Care Quality Commission

Bristol Care Homes 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?	Requires improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 19 January 2016 and was unannounced. Field House was last inspected on 8 September 2014 and was meeting the legal requirements.

Field House is a care home that is registered to provide personal and nursing care for up to 54 people. There were 51 people at the home on the day of our visit.

The home was without a registered manager at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. A manager was in post and this person said they were planning to apply to be registered with the Commission.

There were enough staff to meet people's needs. People felt safe and supported by the staff.

People were cared for in a safe, clean and well maintained environment.

Staff received training to meet the needs of their role. However, we have made a recommendation that the provider reviews the arrangements for staff supervision.

Summary of findings

People told us they liked the food served at Field House and people were given choices at each meal time.

We found a breach of regulation in relation to the provision of suitably thickened fluids for people. Thickened fluids were not always given in accordance with people's assessed needs.

The management team understood their responsibilities with regard to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS).

People were cared for in a compassionate and respectful way. People were supported to maintain their health and were referred to other external health professional when needed. People were provided with person centred care which encouraged choice and independence.

Risks to people's health were identified and equipment was provided to meet their assessed level of need.

Activities provided were varied and responsive to individual needs and abilities. People were positive about the range of activities, events and outings provided for them.

People and staff were positive about the new manager. People felt confident they could raise concerns which would be listened to and addressed by the manager. Staff felt confident the recent changes meant they would receive the support and guidance they needed to effectively fulfil their roles.

You can see what action we told the provider to take at the back of the full version of this report

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.

People felt safe. Staff understood their responsibilities with regard to safeguarding people from harm and abuse.

Medicines were given to people safely and when they needed them.

The environment was clean and well maintained.

Appropriate recruitment procedures were in place to ensure only staff suitable to work in the home were appointed.

Is the service effective?

Requires improvement

The service was not always effective.

People were not always supported with the type of fluids they needed to meet their individual needs.

The management team understood how to protect people within the framework of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS).

Staff received regular training but were not always supported with an effective supervision programme.

People had access to external health care professionals when they were needed.

People were provided with a choice of good quality food.

Is the service caring?

Good

The service was caring.

People were positive about the support and care they received. People were supported in a caring and respectful way.

People were supported in a personalised way. Their choices and preferences were respected.

Is the service responsive?

Good

The service was responsive.

People's preferences, likes and dislikes were known to staff.

People were able to take part in a variety of activities both in and out of the home.

People knew how to complain or raise concerns if needed. They felt confident concerns would be acted upon.

Summary of findings

Is the service well-led?	
The service was well-led. A recently appointed manager was in place. People and staff told us they had confidence in the new manager. There was a positive and open culture in the home. Regular meetings were held with staff. The manager had arranged their first formal meeting with residents and relatives. The vision and values of the provider were understood by the manager and staff.	**Good**

Care Quality Commission

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 January 2016 and was unannounced. The inspection team consisted of two 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.

Before the visit we looked at the information we held about the home. This included statutory notifications. Notifications are information about specific important events that services are legally required to send to us.

During the inspection we spoke with nine people who were living in the home and four relatives.

We spoke with representatives of the provider, the manager and 10 members of staff.

We observed care and support during the day. We looked at six people's care records. We also looked at policies and records relating to the management of the home.

Good

Is the service safe?

Our findings

People told us they felt safe and supported by staff. Their comments included, “I feel very safe”, “I feel safe, I am very happy with all of the staff”, and, “I feel safe at night too”.

People were supported by staff who knew how to protect them from abuse and avoidable harm. For example, staff had attended training and were able to explain their responsibilities with regard to keeping people safe. Staff were confident they could raise concerns with the manager or the provider. They were also aware they could report externally to the local authority and to the Commission.

Medicines were managed so that people received them safely. We observed staff supporting people to take their medicines in line with their individual prescriptions. People were not rushed and staff demonstrated they knew people’s individual preferences. For example, we heard a member of staff say, “You usually like the tablets in your hand don’t you?”.

People who were prescribed pain relieving medicines on an ‘as required’ basis were reminded and asked if they needed these medicines. People were told what medicines were for when they were given. The medicine administration records (MARs) were completed in full and where medicines were not given, the reasons were documented. However, we did note during one medicine round the registered nurse signed the MARs before they had observed person had actually taken their medicines. We brought this to the attention of the registered nurse and the manager. The management team immediately issued guidance and instruction to the registered nurse team to make sure this practice did not happen again.

People told us staff were busy, but felt there were enough staff to meet their needs. One person said, “I have to wait for the staff sometimes, but you can’t expect them to be there straight away. If I say jump they jump”. Staff told us they had experienced staffing shortages during the last year, and the overall opinion from staff was that the staffing levels were manageable and they all believed the people they cared for were safe. One member of staff told us sometimes they didn’t feel they had enough time to spend with people, to get to know them and to, “Find out about their past lives, before Field House”.

The manager told us of challenges they were experiencing with nurse recruitment. They were currently supplementing a shortfall in their nursing team with nurses provided from an agency. They were also being supported by a nurse seconded from another home the provider has in the local area. The manager told us they continually assessed the staffing levels. They told us they did this by observing staff working practices, monitoring of call bells and feedback received from people and from staff.

