

Fieldside Care Limited

# Fieldside Care Limited t/a Fieldside Care Home

## Inspection report

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Date of inspection visit:  
25 June 2019  
27 June 2019  
28 June 2019

Date of publication:  
30 July 2019

## 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?

Good ●

# Summary of findings

## Overall summary

### About the service

Fieldside Care Home provides care and accommodation for older people and people living with dementia. At the time of our inspection there were 34 people receiving care and support.

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

The provider had made improvements to the environment based on recommendations from the previous inspection. However, there were areas of the service that needed to be further improved to meet the needs of people with dementia.

Meal choices were displayed on a notice board but not in a way that most people could easily understand. This meant some people were potentially unaware that there were a range of options available. We have recommended that the service makes changes to way they display meal choices to ensure people are being supported to make informed choices.

People and their relatives told us they felt safe using the service. The provider had made improvements in how they manage risks to people and had introduced a falls champion to monitor the risk of falls. The provider supported people to take their medicines safely. There were adequate infection control processes in place to reduce the risk of harm.

The provider met people's nutritional and hydration needs and supported them to have a balanced diet. People were supported with their physical and mental health needs and care records contained good information on these. People were supported to attend all necessary healthcare appointments to ensure their healthcare needs were met.

People told us the registered manager and staff were kind and caring and knew people well. People were treated with dignity and respect.

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; the policies and systems in the service supported this practice.

There were quality assurance systems in place to ensure care and support were kept to a good standard. The service worked with a range of healthcare and multidisciplinary professionals to achieve good outcomes for people.

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led,

Details are in our Well-led findings below.

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## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector and one 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

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

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

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we held about the service, such as notifications of significant events that the provider is required to tell us

about. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people receiving care and support and one relative. We carried out observations of people's support and interactions with care workers. We spoke with the nominated individual, the registered manager, 2 administration assistants and four care workers.

We reviewed the care and medicine records of 5 people. We looked at five staff files in relation to recruitment, induction, supervision and training. We also looked at policies and procedures and records related to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with eight relatives and received feedback from two health and social care professionals who worked with the service.

# 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. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People and their relatives told us the service was keeping them safe. We received comments such as, "I have no concerns about safety, they keep everyone safe as far as I can see" and "I feel they look after my welfare."
- Risks to people were identified, assessed and reviewed regularly by experienced staff. The service had improved the risk management process where people were at risk of falls. The service had a falls champion who monitored falls within the home and ensured relevant action was being taken to mitigate the risks. Actions taken included, referrals to other professionals such as physiotherapists and falls clinic and clear guidelines for staff to follow when people needed closer monitoring and extra support when mobilising.
- The management conducted regular health and safety audits of the service and resolved maintenance issues that may cause people harm.

### Learning lessons when things go wrong

- There were systems in place to record accidents and incidents, but we found these were not always being used consistently. Staff understood their responsibility to report all accidents and incidents and the registered manager ensured all necessary steps were taken to maintain safety after incidents occurred. These included updating support plans and risk assessments.
- We found the system for reporting accidents and incidents was not clear as the service had recently introduced an electronic care note system. At the time of our inspection we saw that some incidents had been recorded on the old paper system and some had been recorded on the new system. This meant that not all events were included in the routine analysis of the incidents in the service. We discussed this with the registered manager and we are satisfied that this had not resulted in an increased risk of harm to people using the service, as each individual incident has been responded to appropriately. The registered manager told us they would review the system so that all staff used one system to record accidents and incidents to ensure all incidents would be included in routine analysis.

### Systems and processes to safeguard people from the risk of abuse

- People we spoke with said they were confident that the service was keeping them safe from harm.
- Staff showed a good understanding of safeguarding procedures when we spoke with them. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they

were not satisfied they were being taken seriously.

- Policies in relation to safeguarding and whistleblowing were in place and staff received training in this area. The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC
- People were protected from financial abuse and there were systems in place to manage and account for people's money if they were not able to manage this themselves.

#### Staffing and recruitment

- People told us that staffing levels were appropriate to ensure people's needs were safely met. We received comments such as, "There are enough staff here, yes. Probably more than they need."
- The service followed safe recruitment processes. There was a system in place to ensure that all pre-employment checks were completed before staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.

#### Using medicines safely

- People's medicines were managed well, and people's comments confirmed this. One relative told us, "Yeah [my relative] takes a lot (of medication) throughout the day and as far as I am concerned at the correct times of day."
- Staff who supported people to take their medicines had completed appropriate training and had been assessed as being competent in this area.
- People's medicines were checked regularly by the registered manager and any issues were investigated. The service was also regularly visited by a local pharmacy service (LIMOS) that had been commissioned to give medicine support to care providers and provide ongoing guidance and training to staff.

