

Midland Care Homes Ltd

The Field View Residential Home

Inspection report

The Slough
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Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

The Field View Residential Home is a residential home providing accommodation and personal care for up to 20 older people. Some people at the home live with dementia, a mental health condition, sensory impairment or a physical disability. The home is a two-storey building with bedrooms on both the ground and first floor. At the time of our visit, 19 people lived at the home.

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

Systems and processes were in place to safeguarding people from abuse. Staff received training and understood their safeguarding responsibilities. Action was taken to ensure people were protected from abuse.

People were relaxed and comfortable in the presence of staff and relatives provided positive feedback about safety. People were clean and well kempt and looked well cared for.

People were happy with the food and most people's weight remained stable. Where people had lost weight, this was being monitored and referrals were made to other healthcare professionals where necessary. Improvements were required to the variety of food choices available and further staff training was needed to ensure special and modified consistency diets were well managed.

People's moving and handling needs had been assessed and plans were in place to ensure these were managed safely. Action had been taken to involve other healthcare professionals with people's moving and handling needs. Due to the coronavirus pandemic, some healthcare appointments had been cancelled. Action was taken during our inspection to re-book these.

Most staff and relatives told us the home was well managed. Positive feedback was received about the registered manager and staff had regular opportunities to discuss the service and any issues. Resident meetings were held to gain regular feedback of the service provided. Despite this, some staff did not feel listened to by the provider who acknowledged communication in the home could be improved.

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

Rating at last inspection

The last rating for this service was requires improvement (27 April 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We undertook this targeted inspection to check on specific concerns we had received about unexplained bruising, poor personal care practices, moving and handling, nutritional risks related to food shortages and

the overall governance of the home

CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. Therefore, the overall rating for the home remains requires improvement.

We found no evidence during this inspection that people were at risk of avoidable harm from these concerns.

Follow up

We will continue to monitor information we receive about the service and work with partner agencies until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

The Field View Residential Home

Detailed findings

Background to this inspection

The Inspection

This was a targeted inspection to check on specific concerns we had received about unexplained bruising, poor personal care practices, moving and handling, nutritional risks related to food shortages and the overall governance of the home.

Inspection Team

The inspection was carried out by three inspectors. Two inspectors visited the home and one inspector supported the inspection by making phone calls to staff and relatives.

Service and service type

The Field View Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service one hours' notice of the inspection. The was because the service was inspected during the coronavirus pandemic and we wanted to be sure we were informed of the home's coronavirus risk assessment for visiting healthcare professionals before we entered the building. We arrived one hour before the lunch time meal in order to observe how this was managed.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included reviewing recurrent themes of concerns to plan our inspection. We sought feedback from the local authority,

clinical commissioning group and other professionals who work with the service such as Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 with four people who used the service and three relatives by telephone about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, senior care workers, care workers and the cook. We also spoke with the nominated individual who was also the provider. We completed visual observations to help us understand the experience of people who could not talk with us. This included an observation at lunch time.

We reviewed a range of records. This included two people's care records and a variety of records relating to quality assurance at the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had received about people with unexplained bruising, poor personal care practices, moving and handling and nutritional risks related to food shortages. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- We received information people were at risk of abuse as unexplained bruising had not been investigated. We found no evidence to substantiate this concern. There had been one unexplained bruise in the past six months. This had been recorded, investigated and another healthcare professional consulted about the person's health.
- Staff understood their responsibility to record and report injuries. One staff member told us, "I have never had to report an issue where I thought someone had been harmed. We do see skin tears and any little bruises we always complete a body map and then tell the senior." Another staff member explained any injuries or bruises were reviewed and told us, "I haven't seen anything I would call suspicious."
- Systems and processes were followed to ensure any safeguarding concerns were appropriately recorded and responded to. For example, accidents and incidents, along with any injuries, were recorded and reviewed by the registered manager. Action had been taken to mitigate any identified risks. However, we found improvements could be made to the analysis of falls. The provider was already in the process of making improvements to ensure falls were reviewed more holistically. For example, looking at health factors and what people are wearing as opposed to only reviewing environmental factors.
- Staff had received training and understood their responsibilities to protect people from the risk of abuse and were confident any concerns would be investigated. One staff member told us, "Safeguarding is about always protecting someone from a risk of harm. I would go straight to [registered manager] if I thought anyone was mistreated. I think he would act on this straight away."
- People appeared relaxed and comfortable in the presence of staff and relatives provided positive feedback about the safety of their family members. Comments included, "We have absolutely no concerns about [person's] safety. I regard it is safe. I am 100% confident [person] would tell us if they were unhappy or unsafe" and, "I have no concerns. [Person] is looked after by very friendly staff who care so much. We would know if [person] wasn't happy there."
- We received information people were at risk of neglect due to their personal care needs not being met. We found no evidence to substantiate this concern. People looked clean and cared for and we found no concerns relating to poor personal care.
- However, staff raised concerns about continence management and the use of cloth flannels when providing continence care. We sought advice from a healthcare professional who confirmed infection control best practice was to use disposable wipes. The provider agreed to review continence management in line with this best practice guidance. Referrals had been made to other continence specialists where

required and people had adequate supplies of recommended continence aids.

