

# Imperial Care Homes Limited

# Field View

## Inspection report

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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

### About the service

Field View is a residential care home that is registered to provide accommodation and personal care for up to 17 people. At the time of our inspection visit, 11 people were living in the home.

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

People told us they felt safe living in Field View. The provider ensured that effective systems were in place to reduce the risk of them experiencing abuse or harm.

There were enough staff available to meet people's needs and individual preferences. People told us they were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and if needed, in their best interests.

People received their medicines when they needed them. The home and equipment people used was clean. People were observed to be comfortable in their environment.

The staff were well trained, and people said they were kind and caring. We observed this during our inspection visit. Staff were compassionate and respectful to people. They upheld their dignity and privacy and supported their independence.

The provider had instilled an open culture within the home. People told us they didn't have any complaints but felt comfortable raising concerns if they needed to.

The provider and home manager worked well with other services such as the local GP and district nursing team. This ensured people received timely support with their healthcare needs when required.

Everyone we spoke with during our inspection visit were complementary about the leadership in the home. The provider and home manager had effective systems in place to monitor and improve the quality of care people received.

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

### Rating at last inspection

The last rating for this service was Good (June 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about Field View until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Field View

## 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

One inspector and an Expert by Experience completed this inspection. 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

Field View 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. They were also the provider of the service. This means they are legally responsible for how the service is run and for the quality and safety of the care provided. The service also had a 'home manager' who worked with the provider to manage the service.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who works with the service. We used this information to plan our 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.

#### During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the provider, home manager, care staff and the cook. We also asked two healthcare professionals for their views about the service.

We reviewed a range of records. This included two people's care records and five people's medicine records. We looked at the training and recruitment file of a staff member who recently started working at the service. A variety of records relating to the management of the service were also reviewed.

#### After the inspection

We continued to see clarification from the provider regarding the management of risks associated with hot surfaces.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in Field View. One person said, "I do feel safe here. I don't have any worries or concerns and if I did, I would just speak to the manager and I know she would sort it."
- Staff had a good knowledge of how to protect people from the risk of abuse. They told us they would report any concerns to the home manager or provider and were confident these would be investigated.
- Records showed that any concerns identified had been reported to the appropriate people including the local authority for investigation.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and most had been managed well. For example, systems were in place to reduce risks in relation to fire, Legionella and in relation to the equipment people used.
- The provider had assessed risks in relation to hot surfaces and acted to reduce this in most areas. For example, they had fixed covers to radiators within people's rooms to reduce the risk of them burning themselves if they fell against them. However, they had not taken the same action for exposed radiators in communal corridors which we found were very hot to the touch. The provider agreed to immediately remedy this to reduce any risk to people's safety from these radiators.
- The staff we spoke with demonstrated good knowledge on how to mitigate risks to people's safety in various areas. For example, they told us they regularly checked people's skin and helped them to change position to reduce the risk of them developing a pressure ulcer.

Staffing and recruitment

- People told us staff were responsive to their requests for assistance. One person said "If I need any help or want to move back to my room, there is always someone about who I can ask. If I am in my room, then I just need to press my buzzer and they will come quickly." The relative told us, "They are very good at turning up if [Family member] presses their buzzer."
- All of the staff we spoke with said there were enough staff available to keep people safe and to meet their needs.
- We observed staff promptly responding to people's requests for assistance, for example with personal care.
- The provider told us they kept staffing numbers under regular review and changed these in line with people's needs. The staff we spoke with confirmed this.

Using medicines safely

- People told us they received their medicines when they needed them. One person said, "I have a few

tablets to take and they make sure I get them at the right time and that I take them."

- Medicines were stored securely, and records confirmed people received them correctly.
- Staff had received training in how to give people their medicines. However, some staff's competency to do this safely had not been assessed within the last 12 months in line with best practice guidance. The provider immediately put a system in place to ensure this occurred.

#### Preventing and controlling infection

- People told us they were happy with the standard of cleanliness within the home. The home and equipment people used was clean.
- Staff demonstrated a good knowledge of how to reduce the risk of the spread of infection. They had received training in this area and we saw them use good practice throughout the inspection visit.

