related to the management of the service.

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to staff training.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has changed to good. This meant people's needs were now met through good organisation and delivery.

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

At our last inspection we recommended the provider seek advice and guidance from a reputable source, about developing a more suitable activities programme for people living at the care home.

At this inspection we found the provider had made enough improvements in the way they supported people to take part in activities that were socially relevant to them.

- People now had sufficient opportunities to choose to take part in a variety of activities that reflected their social interests.
- The service had recently employed a third activities [wellbeing] coordinator and the manager told us they were in the process of employing a fourth. This meant they would now have enough wellbeing coordinators to ensure two were always on duty during the day, which was the minimum number the provider had assessed they required daily to meet the social care needs and wishes of everyone who lived at the care home. People living and working in the care home told us at least two wellbeing coordinators usually worked during the day.
- The wellbeing coordinators were responsible for finding out about people's social interests and keeping a record of their comments. The lead wellbeing coordinator told us, "Myself and my relatively new wellbeing team have almost completed obtaining everyone's wishes about the social activities they might like to engage in." A weekly activity schedule displayed on information boards located throughout the care home indicated people could choose to participate in a variety of meaningful daily leisure activities. During the inspection we observed an activities coordinator and a member of staff facilitate a Mother's Day arts and craft session in a communal lounge, which was well attended by people living in the care home and also reflected on the weekly activity timetable.
- People living in the care home told us the wellbeing team had improved the social activities people could now decide to engage in. A person said, "We have lots of activities here and the activities staff are all very nice." Another person added, "Not a bad place to live. I particularly like the dancing and gentle exercise classes we have. Keeps me active."
- Staff were equally complimentary about the care home's relatively new wellbeing team and their relatively new social activity timetable. A staff member said, "The social activities are getting better here all the time. Employing enough activity/wellbeing coordinators has made a huge difference." Another member of staff added, "People really suffered during the COVID-19 pandemic, but since we've got a fully staff wellbeing team in place people are being stimulated a lot more."
- Members of the wellbeing team had all received training in how to support people living with dementia

and/or nursing needs engage in meaningful social activities that interested them.

- To prevent people who were bed-bound becoming socially isolated the wellbeing coordinators offered these individuals regular one-to-one support in their bedroom.
- People were supported to maintain positive relationships with people that were important to them. The care home was now open to visitors following restrictions that were put in place because of the COVID-19 pandemic. Staff also continued to support people to use information technology and various electronic devices, such as laptops, tablets and mobile phones, to help people remain in video, text or verbal telephone contact with family and friends who were unable to visit the service in-person.

End of life care and support

- People nearer the end of their life were supported to have a comfortable and dignified death.
- However, , although managers and staff told us people's wishes for the end of their life, including their spiritual and cultural wishes, were often discussed with people and their families, the outcome of these discussions had not been recorded. This was despite everyone's care plans containing a section on people's end of life care wishes. All 6 of the care plans we looked at contained blank end of life care wishes forms. This meant there was a risk managers and staff might not be fully aware of people's end of life care wishes.
- We discussed this failure with the managers who were fully aware care plans did not contain a record of people's end of life care wishes, which the interim manager had identified as part of their governance checks and staff supervision meetings. The manager conceded not enough action had been taken to address this ongoing issue. See the key question well-led where this issue is discussed in more detail under the section on quality assurance and record keeping.
- The care home maintained close links with a local GP surgery and hospice, which helped ensure people continued to experience dignified and comfortable end of life care.
- All staff received up to date end of life care training and nurses attended additional syringe driver courses facilitated by the palliative care professionals from the local hospice.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support from staff according to their individual assessed needs and preferences.
- Care plans were up to date, personalised and contained detailed information about their unique strengths, likes and dislikes, and how they preferred staff to meet their individual care needs and wishes.
- People told us staff provided them with all the care and support they needed.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed. Reviews took place at regular intervals.