- Relatives provided positive feedback about personal care standards. Comments included, "They [staff] seem to be on the ball with the hygiene of the residents. They make sure [person] has a shave and looks nice and presentable" and, "Staff had great difficulty with [person's] personal care to begin with as [person] isn't aware of their limitations, but staff have really persevered and [person] looks well cared for. [Person] is always clean and tidy."

Assessing risk, safety monitoring and management

- We received information people were at nutritional risk due to food shortages and insufficient management of special diets. We found no evidence people were at nutritional risk. Records demonstrated people were happy with the food offered and most people's weight remained stable. Where people had lost a small amount of weight, this was being monitored and referrals were made to a dietician where this persisted.
- People were observed to have enough food during the lunch time meal and staff confirmed portion sizes met people's needs and people were always offered more. We saw fully stocked food cupboards and records showed regular food deliveries. However, staff told us essential items such as bread and milk sometimes ran low and had to be purchased during their shift from a local shop. We discussed this with the provider who confirmed at times this did happen but assured us supplies never ran out. The provider agreed to increase their weekly order to accommodate these shortfalls.
- Some people at the home had specific health conditions which meant they required special diets. Although these were being managed safely, there was limited variety and choice, and lack of staff knowledge about modified consistency and special diets. The provider agreed additional training would be provided for all staff and menus would be changed to incorporate more choice whilst ensuring nutritional risks were managed safely.
- We received information people's moving and handling needs were not being safely managed. We found no evidence people were at risk from this concern. However, staff told us about one person whose mobility needs had deteriorated recently, and they found this difficult to manage with the equipment available. Records showed the person's moving and handling equipment had been reviewed in December 2019 by a trained professional and an occupational therapist had confirmed staff were using the equipment correctly. Although records showed this person had received regular physiotherapy support and staff were regularly communicating with the GP about changes to their mobility, some appointments had been cancelled due to the coronavirus pandemic. We recommended an urgent occupational therapy referral for this person which was done on the day of our inspection. The registered manager agreed to provide additional staff members to support staff where necessary.

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 as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had received about the overall governance of the home. We will assess all of the key question at the next comprehensive inspection of the service.

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

- We received information of poor management at The Field View Residential Home. Concerns included failure to act on safeguarding concerns and management not listening to or responding to staff concerns.
- We found no evidence to substantiate these concerns. Where safeguarding concerns had been raised, these had been investigated and other healthcare professionals involved. People were provided with information about how to report any safeguarding concerns to healthcare professionals and us, CQC if required.
- Overall, staff provided positive feedback about the registered manager. Comments included, "The manager is very, very good. He makes us comfortable and is nice to us. We have supervision and I am supported" and, "I always feel I can go to [registered manager]. Any problems are dealt with straight away." However, some staff reported they did not feel listened to. Comments included, "I don't feel like [provider] listens. It just seems very tick box rather than fully understanding the issues here" and, "If [provider] doesn't want to do it, then it doesn't get done. Like running low on squash and food. That shouldn't be a worry at all."
- We discussed this with the registered manager and the provider who confirmed monthly meetings and individual staff supervisions has been completed and records showed issues raised were listened to and acted upon. For example, in one meeting staff had raised a concern about the lack of a tea urn. Although there had been some delay due to the coronavirus pandemic, a tea urn had been purchased and was awaiting installation. Another staff member had raised concern about the lack of choice at the teatime meal and the cook was exploring ways to make this more varied.
- Records showed a staff survey had recently been completed to seek anonymous feedback. Results were very positive, and eight staff had rated the question, 'Management always listens to my concerns' as 'outstanding'.
- Following our inspection, the provider arranged a team meeting to discuss the concerns that prompted our inspection visit. During this meeting staff were encouraged to speak up if they had any concerns. Records demonstrated no concerns were raised by staff during this meeting.
- We asked the provider and registered manager their views on the concerns raised with us, CQC. They discussed one area they need to improve was communication so when staff raised concerns, they understood what action had been taken in response. The registered manager said a 'you said, we did' board would clearly show staff what had happened as a result of any concerns raised.

- Relatives provided positive feedback about the management of the home. Comments included, "It is a well-managed home" and, "Managers and seniors are excellent – always have been in regular contact. All of them always make time for you. Always prepared to listen." Resident meetings were held to gain regular feedback of the service provided and no concerns had been raised.