

# Bupa Care Homes (BNH) Limited

## Field House Care Home

### Inspection report

8 Townsend Road  
Harpenden  
Hertfordshire  
AL5 4BQ

Tel: 01582765966

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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?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 05 October 2016 and was unannounced. When the service was last inspected in May 2015 we found that the provider was not meeting the required standards in relation to the health and social care act 2008. The overall standard of care was rated as 'requires improvement.' At this inspection we found that the service had taken action to address the issues highlighted in our previous report and now met the requirements for a 'good' rating.

The home provides accommodation, nursing and personal care for up to 32 older people, with a range of health and support needs. At the time of this inspection there were 28 people living at the home.

The home had a registered manager. 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm.

The provider had robust recruitment processes in place. There were sufficient staff to support people safely. Staff understood their roles and responsibilities. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who knew them well, and showed them respect and dignity at all times. Staff were given the opportunity to get to know the people they supported.

People had been involved in determining their care needs and the way in which their care was to be delivered. Their consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

Staff supported people to maintain their health and well-being and supported them to eat a healthy and well balanced diet.

Feedback was encouraged from people and the manager acted on the comments received to continually improve the quality of the service. The provider had effective quality monitoring processes in place to ensure that they were meeting the required standards of care. There was a formal process for handling complaints and concerns which were investigated and resolved in a timely manner.

## 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.

There was sufficient staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

### Is the service effective?

Good 

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access health and social care services when required.

### Is the service caring?

Good 

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

### Is the service responsive?

Good 

The service was always responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

The provider routinely listened to and learned from people's experiences to improve the quality of care.

The provider had an effective system to handle complaints.

**Is the service well-led?**

**Good** ●

The service was well-led.

The service had recently employed a new manager.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were completed regularly and these were used effectively to drive continual improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

# Field House Care Home

## 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 5 October 2016 and was unannounced. The inspection was carried out by a team of one inspector and two experts 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. They had experience of caring for an older person and of supporting someone within a care home environment.

Before the inspection, we reviewed the information available to us about the home, such as notifications sent to us by the service. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with 15 people and 12 relatives of people who lived at the home, 10 staff including care workers, the care support manager, registered nurses, the activities co-ordinator, and the registered manager. We carried out observations of the interactions between staff and the people who lived at the home. We reviewed the care records and risk assessments for four people, checked medicines administration and reviewed how complaints were managed. We also looked at five staff training and supervisions records and reviewed information on how the quality of the service was monitored and managed.

## Is the service safe?

### Our findings

The home kept people safe from harm. The people living in the home and relatives that we spoke with felt that the home was a safe place to live. One person using the service said, "I feel safe, there is no pressure, and they are all polite." Another person said, "I feel safer here than I did in previous homes that had bruised me when lifting." One relative said, "We are very pleased and it really is the best choice we made when we chose this home, I have no worries even when [relative] is unwell I have no concerns for their safety." Another relative said, "It's lovely here, my [relative] is happy and the carers are lovely."

Throughout the day we observed care staff supporting people in a safe and caring manner. We observed safety features around the home which included non-slip floors in bathrooms and toilets, and windows with restricted opening. There were no obvious hazards and when people were seen walking around the home, they were supported with walking aids and hand rails which were placed along the walls. We observed one person walking down some stairs independently, we saw that staff let the person move at their own pace and only offered a supporting hand to help them feel safe and supported.

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they knew how to recognise and report concerns they might have about people's safety. Staff said that if they had concerns then they would report them to the manager. If they were unavailable, they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to safeguard the person from harm. For example, one member of staff said, "If I was to find someone is frightened, I will carry out some observations on them and check for bruising, I will check their care plan and record any incidents. I will go to the manager with my concerns." They confirmed that they had not had to do this, but were prepared to act if they found someone was being mistreated. All the staff we spoke with told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of abuse that people might be exposed to. The registered manager also had a full understanding of when and how to make safeguarding referrals to the local authority and of how to notify the Care Quality Commission should the need arise. This demonstrated that the provider's arrangements to protect people were effective.

Documentation confirmed that both individual and general risk assessments had been undertaken in relation to people's identified support needs. The risk assessments were discussed with the person or their family member and put in place to keep people as safe as possible. We saw that risk assessments were in place for areas such as pressure areas, manual handling and managing behaviour that challenged others. We saw that the risk assessments were detailed and, where required, stated clear control measures such as the number of care staff required to support a person to move safely and equipment that needed to be used.

Accidents and incidents, including falls were reported to the manager. We saw that a record was kept of all incidents, and where required, people's care plans and risk assessments had been updated. The care

records had been reviewed to identify any possible trends and to enable appropriate action to be taken to reduce the risk of an accident or incident re-occurring.