Meeting people's communication needs

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

- People's information, communication needs, and preferences had been identified and were met.
- The provider was aware of their responsibility to meet the Accessible Information Standard.
- People told us staff communicated clearly with them, which enabled them to understand what they meant and were saying.
- People's communication needs were identified, recorded and highlighted in their care plan. Staff demonstrated a good awareness of people's communication needs and how to meet them. For example, a staff member told us how they always spoke very slowly and clearly to a person with a hearing impairment

so they were able to understand what was being said to them, which was reflected in the individuals care plan.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which detailed how people could raise concerns if they were dissatisfied with the service they received and the process for dealing with their concerns. This policy was as conspicuously displayed in the care homes entrance lobby and easily accessible to all.
- People said they were aware of the provider's complaints policy and how to raise any concerns or complaints they might have. A person said, "I do feel able to talk to the staff if I'm unhappy with anything, and I'm sure they would listen to me."
- Complaints were logged, responded to appropriately and actions were identified to improve the service.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the last inspection, the provider was rated as requires improvement because it needed to demonstrate that the improvements they had made to the service were sustainable over a period of time.
- At this inspection we found some aspects of the service management had been outstanding for a while and the provider had still not actioned these.
- For example, there were no end of life care plans for people. These records were blank. Some of these were for people that had lived at the service for a number of years. We raised this with the managers during the inspection who acknowledged that although these discussions had taken place, the record keeping needed improving.
- The interim manager had identified a number of areas that needed attention and had been neglected by the previous registered manager. For example, they told us that staff supervisions were out of date and care planning records needed improvement.
- Although the previous registered manager had left just prior to our inspection in February 2023, the provider had been proactive and had brought in an interim manager to manage the service whilst a permanent manager was being recruited.
- The interim manager told us they were working through a service improvement plan which would be handed over to the new incoming manager. The new manager would be supported to implement this action plan by the area director. We will check their progress at our next inspection of the service.
- There were a number of quality assurance checks in place which helped the provider to monitor the quality of service. These included monthly medicines audits, care plans reviews, out of hours visits and monitoring of falls and pressures sores and other clinical indicators.
- Managers completed an audit which was completed over a quarter, covering a quality assurance framework to ensure different aspects of the service were audited.
- Daily walkarounds were also completed by managers covering areas such as people's care, infection control, wellbeing and people's feedback.
- Key Clinical Indicators (KCI) were reported on monthly. This allowed the provider to have oversight into people's healthcare support needs and help to ensure they received the appropriate level of support, including from external healthcare professionals such as tissue viability nurses and other community teams.
- Incidents, accidents and complaints were reported on Datix. This allowed managers across the organisation to have an oversight and review these.

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

- People looked at ease and comfortable in the presence of staff. Staff interaction with people was characterised by warmth and kindness. We observed staff throughout our inspection frequently sit and chat with people relaxing in the communal areas. Staff always spoke about people living in the care home in a very respectful and positive manner.
- People were all very positive about the care they received at the care home and said they were well cared for there. A person told us, "I like living here. The staff are nice."
- Staff we spoke with were complimentary about the interim manager and also about the culture within the service which they described as supportive. Comments included, "[The interim manager] allows us to do our role, she makes sure supervises well. She is very approachable", "We work as a team. Anytime we feel something is not right, they [the managers] sort it out."
- They also told us the transition from the previous registered manager leaving and the interim manager had been seamless. One staff said, "The service has been running well. The [interim] manager has been visible. She walks around, makes herself available."
- We spoke with some care workers who had been employed recently. They told us their induction process was very good and felt that it prepared them well. They said, "The induction process was good, I had enough training and support and was assigned a mentor" and "The induction was good, it was over 4 days, I did shadowing and got to know the residents on each floor. it was good preparation and I was given time to learn."

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

- The provider understood the responsibilities under the duty of candour legislation and to be open and honest with people.
- The provider's CQC inspection report and rating was available and on display in the home. This is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- The provider operated systems to gather feedback and hear the views of people and staff.
- The wellbeing team ran residents' meetings where they were asked for their views about staff, mealtimes, cleanliness and activities. We reviewed these and saw the feedback was positive.
- Relatives meetings were also held where they were informed about management changes in the home, wellbeing and staff.
- Monthly staff team meetings were held with staff where their views were heard.
- Daily flash meetings were also held which were attended by managers, nurses and heads of department from the kitchen, activities and housekeeping team. One staff said, "We have flash meetings every day at 11:00, we look at any issues/concerns. They are led by [interim manager] or unit manager."

Working in partnership with others

- The provider worked in partnership with social care services, commissioners and other professionals such as community nursing and hospice services.
- Care plans included details of healthcare professionals involved in people's care and also evidence of referrals that had been made where additional support, such as tissue viability input, was required.