

Fieldway Residential Home limited

# Fieldway Residential Home

## Inspection report

5 Fieldway  
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Staffordshire  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Fieldway Residential Home is a residential care home that was providing personal care to 16 people aged 65 and over at the time of the inspection. People who used the service had physical disabilities, sensory needs and mental health needs such as dementia.

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

People's experience of using this service:

Improvements were needed to ensure records were consistently up to date. The registered manager was working towards their action plan and some improvements were still being implemented and imbedded into the service.

Improvements were needed to ensure mental capacity assessments were consistently reviewed when people's needs changed and to ensure the assessments were decision specific.

People were supported by safely recruited staff who had the skills and knowledge to provide safe and effective support. People were supported to manage their risks, whilst maintaining their independence. Systems were in place to ensure people received their medicines as prescribed. Effective care planning was in place which guided staff to provide support that met people's needs which were in line with their preferences.

People were supported to eat and drink sufficient amounts in line with their assessed needs. People's diverse needs had been planned for which ensured people received individualised care in all aspects of their life. Professional advice had been sought and acted on to ensure people's health and wellbeing was maintained.

Staff were kind and caring towards people and promoted choices in line with individual communication needs. People were treated with dignity and their right to privacy was upheld.

People had opportunities to be involved in activities. People and their relatives were involved in the planning of their care, which meant people were supported in line with their preferences. There was a complaints system in place, which people and relatives knew how to use. There was no one receiving end of life care at the time of the inspection. However, people's advance decisions were recorded.

There had been improvements to the governance at the service. There was an open culture within the service, where people and staff could approach the registered manager who acted on concerns raised to make improvements to people's care. Feedback was gained from people and staff which was acted on to

make improvements.

Rating at last inspection:

Requires Improvement (Report published 21 August 2018)

Why we inspected:

At the last comprehensive inspection in July 2017 the service was rated Requires Improvement overall (in the key questions of Safe, Effective, Caring and Responsive) The key question of Well-Led was rated inadequate. There was a breach in Regulation 17 because the provider's governance systems were not effective in identifying and mitigating poor care. We served a notice of proposal which asked the provider to forward a monthly action plan to us (CQC) to show how they planned to make improvements to people's care.

At this inspection, improvements had been made to meet the regulations. However, further improvements were still needed in the key questions of Effective and Well-Led. The service had met the characteristics of Good in Safe, Caring and Responsive. Therefore, the overall rating is Requires Improvement.

Follow up:

We will continue to monitor the service through the information we receive.

## 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?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

# Fieldway Residential Home

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

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

Fieldway Residential Home accommodates up to 18 people in one adapted building. There were 16 people using the service at the time of the 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:

The inspection was unannounced.

What we did:

Providers are required to send us key information about their service, what they do well and improvements

they plan to make. This information helps support our inspections. We reviewed the information the provider had sent us and other information we held about the service. This included notifications about events that had happened at the service, which the provider was required to send us by law. For example, safeguarding concerns, serious injuries and deaths that had occurred at the service.

We spoke with six people who used the service. We observed care and support in communal areas to assess how people were supported by staff. We spoke with three members of staff and the registered manager.

We viewed five people's care records to confirm what we had observed and staff had told us. We looked at how medicines were stored, administered and recorded for four people. We also looked at documents that showed how the home was managed which included training and induction records for staff employed at the service. The registered manager showed us how they monitored and managed the service.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

### Staffing levels

- At the last inspection, improvements were needed to ensure staff shortages did not impact on other areas of the service. At this inspection improvements had been made.
- People and relatives told us there were enough staff available to meet their needs. We saw people received support when they needed it. One person said, "There are enough staff about and they always come when I need them."
- The provider had a system in place to cover staff shortages, which did not impact on other areas of the service. For example; agency staff were used when staff were unavailable due to annual leave or sickness.
- The provider followed safe recruitment procedures which ensured people were supported by staff that were of a suitable character.

### Using medicines safely

- At the last inspection, improvements were needed to ensure people received their medicines as required. At this inspection improvements had been made.
- People told us they received their medicines when they needed them. One person said, "I always get my medicines on time and if I am in pain I have painkillers to help."
- People's medicines were administered by staff that had received training to do so. Staff gave explanations to people of the medicines they needed to take and ensured people had taken their medicines before completing the Medicine Administration Records (MARs).
- Detailed guidance was available to staff when administering 'as required' medicines and regular audits were carried out which ensured people had received their medicines as prescribed.

### Preventing and controlling infection

- At the last inspection, improvements were needed to ensure people were protected from the risk of infection and cross contamination. At this inspection improvements had been made.
- People and their relatives told us that the service was always well maintained and clean.
- Staff wore gloves and aprons which demonstrated that systems were in place to minimise the risk of cross infection.
- The registered manager had implemented systems to check mattresses and pressure relieving cushions were clean and fit for use. Where issues had been identified, furniture and equipment had been replaced.