Environmental risk assessments had also been carried out to identify and address any risks posed to people. These had included fire risk assessments and the checking of corridors for obstructions. Each person had a personal emergency evacuation plan that was reviewed regularly to ensure that the information contained within it remained current. These enabled staff to know how to keep people safe should an emergency occur.

There was sufficient staff employed at the service to support people safely and people we spoke with felt that there was enough staff to support them. Staff we spoke with agreed that there was enough staff but did say that at times they could be stretched. One member of staff said, "We could do with more staff on the morning and afternoon shifts as we have quite a few residents that are supported by two staff which means that some days we are really rushed." Another member of staff said, "We have a good team here but we could do with some extra staff during mornings and afternoons to help cover our double ups." When we spoke with the registered manager they had also said that they had been short staffed in the past and that they were recruiting more staff. They told us how they had travelled overseas to attend employment fairs and encourage people to apply for roles. They also told us how they had filled a night vacancy which had been open for a long time. During our inspection we met the new member of staff.

Staff employed by the service had been through a robust recruitment process before they started work, to ensure they were suitable and safe to work with people who lived at the home. Records showed that all necessary checks had been made and verified by the provider before each member of staff began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed.

Medicines records instructed staff on how prescribed medicines should be given, including medicines that should be given as and when required (PRN). There were clear instructions as to how a person should be supported to take their medicines. We saw that allergies were clearly labelled on people's medicines administration records (MAR). There were no gaps in the MAR charts and if a person did not have a medicine, this was clearly documented. There were photographs and a staff log of signatures in each file. Medicines were stored appropriately and staff records showed that staff were trained on the safe administration of medicines.

## Is the service effective?

### Our findings

During our last inspection we found that the provider was not meeting the required standards to support people with their nutritional needs. People also provided mixed views on quality of the food and meal time experience. In this inspection we observed both the dining room experience and also people's individual mealtime experiences in their rooms. We saw that interactions were positive between staff and people using the service. Where people did not wish to eat then staff would speak with them and provide alternatives to the menu. For example, we observed staff supporting two people with their meals, but they were refusing to eat. Staff offered encouragement and alternative choices of food. We saw that one person became visibly upset and began to cry. Staff comforted the person and tried to find out what was troubling them. People were complimentary about the food. One person said, "The food is alright, and I can't fault it. I get enough choice when they ask me what I want." A relative also said, "The food offered is good and nutritious and the staff always accommodate my family when we come." Another relative said, "The food here is very good and [relative] enjoys it. They get plenty of choice and beverages offered."

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. Staff told us that they were supported by the provider to gain further qualifications and training. One member of staff said, "The training is very helpful, we are assessed on our understanding of the training." Another member of staff said, "More training is available, for example, I asked for how to take people's blood for testing and diabetes training."

Training records we looked at showed that staff had received training in areas such as dementia care, medication, safeguarding, infection control, first aid, and pressure care. Staff also received a week's induction when they joined the service and shadowed more experienced staff for a further week. One member of staff said, "We get to shadow someone for at least a week, if we need more time then we can have longer."

Staff we spoke with told us that they had received regular supervision and appraisals, and records we looked at confirmed this. Staff also told us that they felt supported in their roles. One member of staff said, "I feel really supported. If I need help, I can always ask."

People's capacity to make and understand the implications of decisions about their care were assessed and documented within their care records. Staff we spoke with demonstrated an understanding of how they would use their Mental Capacity 2005 and Deprivation of Liberty Safeguards (DoLS) training when providing care to people. 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. We noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and



support. Staff told us that they would always ask people for their consent before providing support. People were asked to sign their care plans to show that they consented to the care provided by the staff. We saw that applications for DoLS had been submitted to the local authority and the manager was monitoring the outcomes of the applications.

The relatives we spoke with were complimentary about the staff that provided care and said that their relatives were supported by a consistent group of staff which meant that they were able to get to know their relative well. One relative said, "It seems a nice place, the staff are chatty and respond immediately, it's very nice." Staff were able to support people who exhibited behaviour that could be challenging to others. We observed a member of staff assisting a person with their meal. This person remained in their bed. We saw that the person was not responding well to the member of staff. Despite the challenges, the member of staff stayed calm and cheerful, and showed great patience and care the whole time they supported the person. We saw that when they left, the person had eaten their meal and was reasonably happy. We observed another person who was exhibiting negative behaviour. We saw that staff stopped other tasks they were doing in order to provide the person with positive interactions that could change their mood state. One member of staff said, "If a resident is distressed or becomes challenging, I would make them safe and offer reassurance, and inform the team leader." We observed throughout the day that staff put people first and ensured that they were happy in their surroundings. One member of staff said, "This is like a family, we keep everyone happy." This showed that staff knew the people they were supporting and how to effectively support them.

