

Stroud Care Services Limited

Field View

Inspection report

Pearcroft Road
Stonehouse
Gloucestershire
GL10 2JY
Tel: 01453 791320
Website: www.stroudcareservices.co.uk

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Fieldview is registered to provide accommodation for up to seven people in the care home and also provided a personal care service (the community service) to seven

people who lived in a shared house and one other person who lived in their own home in the local vicinity. For the purposes of this report we have referred to the personal care service as the community service and used Fieldview when referring to the care home. Both services care for people who have mental health issues.

The inspection was unannounced to the care home service but the service was given notice that the personal care service would be inspected on the second day of our inspection.

Summary of findings

There were seven people in residence in the care home when we visited. Fieldview is a large detached property within walking distance of Stonehouse, Gloucestershire and the accommodation is spread over three floors. The staff team in the care home were led by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Personal care services were provided to eight people, seven who lived in a shared house and one other person who lived in their own home. A support service is provided to other people but this does not fall within the remit of personal care services. Due to a staff restructuring process within Stroud Care Services there were now two managers, each responsible for one of the services. The manager who was running the service was not yet registered. However, they had submitted their application to the Care Quality Commission for registration and were waiting for this to be completed.

Improvements need to be made with risk assessment processes in both services. This is to ensure people, and the staff who support them, were kept safe and protected from harm. These improvements would also ensure the service provided to each person was responsive to their specific needs. Behavioural management plans were not in place for one person who lived in Fieldview. That person may not be supported to work through their behaviours with a consistent approach. Where people were subject to a community treatment orders in the care home, the explicit terms of those orders were not detailed in their care plans.

However people from both services told us they felt safe, that the staff helped them to keep safe and they did not have anything to worry about.

People told us the staff were always available to help them and they supported them in the way they wanted. People were supported to be part of the local community and to be as independent as possible.

Both staff teams had the appropriate skills and knowledge to support the people they were looking after, were well trained and supported by the managers. Regular meetings were held with people and with the staff team.

People in Fieldview were provided with the types of food and drink they liked and they said they had enough to eat and drink. Healthy food options were encouraged and body weights were monitored to ensure people had enough to eat and drink. People helped with the preparation and cooking of meals if they were able.

People were supported to access the healthcare services that they needed and staff either supported them to attend the surgery or arranged for professionals to visit in the home.

The staff were kind and caring and had a good approach when interacting with people. People were at ease with the staff and were supporting them to do the activities they wanted to do. People were provided with information about how they could raise a complaint and were reminded during meetings and care plan reviews.

People were provided with care and support that met their individual needs and took account of their individual choices and preferences. The daily notes recorded by the staff did not always reflect how the support needs referred to in their care plans were met, or not met.

Both services were led by a manager who was supported by the operations manager. They each managed a staff team and had team leaders in post. All staff said they were well supported by the management teams and that they were approachable. Staff meetings and manager meetings were scheduled regularly and staff were encouraged to express their views. Meetings were held with people to ensure that they could express their views and opinions about the service they received.

The managers assessed and monitored the quality of care and planned to improve further by gathering feedback from families and health and social care professionals, about their views of the service.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 not safe in all areas.

People could be at risk because risk assessments and management plans were not completed where there was a potential for injury to themselves and to the staff supporting them. This applied to people in Fieldview and those that received a community based service. Behavioural management plans in Fieldview had not been written to ensure the staff dealt with events in a consistent way.

For those people in Fieldview who were the subject of a community treatment order, the explicit terms of the orders were not included in their care plans. Staff who were not familiar with the contents of that order may not ensure the person adhered to the instructions.

People in Fieldview and those that received the community services told us that felt safe and staff were there to help them stay safe. The staff were aware of their responsibilities to safeguard people and to report any concerns. Safe recruitment procedures were followed at all times to ensure only suitable staff were employed.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. Three people had a DoLS authorisation and three others had a community treatment order (CTO). The manager (care home) knew when application for DoLS was required and how to submit one. The staff team in the care home were completing a training package in respect of the Mental Capacity Act 2005 and DoLS. People's rights were properly recognised, respected and promoted.