#### Learning lessons when things go wrong

- Staff understood the importance of reporting incidents to the provider or home manager when they occurred.
- The provider investigated incidents and made changes to current practice to try to reduce the risk of repeat events. For example, in the past some staff had not always been recording correctly that they had given some people their medicines. In response, staff had received further training in this area which had improved their practice.



# 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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been holistically assessed. This included their physical, mental, social and diverse needs.
- Care plans had been devised to guide staff on how to provide care to people in line with their needs and preferences. These had been regularly reviewed to ensure staff had up to date information. This reduced the risk of people receiving inappropriate care.

Staff support: induction, training, skills and experience

- People told us they felt staff were well trained. One person said, "I do think they know how to care for me. They are always very good when they move me from the wheelchair to my chair and vice versa. They always talk to me as they do anything for me."
- The staff said they received adequate training and supervision to enable them to provide people with safe and effective care.
- Staff were observed throughout our inspection visit, to use safe practice. For example, when assisting people to move.
- The home manager told us new staff spent time shadowing experienced staff and that they completed the Care Certificate. This is a recognised qualification within health and social care.
- Records showed the home manager reviewed new staff to ensure they were competent, before allowing them to work with people.

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

- People told us they enjoyed the food. One person said, "The food is very good here. I am a fussy eater and the cook always comes to see what I would like to eat each day."
- Staff had a good awareness of people's needs in respect of food and drink. One staff member told us how they were monitoring a person who had recently started to eat less. The cook fortified some people's foods with extra calories to help them gain or maintain their weight.
- People who required support to eat and drink received this. A relative told us, "The food is really nice, and they always help [Family member] with her meals as they can find it difficult sometimes."
- People were observed to enjoy their meal. Some people chose to eat in the communal lounge whilst others ate in their rooms.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they had access to various healthcare services to support them with their health needs. One person said, "If I need to see the doctor, then I just have to mention it and they will make it happen. It's the same if I want to see the District Nurse or the Chiropodist."
- Staff told us they were vigilant to people's health needs. We observed this on the day of the inspection visit. Staff contacted the GP to report a person was in a lot of pain and the GP visited the same day to review this.
- The healthcare professionals we spoke with were complimentary about the staff. They told us staff were very quick to report any concerns to them and always followed their advice. They also said staff were very knowledgeable about people's health conditions and worked well with them for the benefit of people using the service.
- Records showed people had access to a variety of professionals including GPs, district nurses and chiropodists.

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

- People were able to decorate and furnish their rooms as they wished.
- People had access to various communal areas within the home if they wished to use these or the privacy of their own room. They also had access to a pleasant garden area.
- The home was in good decorative order which the home manager and provider kept under review.
- The provider had recently invested in a new kitchen area to assist staff with the preparation of meals. They had also converted two shared rooms into one larger room as they had recognised the importance of people's privacy at various times, such as at the end of their life.

#### 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, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People told us their consent was always sought before staff performed a task. One person told us, "They are always very careful to make sure that I am happy with what they are doing for me and will always encourage me when they move me from my chair."
- We observed staff always asking people for their consent or offering choice throughout our inspection visit.
- Most people living in Field View had capacity to make their own decisions. However, staff had a good knowledge of the MCA and described how they supported people whose capacity occasionally fluctuated. For example, showing them different clothes to wear or food to eat if they found it difficult to decide.
- Where able, people had signed their care records to consent to the care being provided.

# 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

- People told us staff were kind and caring. One person said, "I do think the staff are caring. They always have time for me. Nothing is too much trouble for them." The relative told us, "The staff treat [Family member] so well and make sure they spend some time with them during the day."
- Staff demonstrated they knew people very well. This included their backgrounds, routines and preferences on how they wished to be cared for. It was obvious from our conversations with staff that they held genuine affection for the people they supported.
- We observed staff interacting with people in a polite and caring manner. For example, staff supported a person to move using some equipment. Throughout the process, they reassured the person, spoke to them and made sure they were comfortable. They also checked the person was happy once they had been seated in their chair and thanked them for helping them during the manoeuvre.
- The staff had developed a remembrance tree which contained pictures of people who had passed away in the home. Staff fondly spoke to us about these people and said it was important they be remembered.
- One healthcare professional told us they felt staff were very kind and caring and treated people with utmost respect as they would a member of their own family.