Staff supported people where possible to maintain a healthy weight. One relative mentioned to us about their relative's weight and they said, "[relative] is putting on weight and looks better." Daily records documented people's daily health needs and interventions from qualified nurses where this was needed to keep people healthy. We saw that drinks and snacks were available throughout the day and staff encouraged and supported people to take fluids outside of mealtimes. The home had recently reviewed its meal time experience and we saw that people commented positively about the meals that were available.

People were encouraged to maintain their health and wellbeing through regular appointments with health care professionals. Staff told us that any of them would call a GP if a person needed to be visited. Care files confirmed that health professionals were involved in people's care as needed. For example, an optician, a dentist and a chiropodist had visited people living in the home in recent months. One relative told us, "They let us know if the doctor needs to visit [relative] and they keep us very well informed."

## Is the service caring?

### Our findings

In our last inspection we found that although staff were caring towards people most conversations that were had were task orientated. During this inspection we found that staff were caring and supportive towards the people using the service. A person using the service said, "The girls are very caring and they are respectful and treat me with dignity, I have no worries at all." Another person said, "I think I'm looked after very well." Relatives we spoke with were all complimentary of the staff and told us how they were welcomed into the home and got involved in their relative's care. One relative said, "We visit all the time and they look after my [relative] very well. The team are good here and staff make us feel very welcome." Another relative said, "The staff here are very good and we are pleased with all of them. We have no concerns for [relative] in this home, in fact we go for outings and we help the home when we can."

Staff we spoke with had a good understanding of people's individual backgrounds, ages, likes and dislikes. We observed many positive interactions between staff and people using the service and saw that staff were kind in their approach. One person said, "The staff are respectful and polite and they knock on my door. They are friendly and helpful, and I have a laugh with them and they know my name." While another person said, "I have a good relationship with the staff." A relative also said, "The staff that are here do a brilliant job, they know [relative] as a person, they interact and laugh with them." Staff we spoke with also demonstrated a good understanding of people's needs. One member of staff said, "We are always observing and assessing residents here, and we have the nurses to assess their health needs."

People we spoke with confirmed that they were involved in making decisions about their care through regular reviews and discussions. People said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care. We saw that regular residents meeting were carried out in which people could also discuss the care that was being provided. One person told us, "The carers are very helpful and know what they are doing, they get me what I need and they help in any way they can." A relative said, "It seems a nice place, the staff are chatty and respond immediately, it's very nice."

Staff respected people's privacy and dignity. We saw that doors were kept closed when people were being supported with their personal care. We saw people were well dressed and supported to maintain their personal care. All the people we spoke with felt that they were treated with respect and that their privacy was protected. One person told us, "I get enough care." While another said, "The staff always knock and ask to come in, the home couldn't be any better."

We saw that the home had a small dog which visited them during the week. The dog's presence had a therapeutic effect on people as we observed many people stroking and chatting to the dog. Relatives commented how positive the home's environment was for the people they were supporting. One relative said, "It's like your own home, the receptionist is lovely and everyone is lovely and friendly."

## Is the service responsive?

### Our findings

Our last inspection found that there was little evidence of people being supported to undertake meaningful activities in the home. During this inspection we found that the home now had a regular activity programme and we observed on the day of our inspection that activities including a coffee morning, hairdressing, pampering and exercises in the lounge took place and the people involved in the activities seemed to be enjoying themselves. We saw that the home had activities planned for the week and events for the rest of the month. Activities included board games, hair-dressing, arts and crafts, gardening, cooking, and sing-alongs, and events included flower-arranging, tea dance, church visit, and outings to the village. Some people preferred to stay in their rooms instead of joining in with the activities in the lounge. One person said, "I don't want to go down to the activities in the lounge." In these cases, the coordinator organised activities in people's rooms. We also saw that some people went out of the home to spend the day with their relatives.

People who used the service had a variety of support needs and these had been assessed prior to them moving into the home. One person told us, "I'm quite happy with the accommodation and I'm quite comfortable." Other people told us that staff responded quickly to them when they required support including one person who said, "They come straight away when I call." While another person said, "They have come quickly, usually minutes." We observed that people moved around the home freely and staff were always around to support them where it was needed. The home had a very welcoming approach and we observed throughout the day that a steady flurry of relatives and visitors attended the home. We observed families sitting with people in the main lounge area, with toddlers and babies bringing smiles to people's faces.