Requires Improvement



Is the service effective?

The service was effective.

People in both services were looked after by staff who were well trained and had the necessary knowledge and skills. The staff were well supported by the manager.

People in both services were supported to have enough to eat and drink and where appropriate were encouraged to participate in meal and drink preparation. Where a person was at risk of poor nutrition or dehydration, there were measures in place to monitor and manage the risk.

People in both services were supported to access healthcare services and to maintain good health.

Good



Is the service caring?

The service was caring.

Good



Summary of findings

People in both services were treated with kindness and the staff treated them with respect. People were positive about the way they were looked after and were at ease with the staff.

People were encouraged to be as independent as possible but staff provided the support people needed.

People were looked after in the way that they wanted and the staff took account of their personal choices and preferences. People were involved in making decisions about their care and support and their views were actively sought.

Is the service responsive?

The service was not fully responsive to people's needs.

People in Fieldview may not be responded to appropriately by staff because the explicit terms of community treatment orders were not included as part of the person's care plan.

People in both services told us staff responded to any comments they made and that concerns they had were dealt with. Their care plans recorded how they liked to be supported and the things they liked to do.

Requires Improvement



Is the service well-led?

The service was well-led.

People and staff in both services said both managers were approachable. There was a commitment to listening to people's views and ensuring they received the care and support they needed.

People who received support from the community team and staff, said the manager had made positive improvements to the service and had good organisational skills. The manager of the community services had already made application to CQC to be registered.

Regular audits and checks were carried out to monitor the quality of both services. A recent survey had been carried out with those people in the care home however the results had not been acted upon as yet.

Good



Field View

Detailed findings

Background to this inspection

The inspection was carried out by an inspector and a specialist advisor. The specialist advisor had experience of community based services for people with long term mental needs. The inspection took place over two days, one day in the care home (29 July 2014) and one day with the personal care service (4 August 2014).

The last inspection of the care home was undertaken on 17 May 2013 and at that time there were no breaches of legal requirements. The service for people who received a domiciliary care service (a personal care service) started in November 2013 and had not been inspected.

Prior to the inspection we spoke with one social care professional who was involved in the care of a person who lived in Fieldview. They said that the service was meeting the needs of the person they had placed there.

We looked at the information we had about the service. The information included the statutory notifications. A notification is information about important events which the service is required to send us by law. Prior to the inspection the provider had also completed their Provider Information Return (PIR) and submitted this to us within the timescale we set. We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern.

During the inspection we were able to speak with five of the seven people who lived at Fieldview, five people who received a personal care service, the two managers and the operations manager. We also spoke with three staff members from Fieldview and three staff members who provided support to people in their own homes. Some of the people we spoke with were able to tell us about the service they received and how the staff looked after them. We looked at the support plans for six people in total (three from each service) and other records relating to the running and management of both services.

Following the visit we spoke with one social care professional who was involved in the care of people who used the community services.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

For those people who lived in Fieldview (care home), their care and support files had a section on 'Reactive and Management Strategies'. These outlined how the team would manage behaviours that could be challenging. The plan for one person had been completed shortly after admission and was based on historical knowledge. The staff had gained knowledge of the person and had developed their own strategies for managing those behaviours but this information had not been recorded in their behavioural management plan. All staff described a consistent approach, however because some records were not accurate there could be a lack of consistency in the way staff dealt with a situation and could put the person, the other people who lived in the home and themselves at risk.

One person in the care home told us if they behaved in a certain way they then had to have a period of supervised leave when away from the home. They were not happy with this. Staff explained this was a stipulation from the person's care coordinator and was necessary in order to keep the person and others safe. This condition was part of the person's community treatment order (Mental Health Act 1983) There was no evidence of this agreement in the person's care file, although staff we spoke with were fully aware of the need for this.

