Field House Residential Care Limited

Field House Rest Home

Inspection report

Thicknall Lane (Off Western Road)
Hagley, Clent
Stourbridge
West Midlands
DY9 0HL

Tel: 01562885211

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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?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 3 May 2017.

The home is registered to provide accommodation and personal care for adults who require care and who may have a dementia related illness. A maximum of 56 people can live at the home. There were 43 people living at home on the day of the inspection. There was a manager in post however they were not currently registered with us. 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.

People's access to activities and support varied across the homes three lounges and we have made a recommendation for the provider in relation to the specialist needs of people living with dementia. People told us and we saw that their privacy and dignity were respected and staff were kind to them. People received supported to have their choices and decisions respected and staff were considerate of promoting their privacy and dignity. Staff developed positive, respectful relationships with people and were kind and caring.

People felt safe in the home and were supported with staff assistance in a safe way. Staff told us about keeping people safe from the risk of potential abuse. People told us the staff supported them when they needed or wanted help or assistance. People told us they received their medicines as prescribed and at the correct time. They also felt that if they needed extra pain relief or other medicines these were provided.

People told us staff knew how to look after them and staff told us training reflected the needs of people who lived at the home. People had been involved in any decision making and where appropriate support from relatives and other professionals had been sought. Where people had not been able to consent to certain aspects or decisions about their care, records of decisions had been completed.

People told us they enjoyed the food which was well prepared and presented. Where needed people were given assistance from staff to eat their meal. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs.

People were involved in their care and support plans and staff knew the care needs of people. The manager had recognised that people's written care plans required review and updating to provide a more personal plan of care. People and relatives we spoke with told us they happily raised any concerns or complaints with the management team and felt listened to.

People and relatives felt the home provided the care they needed and they liked the home. The provider had made a number of improvements to the décor and maintenance of the home and planned to further improve the facilities offered. The manager regularly checked that people and their family members were

happy with their home and care. The management team were approachable and visible within the home which people and relatives liked.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The provider had looked at protecting people's safety and well-being. People received their medicines when needed and were supported by enough staff.

Is the service effective?

Good

The service was effective.

People had been supported to ensure their consent to care and support had been assessed correctly. People's dietary needs and preferences were supported by trained staff. Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff were not always attentive to people who were not able to voice their needs. However, people had good relationships with staff who were caring in their approach.

Staff protected people's privacy and dignity at all times. They encouraged people to remain as independent as possible and involved people in planning the care and support they received.

Is the service responsive?

Good

The service was responsive.

People were able to make choices and their views of care were listened to. People were able to continue their personal interests and hobbies if they chose to. People were supported by staff or relatives to raise comments or concerns.

Is the service well-led?

Good

The service was well-led.

People's care and treatment had been reviewed by the manager.

Procedures were in place to identify areas of concern and improve people's experiences. People, their relative's and staff were complimentary about the overall service and felt their views were listened to.

Field House Rest 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 unannounced inspection took place on 3 May 2017 and was completed by one inspector. We asked the local authority and the clinical commissioning group, who purchases care and support from the provider about any information they had about the home. We did this to obtain their views on the quality of care provided at the home. The provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During our inspection we spoke with eight people who used the service, two relatives, one visitor, six care staff, the deputy manager, home manager, head of care, and two directors. We looked at three people's care records, electronic medicine records, staff training records, compliments, quality surveys and daily records. We spent time in the communal areas of the home to see how people were supported and how staff were with people. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they were safe and secure living in the home. One person told us, "I feel very secure here. Someone (staff) always pops in to check regular. It's not a big thing it's just to make sure we are OK". Relatives told us they were confident their family member was kept safe and well. One relative said, "Nothing is hidden, I am happy that [person's name] is here when I leave".

Staff we spoke with told us they knew the action to take if they identified potential signs of abuse or any concerns about people's care or well-being. The manager recorded any concerns and information had been shared with the local authority and Care Quality Commission where appropriate. The staffing team understood their role in ensuring information was correctly documented and shared when required.

People told us that they knew how to manage their risks and we saw these were supported by staff where people required walking aids or assistance with food and drinks. One person told us, "I use my frame for safety as I wobble a bit". Staff we spoke with knew the type and level of assistance each person required. All staff we spoke with told us that any concerns about a person's risks or safety were recorded and reported to the management team for action and review in the person's care plan.

All people and relatives we spoke told us staff were attentive. We saw that staff were able to respond to people's requests in an appropriate manner to them. All staff we spoke with said they had time to provide care and the manager ensured there were enough staff of each shift to maintain and manage people's risks.

People were supported by senior care staff to take their medicines when needed. One person said, "I have some tablets and aspirin for pain when I need it". We spent time with a staff member during a medicine round. We saw the staff member supported people to comfortably take their medicines by making sure they had a drink. The staff member checked each person's medicine against their medicine records before administering these.