### Assessing risk, safety monitoring and management

- People told us staff supported them in a safe way. One person said, "The staff help me to move. I use a turner and I always feel safe with staff there to help me."
- People's risks were assessed and risk management plans were put in place to support people safely. For example; people who were at risk of falls had risk assessments in place, to lower their risk of falling.
- Staff knew people well and understood how to support people to lower their risks, whilst encouraging them to maintain their independence.
- Equipment was available to help people remain safe whilst promoting independence, such as grab rails, shower seats and walking aids.
- Risk assessments and care plans had not always been updated in a swift manner when people's needs changed. However, staff knew when people's needs had changed because these were detailed in the registered manager's 'concerns book', which staff accessed daily.

### Systems and processes

- People told us they felt safe when staff supported them. One person said, "I feel safe and looked after here. The staff treat me well."
- People were safeguarded from the risk of abuse. Staff understood how to recognise and report suspected abuse and the registered manager had followed internal and external processes to keep people safe.

### Learning lessons when things go wrong

- At the last inspection, improvements were needed to ensure the registered manager had a system in place to learn when things went wrong within the service. At this inspection improvements had been made.
- Incidents that had occurred at the service were recorded. The registered manager had a system in place to analyse the incidents and the action taken to lower further risks to people was documented. This meant that people were protected from further incidents and lessons had been learnt when things went wrong.
- The registered manager told us they had used the feedback from the last inspection to make changes within the service and to the care people received. Discussions had taken place with staff so that lessons were learnt from the feedback received.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 with appropriate legal authority. In care homes, and some hospitals, 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.

- Improvements were needed to ensure mental capacity assessments were completed for specific decisions. For example; one person was at high risk of falls and refused to use the call bell to request assistance from staff when they needed to move. An updated capacity assessment had not been carried out to assess whether this person had the capacity to make this decision. Their risk assessment had not been updated to reflect this person's current abilities to make an informed choice in this area.
- The registered manager told us they would ensure these were completed. We will assess this at our next inspection.
- People were encouraged to make decisions about their care. Staff gained people's consent before they provided care.
- Where people had authorised DoLS in place staff understood how to support them in line with the requirements. This ensured people were supported by staff in the least restrictive way possible.

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

- At the last inspection, improvements were needed to ensure the design and layout of the service met the needs of people who used the service. At this inspection improvements had been made.
- Improvements had been made to the design of the service to aid people's orientation around the service. Pictures of people were on bedroom doors and signs were in place to enable people to understand where toilets and bathrooms were situated.
- People had access to communal rooms where people could socialise and people's private rooms were

decorated in line with their personal tastes.

- The service had been adapted to ensure people remained safe. Equipment was in place to ensure people were safe whilst promoting their independence within the service.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they enjoyed the food. One person said, "The food is nice, we always have two choices and if I wanted something else it is no trouble."
- People's nutritional risks were managed and monitored. For example; we saw food and drinks had been prepared in a specific way as advised by health professionals.
- People's weight was monitored and where concerns were identified referrals were made to professionals for advice. Food and fluid monitoring charts were in place to ensure people ate and drank sufficient amounts. These were monitored by the registered manager and the actions taken were recorded.

People are supported to have healthier lives and have access to healthcare services

- People were supported to access healthcare professionals. One person said, "The staff are good at recognising when I am unwell. They ask the doctor to come and see me."
- Records showed that people had been visited by G.P's, district nurses and community psychiatric nurses to ensure people's health needs were monitored.
- Advice provided by healthcare professionals was followed by staff which ensured people were supported effectively to maintain their health and wellbeing.

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

- People's needs were assessed before they started to use the service. This ensured people received support that met their needs.
- Support plans had been developed with people and their relatives which ensured their preferences and needs were met in all areas of their support. Staff understood people's diverse needs and explained how they supported people in all aspects of their lives.
- Records had been developed with people which ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equality Act 2010 such as age, culture, religion and disability. This gave staff guidance on how to support people in line with their preferences.

Staff skills, knowledge and experience

- Staff received an induction when they started at the service. Staff told us training was provided which ensured they had sufficient knowledge to support people effectively. Staff showed their knowledge by explaining various areas of training they had received.
- Competency checks were carried out by the registered manager for medicines to ensure staff had understood the training received.
- Staff told us they received a supervision with the registered manager to discuss their performance and to highlight any areas of development within their role.

Staff providing consistent, effective, timely care

- Staff attended a handover meeting at the beginning of each shift. This highlighted any immediate changes in people's needs during the shift, which ensured that people received a consistent level of support.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection, improvements were needed to ensure people were consistently treated with dignity. At this inspection improvements had been made.
- People told us they were treated with dignity and respect. One person said, "The staff are very sensitive when I have a shower, they treat me in a dignified way and make me feel comfortable."
- Staff spoke with people in a polite and respectful way and showed patience when people asked them for support. Staff respected people's personal spaces and knocked on the door to wait for permission to enter.
- One person told us they enjoyed spending time alone in their room watching television as they preferred their own company, which was respected by staff. This meant people's right to privacy was upheld.