Risk assessments were not completed for each person who received a community based service. An environmental risk assessment of a person's home had not been completed where support staff visited. The staff assisted the person with moving and handling procedures but an assessment had not been completed and a safe system of work had not been devised. This increased the risk that the person may not be moved in the safest way and therefore not protected from injury. For those people who lived in the shared house, there were again no specific risks identified and risk assessment documentation in care files was left blank. This increased the risks that people or staff members could be harmed or injured.

These were breaches of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

The five people who lived in the Fieldview care home told us they felt safe. One person said "sometimes other people got angry but that the staff would help them calm down".

During our inspection we witnessed a person shouting and swearing: the support staff used a friendly approach to establish what the problem was and quickly resolved the issue.

People who received community support services also said they were safe. They told us "The staff are here to ensure I am safe", "I am never worried about my safety" and "Everything is alright, we don't have to worry about anything".

All staff, whether they worked in the care home or out in the community, received safeguarding training during their induction training programme and on a regular refresher basis thereafter. Staff training records confirmed all staff were up to date with their safeguarding training and when their next refresher training was due to be completed. The staff from both services said they would report any concerns they had in respect of the people they were looking after to the manager or the on call manager. Both the care home manager and the community services manager talked about the safeguarding reporting protocols they would follow if concerns were raised, alleged or witnessed. The safeguarding policy detailed the types of abuse and the signs that abuse may be occurring. The policy had been reviewed and updated in January 2014. The service also had a whistleblowing policy which detailed how staff could raise concerns about bad practice. These measures ensured the staff teams had the knowledge to enable them to protect the people who used either service and to take appropriate action to report concerns.

The care home manager had completed Mental Capacity Act 2005 (MCA) training and had a good understanding of capacity issues. The MCA is a law about making decisions and what to do when a person cannot make decisions for themselves. All staff had to complete an on-line MCA and Deprivation of Liberty Safeguards (DoLS) training package. The training included completion of a work book Those staff we spoke with had an understanding of capacity issues and told us when they had to make best interest decisions in line with the person's care plan. DoLS is a legal framework to prevent unlawful deprivation or restrictions on a person's liberty who lacks capacity. These safeguards protect the rights of the people who live in the care home to ensure the restrictions placed upon their freedom and liberty, were appropriately authorised and were in the person's best interests.

Is the service safe?

There was an emergency business contingency plan in place that covered both the people who lived in the care home and the people who were supported within their own homes. The plan detailed what actions would be taken in the event of incidents that affected the running of the home and the personal care service. The plan covered failure of utility services, flood, damage to the building and absence of staff. People who lived in Fieldview had a personal emergency evacuation plan prepared in the case of a fire and these stated what support the person would need to evacuate the building. The staff team were provided with the necessary information so that they would know what to do in the event of a fire. They would also be able to share this information with the fire service. A basic fire risk assessment for the care home was in place but had been completed in 2008. The assessment was very basic and did not detail how any risks were managed; the assessment had not been reviewed since this date. On the 4 August 2014 we were given an updated copy of the risk assessment but this was the same assessment that had been re-dated.

Safe recruitment procedures were followed before new staff were appointed to work with people. Appropriate checks were undertaken pre-employment and these included three written references and a Disclosure and Barring Service (DBS) check (formerly called a Criminal Records Bureau (CRB) check). All references were validated to ensure they were provided by previous employers. The care home had a full staff compliment of staff although one of the team leaders had been absent for a period of time. We were told that one of the people who lived in the shared house was often involved in the interview process. These measures ensured people were looked after by suitable staff.

Staffing numbers in the care home were based upon the support needs of the people there and the activities they each had arranged on a given day. The care home manager was available each weekday. There were generally four staff in the morning and three in the evenings. Overnight there was a staff member that could be called upon to deal with any events. On the day we visited, the registered manager was on duty plus two team leaders and one support worker. Staff said the staffing levels were appropriate and the numbers of staff was adjusted when people had outings arranged. Agency staff were not used and any vacant shifts were either covered by the staff team or bank staff. This meant people were looked after by staff who were familiar with their needs and preferences.