Where people required their medicines to be reviewed and monitored this was actioned by the GP and staff supported people to follow this advice. People told us that changes in the medicines happened and staff monitored them for potential side effects or effectiveness.

We found medicines were stored securely and appropriate systems were in place for the ordering and disposal of medicines. Where people had been prescribed 'when required' medicines, up to date protocols were in the care records. These provided instructions on when these medicines could be given which the staff knew and followed.

Good

Is the service effective?

Our findings

People we spoke with told us staff knew them well and how to provide their care and support. Staff told us they were supported to understand how best to support people living in the home with the training they had. Where we saw staff in the communal areas they demonstrated that they understood the needs of people they supported and had responded accordingly. This included helping people with their walking aids and making checks on how they were.

Staff had regular meetings with the management team to talk about their role and responsibilities. The manager told us they supported staff with their training and development to keep skills and knowledge current. Staff told us they had access to training courses when needed and about the national vocational qualifications (NVQ) or Qualifications and Credit Framework (QCF) they had or were working towards.

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 were asked for their consent by staff and where able had signed their care plans to agree the support. We saw that staff who provided assistance asked people and waited for their response. When people were not able to give this verbally, staff observed people's body language or facial expressions as a way of expressing their consent. Staff told us that they got to know people's preference and often referred to people's life history or family members for information to understand people's previous decisions or choices to help guide them.

The manager knew where people living at the home had appointed a legal guardian to act of their behalf and said they would contact these when decisions were needed about people care and support. The manager was clear about their responsibilities to support people if they lacked capacity and where a best interest decision was needed. We saw examples of how this information had been recorded and the discussions held.

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. The application procedures for this in care homes and hospitals are 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 were being met.

The manager had submitted applications to the local authority for assessment where people were being deprived of their liberty. The manager provided examples of how people were supported to live without having their liberty restricted and said they would talk to external professionals in the first instance to assist with any evaluation or applications that needed to be made.

All people we spoke with said they enjoyed the meals and they were well prepared and cooked. One person told us, "An important aspect is the food for me. It's nicely prepared, hot, served nicely with the tables laid". People had a choice of two main meals or were able to request an alternative. Lunch was sociable for people choosing to sit in the dining room. We saw staff assisted people with their meal in a caring and kind way and people were smiling and talking with them during the meal. People's food preferences and dietary needs were known. People who required a particular diet to manage a health need were available.

People had seen their GP, who visited the home when required where people were concerned about their health. Other professionals had attended to support people with their care needs. For example, district nursing staff to help with wound management and diabetic care. All staff were able to tell us about how people were individually supported with their health conditions that needed external professional support. One person said, "I had three or four appointment to make sure my hearing aids are the best ones for me".

Requires Improvement

Is the service caring?

Our findings

We observed people that were not always able to express their wishes without staff support and were therefore left alone for long periods of time. We saw that staff mostly engaged and interacted with people when they were carrying out a task with a person. For example, when they offered people a drink, or when they helped people to mobilise. For some people, we noted the conversation was only to give instructions. In particular, people living with dementia were left as they were often not able to engage staff. Staff told us and we saw that on occasion's people would follow them around as they wanted company and staff had not able to provide this across the three lounges.

Where people were able to ask for staff assistance or support, staff responded and provided the required support. Those people who were able to communicate verbally received more interaction from staff, as they engaged with them for their attention. We observed three people sat alone that had not been able to engage in conversation, they received minimal staff engagement and were left unoccupied.

All staff we spoke with were clear about their role to provide care that was about people and not just the care task. Staff told us that this was not always happening and they had not had the opportunity to sit and spend time with people. Staff provided the example that they would like to sit and chat with people during the lunch time so it was more sociable and enjoyable experience for people. Staff said, in the afternoons there maybe a little more time, as mornings were very busy. They said they needed time to complete the charts to show what care they carried out with the person.

We raised this with the provider and manager who had recognised that a change to the care delivery was in progress and additional staffing had been employed to assist with domestic style tasks so staff would be free to spend time with people. The manager told us of their plans to introduce further sensory activities that were individual to people living with dementia, but had yet to identify the specific details.

We recommend that the provider seek advice and guidance from a reputable source on current best practice, in relation to the specialist needs of people living with dementia.

While further improvements were needed, people we spoke with told us that staff were caring and they knew them well. Throughout our inspection we saw people were supported by all staff, including the manager with kindness. People were comfortable in the home and one person we spoke with said, "The care is first class". Another person told us they liked to, "Talk a lot with care staff that know about me and I know about them" and spoke about how one member of staff shared the same interests. They said they had, "Plenty to talk about". One visitor to the home said, "We are happy that [person's name] is looked after".

People told us they had their preferences and routines met. One person said, "They [staff] care about people, and their likes and dislikes". We saw that staff had developed friendly relationships with people living at the home and when staff were with people they shared jokes and laughed with people. Staff told us they always listened to people's choices about the care they wanted.