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

- People told us they could freely express their views when they wanted to and felt fully involved in making decisions about their care.
- Staff had a good knowledge of how to obtain people's views where they were not able to verbalise these. For example, one staff member explained how they used body language to understand a person's requests for assistance of if they were in pain.
- People and relatives views were regularly sought regarding the quality of care provided. This included at formal six-monthly review where each aspect of the person's care was discussed with them and/or a relative as necessary.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect and their dignity was upheld. One person said, "The staff are all very respectful and always make sure that my dignity is maintained. It's like having a new family."
- Staff demonstrated a good understanding about how to promote people's privacy and dignity. We observed this throughout our inspection visit. For example, staff ensured doors were closed when they supported people with personal care.
- There were no restrictions on relatives or friends visiting times. They were encouraged to visit frequently.

- People's independence was encouraged. The provider told us how one person was encouraged to help set the tables at mealtimes. We saw another person being supported to walk to improve their mobility.

# 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 Good. At this inspection this key question has remained the same. 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; 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

- People told us they were involved in the planning of their care and that their needs and preferences were met. One person who was having their breakfast at 11am told us this was their choice, as they had wanted to have a lay in that morning. Another person said, "I think the care I get is very good. There is a sense of freedom, but it's well monitored. I can make my own choices, which makes me feel like I am in charge of my own destiny."
- Staff told us communication about people's changing needs was good to ensure they received the care they required.
- Staff demonstrated an awareness of social isolation and ensured they spent time with people reminiscing which they told us people enjoyed.
- People's individual hobbies and interests were known, and they were supported with these. For example, one person had been helped to start a coin collection and another with their interest in art. Other people were supported to take Communion regularly in line with their spiritual needs.

### 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 can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been fully assessed and there was clear information within their care records to guide staff on how to meet these.
- Staff demonstrated a good awareness of people's individual communication needs. They told us how they found the use of song helpful to communicate with one person who they supported.

### Improving care quality in response to complaints or concerns

- People told us they knew how to complain and felt confident to do so. However, everyone we spoke with said they had no complaints about the quality of care they received.
- Records showed the provider had appropriately investigated and responded to any concerns or complaints raised.

### End of life care and support

- People's wishes regarding the support they wanted to receive at the end of their life had been captured.
- Staff told us they were able to spend time with people at this stage of their lives. Records showed they

worked with other professionals as needed to ensure people's wishes were met and they were comfortable.

- Compliments had been received from relatives regarding the support their family members had received at this time. One compliment read 'Thank you for the caring, loving and professional help.' Another had written, "Thank you for the love and care given to my mother.'

# 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 Good. At this inspection this key question has remained the same. 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; 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

- People, relatives and healthcare professionals were all complimentary about the care and support provided. The provider and home manager had instilled an open culture within the home.
- Everyone said both the provider and home manager were supportive and approachable. One person told us, "I am very content here. I think the manager does a good job. What is telling is that most of the staff have been here for a long time which says much of her management style." The relative said, "We are happy that [Family member] is here and we never worry about them being here. The manager is easy to talk to and we have every confidence in her."
- The staff told us they felt fully supported and valued for their contribution.
- The provider and home manager understood the duty of candour and had involved people and/or relatives when things had gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider, home manager and staff understood their individual roles and responsibilities. Good governance processes were in place to monitor and improve the quality of care provided. For example, audits regularly took place in areas such as infection control, medication management and the completion of staff training.
- Where we identified some minor issues during our inspection visit, the provider acted to immediately rectify these.
- Staff told us they felt listened to and received feedback about their practice so this could be improved if necessary. Staff meetings were held where key information was shared with them regarding areas that affected their practice.
- The provider was active within the health and social care community. They attended various networking meetings to discuss best practice and changes to legislation. They were continually looking to improve the quality of care people received. For example, the provider had introduced a booklet that contained specific questions to help staff capture in depth, people's end of life wishes. This helped staff ensure people received the care they wanted at this time.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff were regularly asked for their opinion regarding the development of the service. This was either through face to face meetings or an annual questionnaire.
- Healthcare professionals told us the home was well known in the community and had a good reputation for providing people with good quality care.
- Community links has been established with the local church and a local social centre which people could be supported to visit if they wished to do this.
- Healthcare professionals were complementary about how the service worked with them. They said the staff were open, honest and communicated people's needs well. The provider told us they had developed good relationships with local health and social care professionals to help people move between services if needed.