Ensuring people are well treated and supported

- People told us that staff treated them in a kind and caring way. One person said, "The staff are all lovely. I like them all very much." Another person said, "They [staff] are all excellent." A relative said, "The staff are all very kind and caring towards my relative. We definitely made the right choice when we chose this home."
- We observed caring interactions between people and staff. People were comfortable in the presence of staff who showed patience and kindness when they supported people.
- People were supported to maintain relationships with their families and friends. One person said, "My daughter comes to visit regularly. We sit and chat in my room and we are given privacy by staff."

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

- People told us they made choices about the way they received their care and staff supported them in the way they preferred. One person said, "I have lots of choices such as the food I eat, the clothes I wear. What I want to do and whether I wish to spend time in my room or in the lounges. The staff always listen to what I want to do."
- Staff understood people's individual methods of communication and support plans were in place which gave staff guidance on the most effective way of communicating with people to help them express their views.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection, improvements were needed to ensure staff were consistently responsive to people's needs. At this inspection improvements had been made.
- People told us they had opportunities to access interests and hobbies. One person said, "I've always been a quiet person and I like watching the television in my own room. I come to the dining room for lunch and will go to the lounge for external entertainment. The staff always respect my wishes and come to see me and have a chat in my room." Another person said, "I like playing games, such as dominoes and the entertainment that comes into the home is good too".
- The registered manager was responsive to people's changing needs. Staff had been informed of changes to people's needs by using a 'concern book' and during the handover in shifts. For example; one person's emotional needs had deteriorated and they were displaying increased behaviours that may challenge. The registered manager had increased observations and informed relevant professionals for advice and re-assessments. Staffing had been increased to ensure this person and others were protected from the risk of harm.
- Staff knew people well and supported people in line with their preferences. One person said, "The staff know me well and know what I like." The support plans detailed people's preferences which were followed by staff when they provided support to people.
- People and their relatives were involved in the planning and reviewing of their support which ensured people received support in line with their wishes and diverse needs. For example; religion had been an important part of one person's life and arrangements had been made to ensure they were visited regularly by a priest.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with other professionals involved in people's care. Staff understood how to support people in line with the Accessible Information Standards. These standards are set out to ensure people with a disability or sensory loss are given information in a way they can understand.

Improving care quality in response to complaints or concerns

- People understood how to make a complaint if they needed to. One person said, "I would tell [registered manager's name] if I wasn't happy. They are very good and take time to listen."
- The provider had a complaints procedure available to people. Complaints received at the service were investigated and responded to in line with the providers policy.

End of life care and support

- At the time of the inspection, there was no one who was receiving end of life care.
- The registered manager had a good knowledge of the action needed to gain people's wishes at this time of their lives. Information with regards to people's wishes if they became unwell was detailed in people's care records, which included DNACPR's. DNACPR is a document issued and signed by a doctor, which informs the medical team not to attempt cardiopulmonary resuscitation (CPR).

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

### Leadership and management

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- At the last inspection, the provider was in breach of Regulation 17 because the provider's governance systems were not effective in mitigating risks to people. Records were not always up to date and accurate. At this inspection some improvements had been made. However, improvements were still required to ensure systems were imbedded and sustained.
- Records were not always accurate and up to date. For example; staff knew people's needs and updates were detailed in the 'concerns' book. However, care records had not always been updated with people's change in needs and they did not consistently contain dates of when assessments had been carried out. The registered manager told us they had not completed audits of care records because they had prioritised the improvements to ensure people were safe and looked after. There was an action plan in place, which showed that some areas of improvement were still required. These matched the areas that we had identified. We will check the progress against the action plan at our next inspection.
- There had been some improvements to the quality assurance systems in place. For example; fluid monitoring, infection control and medicines audits had improved. Where these quality audits had identified an issue, the registered manager had taken action to ensure improvements were made.
- The registered manager understood the responsibilities of their registration. Notifications had been submitted to us (CQC) as required by law and the rating of the last inspection was on display.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and relatives felt able to approach the registered manager and management team. One person said, "[Registered manager's name] are very nice and kind. I feel I could speak with them about anything." We saw people approach the registered manager, who stopped and listened to what they wanted.
- Staff we spoke with were positive about the registered manager. They told us they felt able to approach the registered manager who was supportive and knowledgeable. One staff member said, "The registered manager is very supportive. They praise you when you have done a good job and will also raise any issues. They manage the service well."
- The registered manager was passionate about providing person centred care for people and led by

example. The registered manager was caring towards people and staff told us they promoted a caring environment for people to live in.

- The registered manager understood and acted in line with duty of candour when things went wrong.

Engaging and involving people using the service, the public and staff

- Feedback was gained from people through questionnaires, which were used to make improvements to the service received. Details of the actions taken because of the feedback were made available to people and their relatives.
- Staff meetings were held and staff told us the registered manager listened to any suggestions made to improve the service. One staff member said, "Team meetings are good it gives us an opportunity to discuss any improvements needed."

Continuous learning and improving care

- Staff told us they had opportunities to undertake further development and the registered manager encouraged conversations about staff development in supervisions and team meetings.
- Competency checks on staff performance were undertaken by the registered manager to ensure staff were undertaking their roles as required.

Working in partnership with others

- The registered manager worked with other professionals, which ensured people received safe and effective support in all areas of their lives. This included people's physical health needs and support with people's emotional wellbeing.