Fieldside Care Limited

Fieldside Care Limited t/a Fieldside Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service:
Fieldside Care Home provides care and accommodation for up to 34 older people, some living with dementia in one adapted building. At the time of our inspection there were 31 people receiving care and support.

People's experience of using this service
People were not always safe. The provider had not ensured risks to people associated with infection control and environmental hazards were identified and mitigated. We discussed our concerns with the environment and infection control with the registered manager and nominated individual during the inspection and they have taken action to resolve some of the immediate issues we identified.

Despite the issues with safety we found people and their relatives were very positive about the care and support they received. Comments included, "I honestly cannot speak highly enough of the registered manager and the team, they are very kind and caring" and "The [registered] manager and staff are extremely good at what they do I am just glad we found somewhere like Fieldside."

The provider had made improvements to the quality of care plans and risk assessments. Medicines continued to be managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were also positive about the support they received from the provider. Managers and staff worked in partnership with a range of health and social care professionals to plan and deliver care and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
At the last inspection, the service was rated as Requires Improvement (Report published 20 April 2021) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected
We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has remained 'Requires

Improvement' based on the findings of this inspection.

We have found evidence that the provider needs to make further improvements. Please see the Safe and Well-led sections of this full report. The provider had taken some action during the inspection to mitigate risks and continued to liaise with the inspector after the inspection to advise of further improvements scheduled.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fieldside Care Limited t/a Fieldside Care Home on our website at www.cqc.org.uk.

Enforcement:
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified continued breaches in relation to safety and good governance processes at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up:
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. If we receive any concerning information we may return to inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our Safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led

Details are in our Well-Led findings below.

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Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection Team
The inspection was carried out by two inspectors.

Service and service type
Fieldside Care 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.
At the time of our inspection there was a registered manager in post.

Notice of inspection
This first day of the inspection on 15 August 2022 was unannounced. The provider knew we would be returning for the second day of the inspection on 19 August 2022.

What we did before the inspection
We looked at information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse and serious accidents and incidents. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also used information gathered as part of monitoring activity that took place on 13 July 2022 to help plan the inspection and inform our judgements. We also reviewed all other information sent to us from other stakeholders, for example the local authority and members of the public.

During the inspection
We spoke with four people who were receiving care and made general observations of people's support and interactions with care workers to help us understand their experience. We spoke with the admin assistant, the maintenance manager, three care workers, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed five people's care and medicine records. We looked at two staff files in relation to recruitment and supervision. We also looked at policies and procedures and records related to the management of the service and infection control. We received feedback from five relatives of people who used the service. We also sought feedback from professionals with knowledge of the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Requires Improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning Lessons when things go wrong
At the last inspection we found systems were not robust to ensure risks were effectively mitigated. The failure to effectively mitigate risks to people's health and wellbeing was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite some improvements not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- The provider was not doing all that they could to ensure the premises were safe as they had not identified all potential hazards within the home. During the inspection we found a scaffolding frame and a broken bench in the garden area seating area which could potentially pose a risk to people using the service. We raised these issues with provider, and they took immediate action to remove the hazards we found.
- The provider had also recently been visited by the London Fire Brigade who had identified fire safety issues that needed to be rectified. During the inspection the provider was in the process of resolving all fire safety concerns identified by the Fire Brigade.
- At the last inspection the provider was not doing all they could to learn when things went wrong. The provider had made general improvements and the registered manager reviewed accidents and incidents and safeguarding cases.
- However, the service had not learned from all incidents and safeguarding events. Prior to the inspection there had been a recent incident of two vulnerable people leaving the premises unattended via a low garden wall. Although the provider had put in place additional measures to mitigate the risk of a similar event happening for the people involved no action had been taken to stop other vulnerable people leaving the service in a similar way. We raised this with the provider and they agreed to make changes to ensure no vulnerable person would be able to leave the premises via the low garden wall.
- The registered manager and falls champion reviewed and analysed falls to ensure necessary action was taken when people sustained a fall. The provider regularly made referrals to the falls team for support and advice when people were at high risk of falls.

The failure to ensure the safety of the premises was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection we found information in care plans and risk assessments was conflicting and guidance for staff was not always clear. Improvements had been made with the quality of information in risk assessments and guidelines for staff were now clearer. The provider had assessed risks to people's safety.

This included risks from falling, moving and handling and assessing people's skin integrity risks.
● Relatives of people receiving care felt they were well looked after and safe from harm. Positive comments included, "I feel well looked after and safe here" and "My [family member] has been extremely well cared for and I am very grateful for that."
● The provider worked jointly with other agencies to reduce risks to people. The staff team met regularly with colleagues from mental health teams to review when people were at risk of expressing agitation and discuss appropriate strategies and interventions. We also received positive feedback from professionals about how risks to people were managed. One professional told us, "I think they do a good job managing risk proportionally."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)
● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection
● The provider was not doing all that they could to prevent and control infections. On the first day of our inspection we saw several staff who were not wearing face masks in accordance with current government guidelines.
● The home was not managing food hygiene safely. Despite the home recently acquiring a Food Standards Agency rating of five (out of five), on the first day of inspection we saw several items of food which had been prepared on previous days that had not been labelled to indicate when it had been prepared.
● The system for ensuring the home was clean and hygienic was not robust. We observed some communal bathrooms which had not been effectively cleaned. We raised these issues with provider, and they told us they had recently been experiencing issues with their cleaning contractor. After we raised our concerns they made changes to the cleaning processes to improve the cleanliness of the home. When we returned for the second day of the inspection we observed staff to be wearing PPE correctly and the cleaning issues and food storage issues had also been resolved.