The manager for the community services (personal care) had already requested a review by the local authority for four people who lived in the shared house. This was because their needs were increasing because of age related deterioration and they needed more support from the staff team.

Information the provider had sent in the PIR was brief but they did state they ensured the service was safe because of robust recruitment procedures, good processes for assessing and managing risk and continual monitoring and reviews to identify where changes or improvements were needed. However we found that improvements needed to be made with the management of risks to ensure that people were safe.

Is the service effective?

Our findings

People in Fieldview said “The staff are always around to help me”, “They remind me to wash and dress properly each day” and “I get frustrated sometimes and I shout at the staff. They help me calm down”. Those people we spoke with who received community services said “The staff make sure I am ready in time for my day care”, “The staff help me keep my room tidy and remind me to do my laundry”, “We do not have to do any cooking, the staff do all the cooking. I would not be safe to do that” and “I like going shopping”. People’s comments showed the staff had the necessary skills to meet their need.

Staff had the necessary skills and knowledge to meet each individual person’s care and support needs. Staff in both Fieldview and the community service were knowledgeable about the people they were looking after and were able to talk about people’s individual preferences and daily routines. They were able to tell us about the activities people liked to do and how they helped make the necessary arrangements to attend shows for example. Those people who received a community service were supported to access the community as part of their care package.

Information the provider submitted before the inspection told us how they ensured the service was effective. They ensured each person received a person centred service and staffing levels were appropriate to meet the needs of people being supported. This applied to both people who lived in Fieldview and those who received a community based service. Those people who lived in the shared house each had an allocated number of hours support per week as part of their care package.

Staff supervisions were arranged on a two monthly basis. The manager for the community services supervised the whole staff team. However they had plans to delegate some staff supervisions to the team leaders when the team was bigger and another team leader was in post. In Fieldview the manager and team leaders shared the responsibility for staff supervisions. Records showed when supervisions were due and when they had been completed. These measures ensured the staff team provided a consistent service to people, their work practice was monitored and any training and development needs were identified.

Staff from both services said they received the training they needed to do their job. They said the training gave them the confidence they needed to meet people’s needs. New staff completed an induction training programme when they first started working in the home or the community service. Induction training consisted of food hygiene, infection control, safeguarding adults, administration of medicines, moving and handling and first aid training.

Staff who worked in the care home also completed positive behavioural management training and Mental Health Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Examples of additional training that had been introduced included dementia awareness, because of one person’s changing needs and managing aggression.

People in Fieldview were offered a wide choice of meals and types of food and were encouraged to assist in the preparation and cooking of the main meal. People were involved in deciding what meals were cooked and served. People were encouraged to cook healthy meals. One person told us the food was healthy and freshly prepared. Another person was at risk of weight loss because of poor dietary intake. There was a plan in place to monitor this person’s body weight and a strategy to be followed if the person’s weight fell below a certain amount. The eating disorder service was no longer monitoring this person but the staff team could contact the service again if required. Other healthcare professionals were however monitoring the situation, capacity assessments had been completed and best interest decisions had been made on their behalf.

The people who lived in the shared house were supported to have a healthy diet and their body weights were monitored. Staff told us that several of the people in the shared house needed to be encouraged to drink and during the hot weather they had ensured people were well hydrated. The community support staff did the household shop and did the cooking of meals. Some people were able to help with food preparation. The people in the shared house had lived together for many years and chose to have their meals together. They told us liked to eat together and had a say about what they would like to eat.

Each person in Fieldview had a health action plan and were registered with the local GP surgery. Staff supported them to attend the surgery whenever they were unwell or when people needed to attend for treatments. Those people who received a community service were supported to

Is the service effective?

make appointments and attend when this was required. People were supported to attend other health and social care appointments for example the dentist, hospital

consultant visits and for X-rays. Both the home and the community service worked alongside the community learning disability teams and mental health services to ensure people received the support they needed.

Is the service caring?