Equipment used to support people’s care, for example hoists, were clean and serviced in line with national recommendations. We saw there were appropriate and adequate stocks of personal protective equipment such as gloves and aprons.

People were assessed for risks associated with their care and environment. These included risks for moving and handling, falls, nutrition and bed side rails.

We observed hoist slings were occasionally shared between people. This practice can increase the risk of the spread of infection. A representative of the provider showed us the copy of an order they had placed for new slings to ensure everyone who was hoisted had their own allocated slings available, and there would not be a continued need for slings to be shared.

Where people were identified as at risk of developing pressure ulcers, appropriate plans, positioning checks and pressure relieving equipment were in place. This reduced the risk of pressure ulcers developing.

Safe recruitment procedures were followed before new staff were appointed. Appropriate checks were undertaken to ensure staff were of good character and were suitable for their role. For example, Disclosure and Barring Service (DBS) checks were completed. The DBS ensures people barred from working with vulnerable adults are identified.

Regular checks were undertaken to make sure the premises were safe and suitable. For example, checks were carried out to ensure electrical equipment and heating systems were safe. Legionella checks were completed. Fire safety records were maintained. The provider was in the process of upgrading the fire safety system. This included a review and updating of fire records and emergency procedures. This meant people were kept safe because systems were in place to place to monitor and identify risks within the home.

Good

Is the service safe?

We found all areas of the home clean and well maintained. Systems were in place for checking and monitoring the standards of cleanliness.

Requires improvement

Is the service effective?

Our findings

People were complimentary about the food and we received the following comments, “I like the fresh food, there is plenty of it”, “I had a fry up this morning. I can order what I like for breakfast” and “I am happy with toast in the morning”.

People’s care records stated they had textured foods or thickened fluids when they were assessed as at risk of choking. Textured foods were prepared for people and the catering team were aware of individual requirements. A member of the catering staff team made and served the mid-morning drinks for people on the day of our visit. They told us they did this sometimes to help out if the care staff were busy. They had a list and were aware of the people who required fluids thickened. They said they used two scoops of thickener per cup of fluid. They used thickener from a communal container kept in the kitchen. They were not aware of people’s individual requirements. Thickening agents and the thickened consistency required should be prescribed for each person according to their assessed need. The above practice meant people were not always fully protected from the risk of choking.

For one person the records stated the person needed full assistance with eating and drinking. At 11am we observed two drinks in front of this person, both with straws. One drink was a thickened coffee that was cold, the other was warm coffee that had been thickened. The person was not able to independently find the straw with their mouth. They were trying to drink directly from the lid of the beaker. The consistency of the warm drink was too thick for the person to suck through a straw We brought this to the attention of staff at the time. Staff told us the person required assistance occasionally and at other times they could manage independently. The above practice meant the person was at risk of not receiving food and drink as they needed.

This was a breach of Regulation 14 of the Health and Social Care Act (2008) Regulated Activities Regulations 2014.

We were contacted by the provider and the management team following the inspection. They provided written confirmation and assured us they had stopped the practice of catering staff involvement in making up and giving out thickened fluids with immediate effect.

We observed mealtimes in the dining room and meals being served to people in their rooms. People were given choices and people who changed their mind at the meal time were served the meal of their choice. People who needed support were encouraged and prompted by staff. We heard comments such as, “Shall I come back or cut it up for you?” “Would you like me to leave your meal or shall I take it away now” and Would you like some more to drink?”. We saw people were offered a choice of drinks. One person had a glass of beer with their meal, other people had juices or squash.

People had access to external healthcare professionals. One relative told us, “The doctors come in as do the chiropodists and the dentist. In fact, the speech therapist came one to two months ago to see how (person’s name) was swallowing because of (name of medical condition). The speech therapist worked with the physiotherapist and now (name of person) is eating normally”.

Staff received mandatory training such as moving and handling, safeguarding people, health and safety and first aid when they started in post. Refresher courses were provided and most staff were up to date with their required training. The representatives of the provider told us they supported staff during the regular visits they made to the home. The management team told us staff were provided with informal supervisions. They acknowledged the informal supervisions had not all been documented and recorded.

We recommend the provider reviews the arrangements for providing staff supervision.

Staff had received some training and told us they were aware of the Mental Capacity Act 2005.

They understood they should ask people for consent before they delivered care. Care records contained mental capacity assessments. The Mental Capacity Act 2005 aims to protect people unable to consent to care and treatment that is in their best interests. Staff offered people choices so they could make decisions at the time they needed to be made. For example we heard people being offered choices at mealtimes. One person told us, “I have a choice of what I want to eat and when I get up and go to bed”.

The Deprivation of Liberty Safeguards (DoLS) is a framework in place to make sure people unable to consent

Requires improvement

Is the service effective?

and make choices and decisions are protected. People may only be deprived of their liberty when it has been authorised by a supervisory body, and is judged to be in their best interests and is the least restrictive option.

