Somerset Care Limited

Field House

Inspection report

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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?	Outstanding

Overall summary

Field House is a care home which is registered to provide care for up to 36 people. The home specialises in the care of older people but does not provide nursing care. There is a registered manager who is responsible for the home. 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 and associated Regulations about how the service is run

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a friendly and respectful way. People were encouraged and supported to maintain their independence. They made choices about their day to day lives which were respected by staff.

People said the home was a safe place for them to live. One person said "I wouldn't want to live anywhere else. I have never been mistreated since I have lived here and I have never seen anyone else treated badly. I would certainly speak up if I had, you can be sure of that." One

Summary of findings

visitor said "It was such a relief knowing that (my relative) was being well cared for in a safe environment when before she was so far away and having falls." Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff spoken with were confident that any allegations made would be fully investigated to ensure people were protected.

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. One person said "I did have one issue but the manager sorted this out immediately."

People were well cared for and were involved in planning and reviewing their care. There were regular reviews of people's health and staff responded promptly to changes in need. People were assisted to attend appointments with appropriate health and social care professionals to ensure they received treatment and support for their specific needs.

Staff had good knowledge of people including their needs and preferences. Staff were well trained; there were good opportunities for on-going training and for obtaining additional qualifications. Some staff members had lead roles such as end of life care and dementia care so they were able to guide staff practice in these areas. Comments about staff included "They know how to care for me. If you ask them to do anything for you they will do it" and "The carers are wonderful they will do anything."

People's privacy was respected. Staff ensured people kept in touch with family and friends. Each visitor we spoke with told us they were always made welcome and were able to visit at any time. People were able to see their visitors in communal areas or in private. One visitor said "The staff are so supportive and we are able to visit whenever we want to."

People were provided with a variety of activities and trips. People could choose to take part if they wished. One person said "There's lots going on. We have film shows, bingo, games and exercises. We do flower arranging and a lady comes in to help us with sewing. You join in if you want to; you don't have to." Staff at the home had been able to build strong links with the local community.

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager showed a great enthusiasm in wanting to provide the best level of care possible. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people.

There were effective quality assurance processes in place to monitor care and plan ongoing improvements. There were systems in place to share information and seek people's views about the running of the home. People's views were acted upon where possible and practical. In addition to the resident's committee and the 'Friends of Field House', the service gained feedback from 'themed conversations' with people, stakeholder surveys, complaints and compliments to continually develop the service.

Summary of findings

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. The provider had systems in place to make sure people were protected from abuse and avoidable harm. People told us they felt safe living at the home and with the staff who supported them.

Staff we spoke with were aware of how to recognise and report signs of abuse. They were confident that action would be taken to make sure people were safe if they reported any concerns.

People were supported with their medicines in a safe way by staff who had appropriate training.

Is the service effective?

Good

The service was effective. People were involved in their care and were cared for in accordance with their preferences and choices.

Staff had a very good knowledge of each person and how to meet their needs. Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

People saw health and social care professionals when they needed to. This made sure they received appropriate care and treatment.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff had a good understanding of people's legal rights and the correct processes had been followed regarding the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect. When people were in any pain or distress, the staff managed it well.

People were consulted, listened to and their views were acted upon. People had access to advocacy services if they needed them.

Where people had specific wishes about the care they would like to receive at the end of their lives these were recorded in the care records. This ensured that all staff knew how the person wanted to be cared for at the end of their life.

Is the service responsive?

Good

The service was responsive. People were involved in planning and reviewing their care. They received personalised care and support which was responsive to their changing needs.

People made choices about all aspects of their day to day lives. People took part in social activities, trips out of the home and were supported to follow their personal interests.

Summary of findings

People shared their views on the care they received and on the home more generally. People's experiences, concerns or complaints were used to improve the service where possible and practical.

Is the service well-led?

Outstanding 

The service was well led. There was an honest and open culture within the staff team. They had developed strong links with the local community.

There were clear lines of accountability and responsibility within the management team. The manager or a senior carer led each shift to ensure the quality and consistency of care.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed and the service took account of good practice guidelines.

Field House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 October 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. It was carried out by an inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information we held about the home.