Our findings

People told us they were well cared for and the staff were “very kind to them”. People in Fieldview also made the following comments: “I like living here and I am very settled now”, “The staff are friendly and kind”, “I am very well looked after and everybody is nice to me” and “All the staff are very good but (staff name) is really kind to me. I like it when we can go out for the day together because we have the same interests”. One person who previously lived in Fieldview but now lived in the shared house told us “When I get anxious and worried, the staff are very understanding and kind to me. They help me cope”.

Whilst we were visiting Fieldview we observed a good rapport between staff and people who lived there. People were approaching the staff with requests or to discuss issues they had and the staff were listening to them. Whilst we were there one person asked if they could make a cake and the staff member helped them to do this. Another staff member supported one person to go shopping to purchase a specific item they wanted. We were told that people were always given the choice of which member of staff they did activities with and this was accommodated as best as possible.

In the shared house there was one member of staff available to speak with. They had a nice, friendly approach with those people who were in the dining room and spoke with them in a courteous and polite manner. We were able to speak with two other members of the community team by telephone after the inspection. They spoke well of the people they supported and told us about the keyworker system in place. A keyworker is a member of the team who has been allocated to a person: their function is to take a social interest in that person, developing opportunities and activities for them, and in conjunction with the rest of the staff lead on developing the person’s support plan. One

staff member told us the keyworker allocations were due to be reviewed at the next team meeting to ensure they still remained appropriate. They also added that people were asked who they wanted their keyworker to be.

When we asked staff from both the care home and the community team about the people they were looking after, they were knowledgeable about the care and support they needed. They were well informed about how each individual person liked to be supported and the particular care needs they had. They talked about how they preserved people’s dignity and privacy and how they ensured that personal care needs were met on a daily basis to promote the person’s self respect. In Fieldview staff were able to tell us about triggers that may result in one person’s change of behaviours, and what actions they would take to diffuse situations or de-escalate behaviours.

People in both Fieldview and those who lived in the shared house were able to contribute to varying degrees in making decisions about how they were looked after. Where people did not express their views, input was sought from relatives, health and social care professionals. One staff member said individuals might not be able to state how they wanted their needs met however were able to say if they were unhappy with a choice. The majority of people who lived in the shared house had lived together for many years and their social life’s and the activities they liked to do were inter-linked with each other. Two people were supported to attend their day activities, one was supported to do household tasks and a fourth was supported to take the house cat to the vets.

People were encouraged to make their views known and to talk about any changes they wanted to the way they were looked after or supported. Care and support plans were reviewed on a monthly basis. The care arrangements for those people who received a community service were reviewed in exactly the same way.

Is the service responsive?

Our findings

People in Fieldview had an individualised care plan which was reviewed on a monthly basis. Detailed assessments of people's needs had been carried out and a care plan was written based on their individual needs. The care plans addressed both their mental and physical health needs. Three people were subject to community treatment orders (CTO's). A CTO means the person will have supervised treatment after a hospital admission and will need to comply with the conditions of the order. For one person there was no record of the conditions of their CTO in their care file but staff were aware of the conditions of the order. For the other person, the staff were not aware of the exact conditions of the order when we asked them about this. The conditions of the CTO's were not explicit in the care files and were not part of the person's care plan. There was a risk that staff unfamiliar with the person would not know about the terms of the CTO.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

Staff talked about a recent change for one person who lived in Fieldview. The Court of Protection acted on their behalf for financial records. The changes to the management of their personal finances had not been reflected in their care plan. This person was at risk of not having agreed access to their finances if all staff did not have current information.

People who lived in Fieldview and those who received community support were encouraged to be part of the local community. Some people were able to go out independently whilst others needed to be supported by staff or escorted by staff.

Each person we spoke with in Fieldview reported staff were responsive to them and any comments they made. One person told us "If there is something particular I wanted to eat I would ask the staff and they would buy it for me".

Another person who liked to spend their time building things said "They (the provider) had purchased a shed for me so I can spend my time there". People in Fieldview said they could come and go (with or without staff support) as they pleased; the exception being the person who had lawful restrictions imposed by their care coordinator, because of behavioural problems.