#### Preventing and controlling infection

- The service ensured infection control was well managed and the environment was kept clean and tidy. We received comments such as, "Yeah it is absolutely spotless" and "They check my room every day and wipe the floor and clean the sink" and "My room is top class."
- Staff told us they had access to personal protective equipment to prevent the spread of infection such as gloves and aprons. We observed the appropriate use of PPE during our inspection and we found the service to be clean and free from any unpleasant odours.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the service had not ensured all staff had the induction into the service and had a review of their probation to ensure they were competent to carry out their roles. This was a breach of regulation 18 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had the skills and knowledge to be able to perform their roles effectively. New staff had a comprehensive induction and probation period to ensure they were competent to deliver care and support for older people. One staff member told us, "We covered so much in the induction. Lots of it was about getting to know the residents. It takes time to get to know them."
- The service offered a range of ongoing training to ensure staff continued to develop skills and knowledge and meet the needs of people using the service. The service had systems in place to ensure training was refreshed regularly so staff would be kept up to date with best practice and guidelines. Staff we spoke with said they felt supported by their manager and had regular supervision and an annual appraisal and records we saw confirmed this.

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

At our last inspection we identified that aspects of the design of the building did not always meet the needs of people with dementia and limited mobility.

- The service had made improvements to the physical environment to make it more dementia friendly and reduce the risk of falls. Improvements included, building an extension so that an additional dining area could be added. This allowed people with low mobility to move around more easily and reduce the risk of falls.
- However, we identified further areas of improvement to the design of the service. Meal choices were not presented in a way that enabled everyone to make an informed choice. Meal options were written daily on a notice board with a sign explaining that people may choose a different option if they wanted. Most people using the service would not be able to read this sign and be able to use the information to make a choice.
- Aspects of the way food was served still did not meet best practice guidelines for people with dementia. We discussed these observations with the provider and they agreed to take further advice about finding better ways to present meal options and serve food so that people living with dementia would have a better

experience at meal times.

- People had a call bell in their room to call staff when they needed to but no one we spoke with had needed to use it.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before admission to ensure the service could provide effective care and support.
- We saw evidence that care guidelines were devised in consultation with people and their relatives and reviewed on a monthly basis. One relative told us, "I review the care plan every month when I visit so I know if there are any changes."
- Care was delivered in line with current standards as professionally recognised assessment tools were used when assessing needs and risks. Tools used included the 'Waterlow' assessment (to assess the risk of pressure ulcers and 'MUST' (a tool to assess the risk of malnutrition).

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

- People were supported to maintain a balanced diet. We received positive comments from people and their relatives about the quality of the food. People told us, "The food is very good, it is plentiful and varied enough to make it interesting" and "The food is of high quality." Another person told us, "I've never had a problem with food. I told them I don't like porridge, so they always give me cornflakes."
- The service worked with dieticians and speech and language therapists for professional guidance and advice when people were at risk of malnutrition or had difficulties with eating and drinking. One professional told us, "Dietic plans are discussed and implemented. Residents weight is taken regularly, and nutritional intake observed by the home to monitor progress."

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with a range of health and social care professionals to ensure people's needs were being met. This included GPs, district nurses, physiotherapists, and social workers.
- People and their relatives told us the service helped them stay healthy and ensured they got medical attention when they needed it. We received comments such as "Yeah they just call up and the GP comes in." and "Yeah I go downstairs, and I tell them. I recently did that and I saw a Doctor in a couple of hours."
- The service used the 'red bag' system to ensure continuity of care was maintained when people needed to go to hospital. Whenever people were admitted to hospital staff would pack a dedicated red bag with key information and personal items to ensure hospital staff had all the necessary information to ensure they are cared for properly.

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 Act 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 this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service had carried out mental capacity assessments when there were indications that people lacked the capacity to make some decisions about their care and support.
- The service had made all the necessary DoLS applications when safety measures meant restricting some parts of people's lives. We could see that all conditions were currently being met.
- Staff had received mental capacity training and understood their responsibilities in relation to protecting people's rights. Staff we spoke with could demonstrate examples of how they offered choices around every day care. One staff member told us "We make sure we offer things and don't decide for people. Even little decisions about what to wear or what to eat are important."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us that staff were kind and caring and understood their relative's likes and dislikes. One relative said, "they [staff] pay attention to all [my relative's] needs. They have everything they need there. They [staff] are very kind and caring." Another relative said, "They are definitely kind and caring and show great patience with [my relative]."
- We observed positive interactions between people using the service and staff and this was confirmed by a health and social care professional who worked with the service. They told us, "Yes. I can see that the staff care for their residents and know their residents well."
- Care plans contained information about people's religious, spiritual and cultural needs. People were supported to observe their spiritual needs and celebrate their cultural heritage by attending church when they wanted and having food from their cultural background.

Supporting people to express their views and be involved in making decisions about their care

- People were actively involved in making decisions about their day-to-day care.
- People and their representatives were regularly involved in the planning and reviewing of their care and support plans.
- The registered manager told us how they regularly consulted people and their family members on day-to-day aspects of their care and relatives we spoke with confirmed this. One relative said, "They showed me the care plan, so I know it covers everything." Another relative said "They discussed the care plan with me and talked me through what was on the new system, so I could see what was recorded."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was promoted, and they were treated with dignity and respect. Staff we spoke with described how they maintained people's privacy and dignity when carrying out personal care tasks. One staff member told us, "I always knock before going in their room and make sure the windows and doors are closed before helping people with personal care."
- Care plans had clear guidelines on how people should be supported to maintain their independence and people's comments confirmed this. One person told us "[my relative] likes to mop the floor and they assist with that too. It is good that they allow her/him to keep some independence."