At the last inspection carried out on 28 November 2013 we did not identify any concerns with the care provided to people who lived at the home.

At the time of this inspection there were 32 people living at the home, one of whom was staying for a short respite break. During the day we spoke with 14 people who lived at the home, six friends and relatives who were visiting and one health care professional. We also spoke with five members of staff, the registered manager and the operations manager. We looked at a sample of records relating to the running of the home and to the care of individuals.

Good

Is the service safe?

Our findings

The provider had systems in place to make sure people were protected from abuse and avoidable harm. People told us they felt safe living at the home and with the staff who supported them. One person said "Oh yes, it is a very safe place for me to live". Another person told us "I wouldn't want to live anywhere else. I have never been mistreated since I have lived here and I have never seen anyone else treated badly. I would certainly speak up if I had, you can be sure of that."

Staff told us they had received training in safeguarding adults; the staff training statistics provided in the service's PIR confirmed that all staff had received this training. The staff had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. One member of staff said "All of the staff are very protective of the people who live here. I don't think anyone would have a problem in reporting anything they were concerned about."

Each visitor spoken with said they felt the home was a safe place for people to live. They told us they would not hesitate to report any concerns if they had any; they felt they would be listened to and action would be taken to address any issues raised. One visitor said "It was such a relief knowing that (my relative) was being well cared for in a safe environment when before she was so far away and having falls."

Staff encouraged and supported people to maintain their independence. There were risk assessments in place which identified risks and the control measures in place to minimise risk. The balance between people's safety and their freedom was well managed. Two people told us they liked to make their own beds every morning and keep their rooms clean and tidy. Staff were happy to help them if they needed assistance. Another person said they liked to go out in the garden most days, either on their own or with another person who lived in the home they were friendly with, and this was encouraged by staff.

We saw that individual risks to people had been discussed with them wherever possible. For example we read one person's care records which showed they chose to use the stairs rather than the lift. There was a risk assessment in place for this which described the risks and some control measures such as considering not using the stairs if they felt unwell. This had been discussed with the person and they had signed this assessment to say they understood the risks involved and agreed with the control measures. We saw they chose to use the stairs on the day of our inspection.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. Staffing numbers were determined by using a dependency tool, although these remained flexible. Staffing could be changed if required, for example if people became particularly unwell or if a person was nearing the end of their life. We saw that people received care and support in a timely manner. One person said "There are always staff around, day and night. Even if you are spending time in your room they come to check on you just to see if you are alright." We saw staff checked on people who were in their own rooms during our inspection.

Each person who lived in the home had a safe place to store their medicines in their own room. Some people were responsible for some of their medicines such as creams or sprays. All staff who gave medicines were trained and had their competency assessed before they were able to do so. We saw medication administration records and noted that medicines entering the home from the home's dispensing pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises.

We saw medicines being given to people at different times during our inspection. Staff were competent and confident in giving people their medicines. They explained to people what their medicines were for and ensured each person had taken them before signing the medication record. One person told us "I can do my cream myself. I have quite a lot of tablets which the staff look after for me. I take them in the morning, in the afternoon and at night. They always make sure I have them on time. They are very good with that."

A medicine fridge was available for medicines which needed to be stored at a low temperature. Some medicines which required additional secure storage and recording systems were used in the home. These are known as 'controlled drugs'. We saw that these were stored and records kept in line with relevant legislation. The stock

Good

Is the service safe?

levels of these medicines were checked by two staff members at least twice each day. We checked some people's stock levels during our inspection and found these tallied with the records completed by staff.

Good

Is the service effective?

Our findings

There was a stable staff team at the home who had an excellent knowledge of people's needs. Staff were able to tell us about how they cared for each individual to ensure they received effective care and support. People spoke highly of the staff who worked in the home. One person said "They know how to care for me. If you ask them to do anything for you they will do it." Another person added "The carers are wonderful they will do anything."

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. A number of staff had attained a National Vocational Qualification (NVQ) in care or a Diploma in Health and Social Care. There was a programme to make sure staff training was kept up to date. The manager was keen to invite external professionals to run additional training sessions for staff. One had been run on the Mental Capacity Act 2005 and the Deprivation Of Liberty Safeguards with another on skin care being planned. This ensured staff had up to date knowledge of current good practice.

