

National Autistic Society (The)

Field View

Inspection report

Station Road
Rawcliffe
Goole
Humberside
DN14 8QP

Tel: 01405831834
Website: www.autism.org.uk

Date of inspection visit:
25 July 2023
02 August 2023

Date of publication:
03 October 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Field View is a residential care home that provides personal care and support for up to 8 people with a learning disability and/or autism. At the time of the inspection 7 people lived at the service and one person received a supported living service in their own home.

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

Right Support: Risks associated to people's health and welfare were not always effectively managed. Overall people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; but there were inconsistencies in the policies and systems in the service to support this practice. The outcomes for people were not always appropriate and the management team and staff were not always aware of what might constitute restrictive practice. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. There were enough staff to meet people's needs. Medicines were managed safely.

Right Care: People did not always receive care that was person-centred. There were gaps in staffs training to support people with specific needs and communication. People had enough to eat and drink, and individual dietary needs were met.

Right Culture: The provider's governance arrangements did not provide assurance the service was well-led. Systems and processes to oversee the safety and quality of the service were not used effectively and had not identified the shortfalls we found during our inspection. Regulatory requirements continued not to be met. Staff knew and understood people well and supported them to live a quality life of their choosing.

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 3 December 2021).

At our last inspection we recommended the provider seek advice from a reputable source on their rota systems and recruitment and review their procedures to ensure medicines were managed in line with best practice guidance. At this inspection we found the provider had made improvements.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We initially looked at the safe and well-led domains but opened the inspection up to include the effective domain due to concerns about staff training and the application of the Mental Capacity Act, and the potential impact this might have on people using the service.

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 remains requires improvement. This is based on the findings at this inspection. We have found evidence the provider needs to make improvements. Please see the safe, effective, and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations

We have identified breaches of regulations in relation to safe care and treatment and good governance.

We have made recommendations in the effective domain in relation to staff training and the Mental Capacity Act. Please see this section for further details.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Field View

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Field View is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Field View is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service also provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at their personal care and support.

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 there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spent time observing how staff interacted with people to help us understand the experience of people living at the service. We spoke with 2 relatives about their experience of the care provided to their family member. We spoke with 8 members of staff including the registered manager, senior support workers, support workers and the compliance and quality assurance officer. We reviewed a range of records, this included 4 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance records were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Risks to people were not always mitigated and lessons were not always learnt from incidents. At the last inspection we identified that risk assessments had not always been updated following incidents. This continued to be the case during this inspection.
- Care plans and risk assessments at times contained conflicting information. For example, one person's risk assessment for eating and drinking stated they were at risk of choking and were on a waiting list to be visited by a health care professional. The registered manager was unable to tell us if the person had been visited, or if this had been followed up. This meant people could have been at risk of not receiving the support they required.
- Where people's risk assessments stated staff should have specific training to support them, this had not always been done. For example, one person required staff to be first aid trained when supporting them, however one of their dedicated staff members had not completed this training.
- Accident and incidents lacked information regarding the action taken to reduce the risk of reoccurrence and to learn lessons.

The provider had failed to ensure risks were fully assessed, reviewed and mitigated against to ensure people's safety and wellbeing. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Positive behaviour support plans were in place when needed to guide staff how to support people should they become distressed.

Using medicines safely

At the last inspection we recommended the provider reviewed their procedures to ensure medicines were managed in line with best practice guidance. The provider had made improvements.

- Medicines were managed safely.
- Systems were in place to ensure the safe storage and administration of medicines. Medication records were completed appropriately.
- Instructions for medicines which should be given at specific times were available. Administering medicines as directed by the prescriber reduces the risk of the service user experiencing adverse effects from the medicine.
- Individual risk assessments were not in place as required for people who were prescribed paraffin-based

skin products. The registered manager addressed this during the inspection.

Staffing and recruitment

At the last inspection we recommended the provider sought advice from a reputable source on their rota systems and recruitment. The provider had made improvements.