The manager had a good understanding of DoLS and had consulted with the local authority about the use of lap belts when people were in wheelchairs. As a result of consultations and discussions they had, the protocols for the use of lap belts were changed in the home.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. Comments from people included, “The girls are all pleasant”, “They’re pretty good”, “I like it here, I am just happy to be here” and “I’m looked after very well”. A relative said, “We wouldn’t change anything here, there’s nothing to change”.

Staff spoke and interacted with people in a calm and friendly manner. People were treated with respect. Staff knocked on people’s bedroom doors before entering. We heard one member of staff chatting with a person about their plans for the day. The member of staff reminded the person about an appointment they had later that morning.

Staff were approachable and enthusiastic about the roles they had in the home. Comments from staff included, “I enjoy my job, I feel as though I am really helping people” and “We promote people’s independence as much as we can”.

We saw that good relationships had developed between staff and the people they were caring for. Our observations of staff interacting with people showed they understood people’s needs. For example, they knew how to support people with their mobility, or the support they needed to complete certain tasks to support their independence.

People’s preferences and choices were respected. One person told us, “They let me stay in bed all day if I want to. Sometimes I just want to have a lazy day and don’t want to get up”.

People told us their relatives and friends were able to visit them without any restrictions and our observations confirmed this. Visitors told us they were made to feel welcome and were able to spend time in people’s rooms or in one of the communal areas of the home.

Staff were discreet when offering to provide personal care to people. Staff spoke respectfully and were able to tell us how people liked to be addressed.

People‘s birthdays were acknowledged by the manager and staff. People received a birthday card and a birthday cake to celebrate their special day.

Good

Is the service responsive?

Our findings

Care plans contained guidance and information for staff to follow to meet people's needs. Staff told us they read the care plans. They told us they were also kept up to date with peoples' current needs at the handovers they attended when they came on shift. One member of staff said, "I read the plans and we also get good handovers".

Wound care plans were up to date and provided detail including up to date photographs of the person's wound. This meant staff could accurately monitor for signs of improvement or deterioration.

The care plan for a person who had a catheter in place provided clear detail and guidance for staff when providing catheter care. The plan included guidance and instruction about how to maintain the person's dignity.

Activities were provided and a copy of the weekly programme was provided for each person on a display board in their room. People spoke positively about the choices of events and activities they could participate in. On the day of our visit, a 'mobile shop trolley' was taken around the home. This contained sweets, toiletries, chocolates and juices. People were provided with newspapers of their choice and by request. The hairdresser visited and told us they had a full day of appointments.

During the afternoon a number of people were entertained with a musical session in one of the communal lounges. One person was in bed in their room. We saw two clay models drying out on some tissue paper on the window sill. We were told by a member of staff, "The activities coordinator comes into the rooms where our less able residents are and does activities with them in their rooms".

One person told us, "They do Bingo here. We go out once a week to Cheddar and Weston, about four or five of us in the minibus with two carers. Sometimes a singer comes in and I would say I enjoy activities about three times a week. About twice a week they put me in my wheelchair and take me for a walk around the home".

The manager told us they encouraged local community involvement in the home, such as the local schools and churches. They told us they were planning to form a choir in the home.

The new manager planned to hold a residents' and relatives' meeting. People told us they felt able to provide feedback and would raise concerns or make complaints if needed. We saw where complaints had been made these were documented and the actions take were recorded. A relative said, "I know how to complain but I've no reason to. The few small things we have had have been sorted out".

Good

Is the service well-led?

Our findings

The home had a manager in place. They were not yet registered with the Commission but were planning to submit an application, following their appointment two months ago.

People told us they knew who the manager was and commented positively about the manager's presence in the home. One relative told us, "The management are free to talk to and I have spoken to (the manager) a few times. We discussed how we could change (person's name) room around"

Staff told us they felt well supported by the management of the home, including the directors. Representatives of the provider held quarterly meetings with the manager and senior staff at the home. We saw the notes from the most recent meeting held during December 2015. Key issues relating to the running of the home were discussed and actions agreed. For example, the new manager had made suggestions for a change in the way staff were deployed within the home. The reason for the change, which was agreed, was to provide more continuity for people in the home.

Three monthly 'Management Quality Control Visits' were completed, usually by a registered manager from one of the other local care homes owned by the provider. The visits format included interviews with people and family members, interviews with staff, inspection of premises, inspection of records of incidents, accidents or events and review of any complaints or concerns raised. Staffing, including staff training was reviewed. Required actions arising from the visit were recorded. For example, the most recent report provided confirmation of the continued support provided to the home by staff from other care homes.

A document called Care Strategies-Targeting Outstanding Outcomes provided detail of the aims, objectives and achievements of the provider. A statement of actions planned and completed was recorded. This demonstrated the commitment of the provider to make continual improvements within the home.

The manager told us about the vision and values of the provider. We spoke with staff that were aware of the aims of the home and told us it was a good place to work. Staff acknowledged there had been some uncertainty for them when there had been changes of manager in addition to staff shortages. However staff told us they were confident the situation had improved. Comments from staff included, "Staff morale has started to turn, it's getting better" and "Things are changing, communication is better, we've already had a staff meeting and we were asked to contribute our thoughts"

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs The hydration needs of service users were not always met.