People had access to health care professionals to meet their specific needs. During the inspection we looked at four people's care records. These showed people had access to appropriate professionals such as GPs, dentists, district nurses and speech and language therapists. People said staff made sure they saw the relevant professional if they were unwell. One person said "I see my GP or the nurse if I need to. They are very good with things like that here. I saw the chiropodist yesterday as I had a problem with one of my feet."

There were regular reviews of people's health and staff responded to changes in need. A GP carried out a 'complex care review' for each person. This looked at all aspects of their care and made recommendations where appropriate which we saw were acted upon. One health care professional we spoke with said they were "greatly encouraged by the desire of carers to understand more" about certain aspects of people's care. We saw that a GP visited one person on the day of our inspection as they had asked to see them. This demonstrated the staff were involving outside professionals to make sure people's needs were met.

Most people who lived in the home were able to choose what care or treatment they received. The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. One member of staff said "Most people here are able to make their own decisions and are able to say what they want or don't want. People involve their relatives as well if they want to." Throughout the day staff demonstrated that they were familiar with people's likes and dislikes and provided support according to individual wishes.

One person required some restrictions to be in place to keep them safe. The registered manager had made an application to the local authority to deprive this person of their liberty in line with the Deprivation Of Liberty Safeguards (DoLS) set out in the Mental Capacity Act 2005. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. Discussions had taken place with appropriate professionals and the person's advocate. We read that the application had been approved. Staff were aware of the implications for this person's care. The provider kept up to date with changes in legislation to protect people and acted in accordance with changes to make sure people's legal rights were promoted.

There were risk assessments in people's care records relating to skin care and mobility. We saw that where someone was assessed as being at high risk appropriate control measures, such as specialist equipment, had been put in place. We read one person had been assessed as being at high risk of pressure damage to their skin. We saw they had the identified pressure relieving equipment in place and they were being seen regularly by the local district nursing team. This meant people's health needs were assessed and met by staff and other health professionals where appropriate.

Each person had their nutritional needs assessed and met. The home monitored people's weight in line with their nutritional assessment. One person at the home had lost a significant amount of weight. Staff told us, and the person's care records showed, that appropriate professionals had

Good

Is the service effective?

been contacted to make sure the person received effective treatment. We read that this person's weight had stabilised and they had now begun to regain some weight which showed that the care was effective.

Everyone we spoke with was happy with the food and drinks provided in the home. One person said "The food is lovely. You cannot fault it. We have a choice and we all say what we like. There's plenty of food and you can always have a snack if you are hungry." A visitor told us "I visit every day at mealtimes and the food is always really good. You can see for yourself."

We observed the lunchtime meal being served in the dining room. People sat at tables which were nicely laid and each had condiments for people to use. People did not choose meals in advance but were offered a choice of two meals on the day. Vegetables were placed in a dish on each table so that people were able to serve themselves. We saw that people were able to eat without assistance, although staff offered to cut up one person's meal for them to make it easier to eat and this offer was accepted.

Dessert was served from a trolley. This was very well-stocked with a wide choice of available for people. Most people had more than one kind of desert, mixing and matching. We saw that throughout lunch people were treated with respect and dignity. They were not rushed. There was friendly banter between people. This helped to make lunchtime a pleasant, sociable event.

The home was well maintained and provided a pleasant and homely environment for people. People who lived in the home were involved in choosing colour schemes and furnishings. One person told us that they had helped choose the new carpet in one of the lounges. Some planned redecoration was in progress when we inspected.

People had the equipment they required to meet their needs. There were grab rails and hand rails around the home to enable people to move around independently. There was a lift to assist people with all levels of mobility to access all areas of the home and people had individual walking aids, wheelchairs or adapted seating to support their mobility.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. Staff talked with us about individuals in the home. They had an excellent knowledge of each person and spoke about people in a compassionate, caring way. One person said "I get on with all of the staff. All of them are very kind to me." Each visitor we spoke with said they thought all the staff were caring. One told us "We have been very happy with the way our relative has been cared for and she has been happy since she's been here."