Throughout our inspection we noted the staff we spoke with demonstrated an awareness of the likes, dislikes and care needs of the people who used the service. We observed that staff chatted to people throughout the day sitting with them and drinking tea together. We saw that the home had a 'resident of the day' scheme. This scheme allowed for an individual person to be focused on each day. As resident of the day, the person's care plans and risk assessments would be reviewed and staff would also spend additional time with them going through information about the service and any changes they required. One person using the service said, "The carers are very helpful and know what they are doing, they get me what I need and they help in any way they can." While another person said, "I think I'm looked after very well". Staff also said, "We work as a team, everything runs very smoothly, I don't know how we do it."

People using the service and their relatives had been involved in planning people's care and in the regular reviews of the care plans. One relative said, "I feel this home is care focused and the staff are really good. We are always consulted with [relative's] care, we are fully engaged in care planning." Another relative said, "We are involved in all of [relatives] care plans, we are invited as a family to all the reviews and resident meetings."

We saw that appropriate care plans were in place so that people received the care they required and which appropriately met their individual needs. Care plans had been written in detail and kept current. The detail was such that staff providing the care would know exactly how a person liked their care to be delivered. For

example, we were told that one person did not like to sit up in bed while eating and drinking, and we saw that this had been detailed in their care plan. Staff had asked for additional support from the person's doctor to help encourage them to sit upright. A member of staff said, "We encourage [person] to sit up, but they don't like it and can get upset, so we support them as best we can and make them aware of the risks." We saw that staff prepared for people's relatives' visits and created an air of excitement for them. We observed that on the day of our inspection some people were being visited by relatives after a very long time. Staff were all aware of the visit and facilitated the visit so that the person could have a positive and productive visit with their relative. Other relatives we spoke with told us how the home responded to visiting relatives to make the visit an enjoyable experience for all. For example, one person told us how one relative who visited had some additional needs which needed to be taken into consideration. They told us that staff would arrange a room for the relative so that they were comfortable and able to spend some quality time with the person they were visiting. They said, "[Staff] even make special seating arrangements for my [visiting relative] they are really helpful."

People's requests were responded to quickly. We tested the call bell system and found that staff responded quickly when the call bell was rung. We also found that people were able to ask staff for assistance or additional items. For example, we were approached by a person exiting their room and they said, "Can you go down and get me one, no two, no three chocolate bars. I really like them and they have lots downstairs." We went and asked staff who quickly obliged. We also observed during the medicines round that staff went to a person and asked if they could give them their medicines. The person was in the lounge area. The person told that member of staff, "Well I'm about to move into the dining room, so you will have to wait." We observed that the member of staff waited patiently for the person to walk into the dining area and get comfortable before they gave them with their medicines. This showed that staff worked in accordance with how people wanted their care to be provided.

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service, and through regular questionnaires and feedback requests. People we spoke with knew who they needed to talk to if they had any issues or concerns. People told us that they would feel comfortable raising concerns they might have about the care provided. We saw that the complaints received by the provider in the past year had been investigated and acted on in accordance with the provider's complaints policy. One person using the service said, "I have never complained but I would tell [registered manager] if I wasn't happy." While another person said, "I haven't complained as of yet but I am sure they would sort things for me if needed."

## Is the service well-led?

### Our findings

The service had a registered manager in post. The manager was visible around the home and everyone knew who the manager was. We observed as relatives came into the home, the manager was there to greet them and answer any questions they may have. People and relatives spoke highly of staff employed at the service and the manager. One person said, "I see the manager regularly, who is very good." While another person said, "I think this is a lovely home and I see [registered manager] all the time, she is lovely." Relatives were also very complimentary and one relative said, "It's a well-managed home. Staff and [registered manager] are really good, we have no concerns." Another relative said, "It's a well-managed home and I have no complaints at all here, we are all happy with everything."

The service demonstrated an open and transparent culture throughout. We saw that some of the staff had been at the service for many years and enjoyed working there. One member of staff said, "I have worked here many years and I love it here. I wouldn't work anywhere else." While another member of staff said, "I have worked here a number of years and I am happy in my job. I have been here since it first opened."

Staff knew their roles and responsibilities well and felt involved in the development of the service. They were given opportunities to suggest changes in the way things were done. The manager held daily meetings in which issues and concerns were discussed and information was passed to the staff in the home. Staff meetings also allowed staff the opportunity to discuss issues and concerns, as well as the manager having an open door policy which meant that staff and visitors could speak to them as and when needed.

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations, and was continually improving. The manager regularly sought people's views about the quality of the care. Questionnaires were sent to people and their relatives and the results of the most recent survey showed that people who responded were happy with the quality of the care provided. We also saw that the manager had a working document called the 'Home Improvement Plan' which was updated regularly with changes and improvements that were required in the home. We saw that after our last inspection of the home, the manager had included our findings to this plan and acted quickly at resolving the issues that were raised.

The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date.

The management team understood their responsibility to report to us any issues they were required to report as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.