People were helped by staff who took account of and helped maintain their privacy and dignity. We saw that staff were discreet when asking or discussing their personal care needs. Staff told us they promoted people's dignity and gave examples that included supporting people to the bathroom but then leaving the room so they can have privacy, closing doors during personal care and knocking before entering rooms. People told us that the staff were sympathetic and understanding when providing personal support. One person told us, "They [staff] do everything so well".

The manager was aware of the need to maintain confidentiality in relation to people's personal information and personal files were stored securely.

Good

Is the service responsive?

Our findings

All people we spoke with were happy that they were involved in maintaining their health and were supported by the staffing group to notice any changes. Staff listened and acted on people's expressed wishes and spoke to us about the level of support people required. People's needs were provided on a personal level and all staff responded to people's wishes at different times of the day. Staff told us they supported people with any changes in their health and that they knew people well and this helped to identify where people may have an infection or a more significant health change.

Three people we spoke with said they were involved overall in their care. Relatives told us they were kept updated by staff about any changes in their family member's health and were included in conversation where appropriate for information and support. We looked at three people's records which detailed their current care needs which had been regularly reviewed to respond to any changes. These showed the way in which they preferred to receive their care and provided guidance for staff on how to support the individual. Changes or updates were shared among staff when their shift started.

People in the main lounge we spoke with felt they got to spend their time, such as enjoying reading their daily newspaper or walking outside. One person told us they went out with their family or went to a family member's home. The provider had employed a staff member to provide activities. There were also some group activities provided each week, such as singing and dancing and people told us they were encouraged to join in.

People's personal history, likes and dislikes had been spoken about and recorded. This provided information to staff so they had a good understanding of each person. All staff we spoke with told us the care plans were useful as a way to start to get to know people and topics for conversation that may be of interest to them. The provider had recognised people's care plans required further personalisation and the manager was in the process of reviewing these.

People said they felt able to complain or raise issues should the situation arise. One person told us, "If I need to say something I do and they [staff] listen". People we spoke with told us they had no complaints and had not had to raise any issues. One person told us, "I am more than satisfied and I have no complaints". One relative told us, "There is a family visitor most days and we have no complaints". Staff also told us they felt able to raise any complaints or concerns on behalf of people if required and they were assured that action would be taken.

The manager was clear of the actions they would take if a complaint was received including logging the complaint, investigating, responding to the person and taking any learning for improvements.

Good

Is the service well-led?

Our findings

At the time of our inspection there was manager in post who had recently been appointed but had not yet completed their registration with CQC. People we spoke with and relatives told us they had met the new manager and were developing relationships with them. People and their families commented that the management team were accessible, approachable and listened to them. We saw the manager welcomed everyone in to the home and chatted with them all about how things were going.

People told us they were comfortable and relaxed in the home. They were able to tell staff their opinions and had the opportunity to voice ideas or suggestions. People, their relatives had contributed by completing questionnaires so the provider and manager would know their views of the care provided. The results we saw were positive about the care being provided. One person said, "It's like the home I am used to". People and their relatives had also used a review website to leave comments about the care which had been positive.

People we spoke with and relatives all commented upon how the home environment had improved with the redecoration work and had no concerns about the cleanliness aspects of the environment. We saw improvements had been made following our previous inspection, for example furniture and equipment looked clean. One person told us, "Everything is kept spruce with everyday cleaning".

The provider and manager told us that their vision and values for the home was to offer good care in a homely environment. The staff team told us the majority of staff had worked at the home for many years and staff turnover was very low. All of the staff we spoke with told us the home was well organised and run for the people living there. They told us the management team was supportive and they felt able to approach the manager with any concerns they may have. Team meetings also provided opportunities for staff to raise concerns or comments with people's care. One member of staff said, "We are a good team".

The provider used a range of measures to assess and monitor the quality and safety aspects of the home. Audits were completed on a weekly, monthly, six monthly or yearly basis. Examples of audits completed were medicines, infection control, health and safety, care planning documentation and reviews of complaints. Where shortfalls were identified as a result of the audits an action plan with timescales was put in place to ensure the improvements were made.

The manager submitted monthly reports to the provider. This ensured the provider was aware of how the service was doing. Any accidents and incidents were reported on. The events were analysed and investigated to ensure that lessons were learnt, acted upon and that risks were reduced or eliminated where possible.

The manager and the deputy manager attended meetings with the provider. Amongst other things they shared information about events that had happened in their service, outcomes of CQC inspections, feedback following visits by health and social care professionals and other regulatory bodies.

The manager ensured they had sound working relationships with outside agencies such as the local authorities, the DoLs team and CQC. The manager was aware when notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the service and which the service is required by law to tell us about. This meant we were able to monitor how the service managed these events and would be able to take any action where necessary.