Throughout the day we saw staff interacting with people who lived at the home in a caring and professional way. One staff member said "I enjoy coming to work. The residents here are great and it's lovely to look after them." There was a good rapport between people; they chatted happily between themselves and with staff. One person who lived at the home said "There's a lot of smiling residents here, that's a good sign" and another told us "We are just like one big family here and what a nice family it is."

We saw that some people used communal areas of the home and others chose to spend time in their own rooms. People had a call bell to alert staff if they required any assistance. They told us these were answered reasonably quickly and we saw they were during our inspection. We saw that staff always knocked on bedroom doors and waited for a response before entering.

Staff supported people who were in pain or distressed in a sensitive and discreet way. We saw one staff member comfort a person who had become very distressed. They treated the person with kindness and spent time with them to find out why they were upset. They offered them reassurance and the person was visibly calmer a few minutes later.

People told us they were able to make choices about their day to day lives. People said they chose what time they got up, when they went to bed and how they spent their day. One person said "You choose what you want to do here. The staff fit in with us really." Another person said "They always ask you what you would like to do. They do listen to what you have to say."

Each visitor we spoke with told us they were always made welcome and were able to visit at any time. People were able to see their visitors in communal areas or in their own room. There was also one small lounge which some people chose to use, particularly if a number of visitors came at the same time. One visitor said "The staff are so supportive and we are able to visit whenever we want to."

People's privacy was respected. All rooms at the home were used for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. We saw that bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care.

We noted that staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality. One person told us "Do you know the staff never talk about other people in front of me or about me in front of others. They are very confidential if that's the right word. I think that's excellent really."

People were involved in decisions about the running of the home as well as their own care. The home had a very active 'resident's committee' who were able to discuss and influence life in the home. People could discuss any subject but usually spoke about activities and trips they would like to take part in and food they would like to see on the menu. Some members of the committee were also involved in recruiting new staff. One person told us "New staff come in for a chat with me. I ask any questions I want to. I then score them out of ten and discuss them with Karen (the registered manager). We have always agreed on who we think is best for the job."

Care records contained detailed information about the way people would like to be cared for at the end of their lives. There was information which showed the provider had discussed with people if they wished to be resuscitated. Appropriate health care professionals and family representatives had been involved in these discussions. The service had completed the Gold Standards Framework accreditation in 2013. This is an approach to optimise care for people approaching the end of life.

We read staff were able to facilitate a respite stay for a relative of one person who was approaching the end of their life. They had not seen each other for several years. This enabled them to spend time together which otherwise they would not have been able to do.

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the home. Staff were able to tell us detailed information about how people liked to be supported and what was important to them.

People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. Staff considered the needs of other people who lived at the home before offering a place to someone. People were involved in discussing their needs and wishes; people's relatives also contributed. One visitor said the registered manager "was very good when our relative first came to the home, helping them to settle in and making sure we were happy with what was happening."

During the inspection we read four people's care records. All were personal to the individual which meant staff had details about each person's specific needs and how they liked to be supported. People told us they were involved in planning and reviewing their care. We saw people's care plans were discussed with them each month and changes were made if necessary. People had signed some of their care records and the record of each monthly review. Where people lacked the capacity to make a decision for themselves staff involved other professionals and family members in writing and reviewing plans of care.

Staff were aware of people's care plans and risk assessments and provided care in line with these assessments. One person had a risk assessment in place regarding their mobility. The assessment said the person should use two walking sticks to aid their mobility. We saw staff gently reminded them to do so when they began making their way to the dining room for lunch. One person said "They helped me with personal care and allow me independence as I can then look after myself."

People were supported to maintain contact with friends and family. Visitors we spoke with said they were able to visit at any time and were always made welcome. People continued to be involved in the local community. Staff encouraged people to use local facilities such as shops and cafes. One person said "I like to walk a lot. I go out for a walk every day. My daughter takes me out in the car for lunches out and to go shopping."

Staff at the home responded to people's changing needs. Staff had recently been asked by a GP whether they could take the blood pressure each day for an individual who had become unwell. This would avoid them having to be admitted to hospital. Appropriate training was arranged for senior staff to enable them to do this. This person was able to remain at the home.