# Is the service responsive?

## Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection we found care plans lacked information on people's preferences and cultural needs. The service had improved this and was working with a new care planning system. Care plans contained detailed information about people's history, likes and dislikes and needs in all aspects of their care and support so that staff would have a full and broad understanding of people.
- People we spoke with were positive about how well staff knew them and honoured their personal preferences. One person told us, "Yeah they seem to know what I like and dislike."

Meeting people's communication needs

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

- Care plans contained detailed information about people's communication so that staff could understand and communicate with them better. Relatives we spoke with told us that the service ensured they adapted their approach to the individual needs of their relative. One relative told us, "They adapt to [my relative's] sense of identity and ensure they always have everything they need including pens and notes paper, which is important to them."

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

- The service provided regular activities to ensure people were occupied and stimulated throughout the week. The activities included, exercise classes, reminiscence groups, a weekly quiz, bingo and music and signing sessions. The registered manager told us they monitored the sessions to see what was working and regularly adapted them and tried different things.
- We saw evidence that the service also arranged external trips and outings to places such as seaside resorts, the theatre or central London. One person told us, "They have a set routine that is normally geared to your comfort. We can walk around the garden and have good freedom and of late we have had trips out to the city. The minibus company they use takes us up to Tower Bridge. It was good they bought us a beer too, when they didn't have too."

Improving care quality in response to complaints or concerns

- The service responded to complaints and acted to address issues when they arose.
- There was a complaints policy that was discussed with people and their relatives regularly, so they knew how to complain. Relatives of people using the service were satisfied that the service resolved things when they complained.
- One relative told us, "When [my relative] first came here he/she was given a room on the third floor. But we complained as we said because of her condition she needs to be on the ground floor. With 24 hours they had a on the ground floor. The staff were really responsive to our concerns about being so high up."

#### End of life care and support

- The service had an end of life policy and staff had training in attending to end of life care needs.
- The service consulted people and their relatives to devise end of life plans for people. These plans were individual and contained information about how people wanted to spend their last days, who they wanted to be involved and what cultural/religious needs they had in relation to their end of life.

# 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. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service worked to achieve positive outcomes for people. We received comments such as, "Living here is OK. Everything is fine. I am looked after fine" and "I think it is a nice place and plenty to go at" and "We have a really good relationship with all [the staff] really, [the registered manager] is amazing, and gets things done."
- Relatives we spoke with were positive about the ongoing improvements to the service. One person told us, "There has been lots of changes since my [my relative] came here, all positive."
- Staff were positive about the culture of the team and told us the management were supportive and open to ideas of improvement. We received comments such as "I would be happy for a member of my family to live here because it's warm and friendly environment and people have lots of company" Positive comments about the management included, "Yes you can approach [the registered manager] with anything and I know [the registered manager] will resolve things properly."

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 responsibility to be open and honest and give people all the relevant information when things go wrong and ensured they sent the appropriate notifications to CQC after significant events occurred.
- Relatives told us they were satisfied the service communicated with them when they needed to. One relative told us, "They keep me up to date if there is anything wrong or if there are changes in medication."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of the inspection the service was not displaying the previous inspection rating on their website. We discussed this with the nominated individual and they have now resolved this.
- Staff understood their role and there were regular shift handovers which covered areas such as medicines, finances, recent health updates and any other significant information such as appointments and activities. ● The registered manager convened regular staff meetings to discuss the quality of the service, plan improvements and to keep all staff informed of relevant information.
- People were allocated keyworkers who took more responsibility in key areas of people's care and support including, ensuring their room and personal items such as clothes were well maintained.

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

- The service communicated well with people's relatives and asked for feedback by sending out satisfaction surveys every year. The service analysed the results of the survey and made an action plan to ensure improvements were made.
- The service convened regular resident and family meetings and social occasions in the service to share information and take on suggestions for improvements. One relative told us, "They are very receptive. I see [the nominated individual] and I can tell them my views and I feel they take it all on board.
- The service also engaged with a range of outside agencies, including arranging regular visits by children from a local school to interact with people and staff at the service.

Continuous learning and improving care; Working in partnership with others

- At the last inspection we found the registered manager's audits were not always effective and did not identify all the issues and shortfalls that we found with staff training and risk management. The service had made improvements and we saw evidence that the audits had identified errors and areas of improvement and plans were put in place to resolve these. These included areas such as care plans, risks, medication and maintenance and repairs of the building.
- The service analysed complaints and identified what had gone wrong to ensure they would not happen again.
- The service had also joined the 'Echo' initiative which had been set up by St Christopher's Hospice. This enabled the service to access specialist training and join video conferences to share best practice and discuss common challenges with other health and social care professionals and providers.
- We received positive feedback from a social care professional about how the service worked in partnership with them to achieve good outcomes for people. One professional told us, "Fieldside has a good atmosphere and residents always seem happy when I visit."