- The provider and registered manager had completed a review of recruitment and successfully recruited sufficient staff to meet the needs of people.
- The use of agency staff had significantly reduced. This meant people were receiving support from a more consistent staff team.
- Relevant pre-employment checks, such as criminal record checks [DBS], and references had been carried out with prospective employees. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was supporting people living at the service to minimise the spread of infection.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was responding effectively to risks and signs of infection.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
 - Whilst we were assured of overall infection control, we found some areas of flooring and waste bins required replacing. The registered manager replaced bins during the inspection and confirmed they were awaiting floorings to be addressed.
- At the time of the inspection there were no restrictions on people having visitors.

Systems and processes to safeguard people from the risk of abuse

- Systems were effective at safeguarding people from the risk of abuse. A relative told us, "[Name] is safe because we have seen staff in action. If [Name] has a wobble the staff deal with it and they know what to do. The staff will also ask us what we would do, and we also learn from them."
- Staff were trained in safeguarding and knew what to do if they had concerns about people's safety.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were not always following the principles of MCA. Staff had completed training in MCA and DoLS, but there was a lack of understanding in relation to the application of the MCA.
- The management and staff team were not always aware of what might constitute restrictive practice. Access had been restricted to the kitchen area for a person, and to a personal item in their room. When we asked the registered manager why the person was at risk, whether they had been spoken to about these risks, or their representatives, and if any less restrictive options had been explored first, the registered manager could not provide this information.
- Records were not always kept when decisions had been made on people's behalf.
- Appropriate legal authorisations were in place in respect of restrictions placed on people's liberty.

We recommend the provider reviews best practice guidance in relation to the application of the Mental Capacity Act legislation and updates their practices accordingly.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported, and their induction to the role was sufficient to meet people's needs effectively.
- Staff had not always received additional training in line with people's specific communication needs. For example, one person used Makaton to communicate. Their core staff team had not received any training in this subject. Makaton is a communication tool with speech, signs, and symbols to enable people with disabilities or learning disabilities to communicate.

We recommend the provider consider current guidance, and training, specific to people's needs and take action to update their practice accordingly.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People received support to eat and drink in a way that met their personal preferences and mealtimes were informal and flexible to meet people's needs.
- Staff supported people to be involved in choosing, preparing and cooking their own meals in their preferred way.

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

- People lived in an environment which was homely, and people appeared to be comfortable in their surroundings.
- People's bedrooms we observed were personalised with their belongings and in line with their likes and preferences.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Staff knew people's support needs and people were supported to access other healthcare services by staff. We observed staff interacting well with people and responding promptly to their needs.
- People were referred to healthcare professionals to support their wellbeing and help them to live healthy lives.
- Staff at the service ensured that people were provided with support so they could access health appointments, social events and employment opportunities.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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; engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the service was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made, and the provider was still in breach of regulation 17.

- The provider's systems and processes for monitoring the safety and quality of the service continued not to be used effectively. This put people at risk from unsafe care due to ineffective oversight of governance systems.
- Quality assurance audits had not identified a lack of sufficient record keeping and a lack of staff training in relation to people's assessed needs.
- Accident and incidents were logged but there was no monitoring in place to ensure lessons were learnt and measures were put into place to prevent similar issues arising again.
- People's records were not always kept securely.
- There had been no engagement made to involve people, their relatives, health professionals or visitors in obtaining their feedback to improve and develop the service.

The provider had continued to fail to assess, monitor and improve the quality and safety of the service and maintain secure and accurate records. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

- Systems were in place to support staff. Staff told us they liked working at the service and worked well as a team. A staff member told us, "I struggle with confidence, but [managers] are brilliant. I can't rate them enough. If you need help with anything they will come and help."

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

- The service did not always provide dignified care to people in line with the registered provider's values. At times the registered manager had not considered how people were supported within the service to ensure their privacy and dignity was maintained in a person-centred manner.
- Staff interacted with people positively. Staff spoke to people kindly and respectfully. People were supported to make choices of their daily routines.
- The management and staff team had developed positive relationships with other health and social care professionals they were regularly in contact with. A health care professional told us, "[Staff] are knowledgeable and willing to take on advice. I have good communication with the registered manager. No problems with partnership working."

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 registered manager understood their responsibilities under the duty of candour regulations.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks were not fully assessed, reviewed and mitigated against to ensure people's safety and wellbeing.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had continued to fail to assess, monitor and improve the quality and safety of the service and maintain secure and accurate records.