Care and support plans in Fieldview were well written and provided detailed information about how planned care

and support was to be provided. The plans provided details about the person's life history, their health care needs and the social activities they liked to participate in. The plans recorded what name the person preferred to be called by and the gender of staff the person wanted to assist them with their personal care. People were called by their first names. Daily records were maintained for each person and staff recorded how the morning, afternoon, evening and overnight had gone. We noted for one person the daily notes and reviews continually recorded that the person had refused to complete their bedroom chores despite being prompted. We saw inside this bedroom although the person did not want to speak to us. The room was clean and tidy and staff said that they did the chores. This was not reflected in the daily notes or the reviews of the care plan. There was no review of the goals for this person.

One social care professional told us staff at Fieldview were 'managing' one person well, but the person's quality of life was not good and there was a lack of therapeutic activities arranged in order to prepare the person for community living again. The social worker was already addressing this with the home staff. Another social care professional said the community service communicated effectively but did not always support one person to attend regular clinic appointments. These appointments were essential for the person to be able to access on-going healthcare treatment to maintain their mental health. The manager had said the person would not always cooperate when it was time to attend the clinic and were trialling new approaches with the person.

Plans for those people who lived in Fieldview were reviewed on a monthly basis. The notes of the reviews showed what had gone well during the month, any events and health issues, how the care plans were going and any changes that were needed. The reviews were carried out by the person's key worker and involved the person. These measures ensured people received the care and support they needed and the staff were able to respond to changing needs.

The essential lifestyle plans for people who received support from the community service provided a good overview of the person's needs. A plan was written that detailed the person's morning and evening routines, their personal care needs, their day activities, their mobility and their eating and drinking needs. There was no specification of how many hours support each person was supposed to

Is the service responsive?

have been provided with each week but a social care professional said this information was known by the service. The daily notes were written in the same way as the notes were written for those people in residential care (Fieldview) and did not evidence that the person received the support for which they were funded. Of the eight people who were supported by the service, only one person's care file showed they had an allocated budget of three hours support per day (two hours support in the morning and one hour support in the evening). The community service did not have systems to evidence they provided the agreed support to people. The staff provided people with the support they needed however this was not aligned to their allocated budget of hours support per week.

There were opportunities for people who lived at Fieldview and in the shared house to have a say about the day to day

running of their homes. Meetings were held on at least a monthly basis. Examples of issues that had been discussed in recent meetings included social activities, household chores and menu plans.

People told us staff listened to them and could say if they were unhappy about something. Staff told us some people used their behaviours to express their unhappiness and they would then work with that person to resolve the issue.

People were made aware of the complaints procedure because a copy of the complaints procedure was displayed in each of their bedrooms in Fieldview. The procedure set out the process of dealing with any complaints received and the timescales involved and included the written word and pictures. For those people who received a community service people's views and thoughts were discussed during 'tenants' meetings. Staff told us they would know if someone was unhappy because of the way they behaved.

Is the service well-led?

Our findings

People who lived in Fieldview and used the community services said “The Fieldview manager is OK”, “The manager comes down to see us everyday”, “I can go into the office at any time to see the manager” and “They are always happy to talk to me and discuss anything that worries me”. One staff member commented “The appointment of the community service manager) has changed the company for the good. The service is very well managed”.

Both managers were supported by their team leaders and an operations manager. Overnight and at weekends there was an on-call system in place and staff were able to call for advice or assistance if needed. For the community service the task was shared by the manager and the team leader. For Fieldview the on-call rota was shared by the home manager, the operations manager and the manager from another care home. All staff said the managers provided good leadership, supported them well were approachable.

Staff meetings were held on a monthly basis for the staff team at Fieldview and every two weeks for the community staff. Feedback from staff about how things were going and suggestions about meeting people’s needs was encouraged. Staff told us they were able to question the managers about matters and could raise concerns if needed. Some of the staff referred to the whistle blowing procedures. Both managers attended a monthly management meeting with the provider and the operations manager. During these meetings quality and safety, issues about people and the staff team were discussed. These measures ensured the provider was aware of how things were going and any issues that needed to be addressed.