The failure to follow safe infection control procedures was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Feedback from people and their relatives indicated the issues we found with cleanliness were not always present in the home. Positive comments from people included, "The home is efficient and maintained. Clean and fresh. The quality of the food is fantastic."

Visiting in care homes
● There was a clear visiting procedure which facilitated people having visits from friends and family. Visitors completed Lateral Flow Tests (LFT) and had their temperatures taken. Visitors were provided with personal protective equipment (PPE) in line with government guidance before their visit began.

● We received positive feedback from friends and relatives about how visits to the service were managed throughout the pandemic. One person told us, "They have handled things really well and always made sure we could visit in a safe way as soon as restrictions were lifted."

Staffing and recruitment

● At the last inspection we found the provider did not have a systematic way of assessing staffing levels. The provider had made improvements and had introduced a way of assessing and planning staffing levels in accordance with people's dependency needs.

● Staff told us they had recently requested extra staff during busier times and their concerns had been acted on and additional staffing had been supplied. The provider had also recently increased the night-time staffing levels after a recommendation from the London Fire Brigade.

● The service followed safe recruitment processes. There was a system in place to ensure that all pre-employment checks were completed before staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

● Medicines were managed safely. People received their medicines at the times they were prescribed or when they needed them. Staff who supported people to take their medicines had completed appropriate training and had been assessed as being competent in this area.

● The registered manager regularly checked people's medicines and promptly investigated any issues. Samples of medicine administration records (MARs) we reviewed had been completed correctly and we could see there were processes in place to ensure medicines were being stored at the correct temperature.

● The service was supported with medicines management by a local pharmacy service which reviewed people's medicine care needs, supported staff to ensure systems and processes continued to meet current guidance and provided ongoing advice and training. The pharmacy service was confident in the way the service worked with them to ensure medicines were managed safely. They told us, "I think the manager and staff have the right skills and knowledge to manage medicines well."

Systems and processes to safeguard people from the risk of abuse

● Staff had a good understanding of safeguarding procedures. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied their concerns were being taken seriously. One member of staff told us, "We regularly discuss safeguarding. The people we support are really vulnerable, so any concerns are reported to the [registered] manager who always does something about it."

● The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, safe care.

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

At the previous inspection the provider was failing to ensure systems and processes were in place to effectively assess, monitor the quality and safety of the service and ensure people's equality needs were met. This was a breach of Regulation 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider was still in breach of regulation 17.

● Although some improvements had been made with quality assurance processes the issues with safety of the premises had not been identified during the providers routine maintenance checks of the home.
● The provider was not always learning from previous incidents as they had not made changes to the low garden wall to prevent others from leaving after the incident when two people left the premises unattended.

The failure to assess, monitor and mitigate risks to the health, safety and welfare of people using the service was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had made improvements to the care plans and risk assessments and there were regular reviews to identify errors and gaps. However, we found some records still contained spelling mistakes and transcribing errors where one person's information had been put into another person's care plan. We also found examples where old instructions for staff needed to be archived to ensure staff understood when people's needs and associated guidelines had changed.
● At the last inspection the service was not doing all that they could to meet people's equality characteristics as care plans contained some confusing and misleading statements about people's sexuality needs. The provider had made improvements and people's protected characteristics including sexuality was recorded in pre-admission assessments and care plans.
● The provider was meeting their responsibility to display the ratings of the previous inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider regularly sought feedback from people receiving care and their relatives. People told us they

were happy with care provided and were pleased their feedback was regularly sought. We received comments such as, "Each year as is the procedure I am asked if I still feel this is the best place for [family member], I just wish every resident in every care home had this kind of care" and "We have been asked several times if we are happy with the way they look after [family member]."

● People also told us they appreciated being kept up to date with what was going on via the regular newsletter with photos of events.

● The registered manager arranged regular staff meetings to discuss the quality of the service, plan improvements and keep all staff up to date with relevant information.

● Staff continued to be positive about the service being delivered and the support they received from the provider. We received comments such as, "The [nominated individual] and [registered manager] are very supportive. You can go to them about anything and they always listen."

● There were regular residents' meetings to discuss a range of ongoing topics such as; the running of the home, activities, health and safety, the Covid-19 pandemic and the measures that were in place to reduce the risks.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

● People receiving care and their relatives told us they received person-centred care and support from staff who cared. We received comments such as, "The care the staff have shown [family member] has been second to none. [Family member] is well looked after and the staff genuinely care about them" and "The [registered] manager and staff are really good I really can't fault them. They are always checking on me to make sure I am ok. They also take me to my social club every week which is really important to me."

● Professionals who worked with the service told us they observed kind and caring person-centred care. One professional told us, "From my observation the staff are very caring and have time for the residents and know them and their needs on a very personal level."

● There was a clear handover procedure between each shift which covered areas such as medicines, health updates, infection control and any other significant information such as appointments and activities.

● Staff told us they were proud of the way the team worked together to provide person-centred care and support. Comments included, "We really are like a family and everyone is treated as an individual" and "I love my job. I think we work well together to give the best possible care."

Working in partnership with others

● The service regularly worked in partnership with other health and social care professionals to ensure people received ongoing support to meet their needs. Positive comments from professionals included, "They often refer to the mental health service when needed and involve the GP as soon as there are changes to health or behaviour" and "The home works well within a multidisciplinary team to provide the needed needed for all their residents."

● The provider was part of a project organised by a local hospice service which provided bespoke training and peer support to care home providers. This project also enabled participating providers to share learning from real events and challenges.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not do all that was practicable to ensure that care and treatment was provided in a safe way as risks to people were not always identified and mitigated. Regulation 12(1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to assess, monitor and improve the quality and safety of the service effectively. The provider had failed to ensure people received a consistently safe service. Regulation 17 (1) (2) (a) (b) (c) (f)