Two members of care staff led on providing activities and meaningful occupation for people, although they were both reasonably new to the role. People we spoke with said a variety of activities and trips were provided. People could choose to take part if they wished. One person said "There's lots going on. We have film shows, bingo, games and exercises. We do flower arranging and a lady comes in to help us with sewing. You join in if you want to; you don't have to." One visitor told us "A lot of them are doing knitting either to raise money or to send to needy countries. My mum didn't knit before but now she does and she really enjoys it."

There was also a 'Friends of Field House' group who fundraised to support the home. People told us about various fundraising activities which helped to pay for trips out or for entertainers to come into the home. One person told us "Some of the friends bring a shopping trolley around each week. This was asked for by the resident's committee. They do raise a lot of money. We have had trips out and had Christmas lunch out using the money they raised for us."

People said they would not hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. One person said "I did have one issue but the manager sorted this out immediately." Two formal complaints had been received since the last inspection. We saw that these had been taken seriously and responded to in line with the provider's policy. The complainants had been advised of the outcome of the complaint investigations. One of these complaints had been upheld; action had been taken to ensure this issue did not recur. One visitor told us "I haven't needed to complain or raise a concern but I would be very happy to do this if needed as I know the staff and management would do everything they could to put it right."

Outstanding ☆

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the home. They were supported by a deputy manager and a small team of care supervisors. Some members of the staff team had lead roles such as end of life care, dementia, nutrition and dignity so they were able to guide staff practice in these areas. The provider's local operations manager helped to monitor the quality of the service by carrying out auditing visits.

The registered manager, care supervisors and local operations manager were available throughout the inspection. We observed that all took an active role in the running of the home and had a good knowledge of the people who used the service and the staff. We saw that people appeared very comfortable and relaxed with the management team. We saw members of the management team chatting and laughing with people who lived at the home and making themselves available to personal and professional visitors. Staff told us, and duty rotas seen confirmed, there was always a care supervisor on each shift. Staff said there was always a more senior person available for advice and support.

All of the people spoken with during the inspection described the management of the home as open and approachable. The registered manager showed a great enthusiasm in wanting to provide the best level of care possible. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way that they cared for people. One staff member said "We have a great team here and work well together."

The registered manager worked occasional care shifts. They kept up to date with current good practice by attending training courses and linking with appropriate professionals in the area. They had also been trained as an assessor and trainer in safe manual handling techniques and they were a member of The Institution of Occupational Safety and Health. They recently took part in a university leadership programme and had attended training in ensuring good quality care for people with a dementia. This training had led directly to them identifying that people at the home living with a dementia were reluctant to use the gardens independently. The registered manager said "It is very open and I think it can feel intimidating for people. People don't want to use it as they can wander too far from the house." They were therefore in the process of arranging for contractors to fence off one part of the garden. It was hoped that this would make this area feel safer for people and they would use it more.

Staff at the home had been able to build strong links with the local community. The home had taken part in a university project which had led to one person being provided with computer equipment so they were able to use the internet to keep in touch with family and friends. Local school children came into the home to entertain people. There were good links with a national supermarket chain through their community liaison team. The 'Friends of Field House' joined with community projects and events to raise funds for the home. Good use was made of the home's extensive gardens; many social events were held in the grounds. Recently a social event was held which involved other homes in the Somerset Care group and people from the local community.

The provider was accredited by Investors in People (a scheme that focused on good business and people management). They were members of the Registered Care Providers Association and the National Care Forum. Field House has also been nominated at the Somerset Care Awards 2014 as 'Home of the Year' due to the high standards of care provided by the staff team.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. The local operations manager was carrying out a quality audit on the day of our inspection. We saw that where shortfalls in the service had been identified action had been taken to improve practice. We looked at care plan audits that had been carried out and saw that any shortfalls had been addressed with staff. All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

There were systems in place to share information and seek people's views about the running of the home. These views were acted upon where possible and practical. In addition to the resident's committee and the 'Friends of Field House', the service gained feedback from 'themed conversations' with people, stakeholder surveys, complaints and compliments to continually develop the

Outstanding ☆

Is the service well-led?

service. This enabled the home to monitor people's satisfaction with the service provided and ensure any changes made were in line with people's wishes and needs. We saw that in response to the most recent survey the laundry process had been changed and people were able to request evening tea earlier if this suited their routines better.

The home had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.