The manager of the community service invited a key social care professional along to meetings with people who used their service in order to get direct feedback about how things were going and to aid communication.

Staff from both the care home and the community service said they were well supported. They told us they had a regular meetings with their respective managers to discuss their work, training needs, duty rota’s and people’s specific needs. We saw the records of the staff meetings in the care home which were held on a monthly basis. The manager of

the community based service held two weekly ‘tenants’ meetings in the shared house where amongst other things, care issues were discussed. This ensured people had a say in how they lived their lives.

The managers of both the community service and Fieldview had to complete ‘managers monthly compliance reports’ and submit to the operations manager. The managers reported on any accidents and incidents, any health and safety issues, that all household checks had been completed, staff sickness and leave, staff rotas, any complaints and issues regarding people’s care. These measures ensured the provider was aware of how both services were being run. The provider information return provided brief information and referred to the management structure and staff team. The operations manager acknowledged that improvements were needed with how some of the homes and community service records were kept and already had a plan in place to achieve this.

Both managers were aware of when notifications had to be sent in to CQC. A notification is information about important events which the service is required to send us by law. These notifications would tell us about any events that had happened in the home or had happened whilst people were being supported by the community staff. In the previous 12 months no notifications had been sent in. CQC used information sent to us via the notification process to monitor the service and to check how any events had been handled.

In Fieldview there had only been one recorded accident and this had been in October 2003. The manager told us all accidents and incidents would be analysed to identify triggers or trends so that preventative action could be taken.

All policies and procedures were in the process of being reviewed and would be updated and amended where needed. As new policies were issued staff had to sign to say they read and understood the policy. These policies were across both services.

A service user survey had been completed with all the people who lived in Fieldview in July 2014. The manager said the staff team had supported people to complete their forms. People had been asked about their daily activities, the food they were given to eat, any concerns, the staff and what they liked about the home. One person refused to

Is the service well-led?

complete the form but comments that the others had made included the following: “I would like to see a bit more variety in the menu” and “I would like to change my activities”. The manager had not been aware of these comments and no action had been taken as a result of the comments as yet.

Stakeholder survey forms were about to be re-introduced to find out what health and social care professionals thought about the service provided by Fieldview. The manager was unsure why they had stopped being sent out. We asked whether the views and opinions of people’s families was gathered but the manager thought the format of the form needed to be changed because the surveys were too lengthy.

In Fieldview and the community service, audits were completed in respect of medicines, management of people’s finances and health and safety. There was a fire risk assessment in place for the care home. Records in Fieldview showed the fire alarm, fire safety equipment, fire doors, and the emergency lighting system was checked and serviced weekly, monthly and annually as recommended. All portable electrical equipment had been

checked. Fridge and freezer temperature checks and hot and cold water temperature checks were recorded and the manager reported in the monthly manager’s report that they had been completed.

The home’s complaints procedure was displayed in several places in Fieldview and stated that all formal complaints would be acknowledged, investigated and responded to. Information about the procedure was also displayed in each of the bedrooms. The home had not received any complaints in the last 12 months but the manager talked about the action they would take if a complaint was received. The manager would use information from any complaints to review their practice. Fieldview had received one compliment in April 2014 from the care coordinator for one person who commented how well the placement was going.

Both services had a clear vision about the service they wanted to provide. They each had a positive culture, were person centred and ensured that each person was included in decision making as much as they were able. The management team were visible to the staff team and people using the services and they provided good leadership. The management team worked alongside health and social care service to promote best practice for the people they supported.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>People who used the services were not protected against the risks of receiving unsafe care because of inadequate assessment and care planning to ensure their welfare and safety. Where people in the care home were subject to community treatment orders, information was not recorded in their care plans.</p> <p>Regulation 9 (1) (b) (i) and (ii).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>People who used the services were not protected against the risks of receiving unsafe care because of inadequate assessment and care planning to ensure their welfare and safety. Risks were not identified, managed or reviewed.</p> <p>Regulation 9 (1) (a), (b) (i) and (ii).</p>
Personal care	