Panaceon Healthcare Ltd

Field View Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 29 September and 3 October 2016 and was unannounced on the first day, which meant no one related to the home knew we would be inspecting the service. This was the first inspection since the care home was registered under this provider in 2014.

Field View is a care home providing accommodation for up to 40 people. It mainly supports older people, some of whom are living with dementia. The home does not provide nursing care. The home has provision for people to stay on a permanent and short stay basis. The premise is purpose built on two floors; the first floor is accessible using a lift. Car parking is available on site.

The service had a registered manager in post at the time of our inspection. 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.

At the time of the inspection 32 people were living at the home. The home had a friendly atmosphere which people described as welcoming. Throughout our inspection we saw staff supporting people in an inclusive, caring, responsive and friendly manner. They encouraged them to be as independent as possible, while taking into consideration their abilities and any risks associated with their care. The people we spoke with made positive comments about how staff delivered care and said they were happy with the way the home was managed.

People told us they felt the home was a safe place to live and work. We saw there were systems in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made.

A structured recruitment process helped make sure staff were suitable to work with vulnerable people. People we spoke with told us there were enough staff available to meet their, or their family member's needs.

The service had a medication policy outlining the safe storage and handling of medicines, but this had not always been consistently followed. However, identified shortfalls had or were being addressed.

People we spoke with told us they thought staff had the appropriate skills and knowledge to support people. Training records confirmed staff had completed essential training, as well as specific training to meet people's needs.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a satisfactory understanding and knowledge of this subject and where appropriate DoLS applications had been made.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. The majority of the people we spoke with said they were happy with the meals provided and we saw people had been involved in making changes to the menus.

People were supported to maintain good health, have access to healthcare services and received on-going healthcare support.

People had been involved in need assessments prior to moving into the home, as well as in planning care. We found most people had a clear care plan that outlined their needs, risks associated with their care and their preferences. However, on the first day of our inspection we found one person's care plan was very basic and did not provide staff with comprehensive information. When we returned on the second day a more detailed care plan had been formulated.

The home employed specific staff to facilitate social activities. People told us they had enjoyed the activities they had taken part in.

We saw the complaints policy was available to people who used and visited the service. The people we spoke with told us they would feel comfortable speaking to any of the staff if they had any concerns. Complaints received had been recorded and investigated appropriately.

There were systems in place to enable people to share their opinion of the service provided. This included meetings, surveys and reviews.

On the first day of our inspection we found areas of the home that needed some attention. For example, paintwork in corridors and communal areas was chipped and worn. The wash hand basins in the rooms of two people living at the home were cracked and a bedroom carpet needed replacing. These had been identified in the registered manager's audit, but they had not been addressed. When we returned to the home we saw the provider had taken action to address some of the areas highlighted and plans were in place to address others.

There was a quality assurance system in place so the provider could monitor how the home was operating, as well as staffs' performance. Systems identified the majority of the shortfalls we found during our visit, but actions plans did not always identify the planned completion date. The management team demonstrated how they were working to improve this.

The provider had not always submitted notifications to the commission in a timely manner.

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.

There were effective systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people.

Recruitment processes were safe and we saw there were sufficient staff on duty to meet people's needs.

Systems were in place to make sure people received their medications safely, which included key staff receiving medication training.

Is the service effective?

Good

The service was effective.

A structured induction and training programme was available which enabled staff to meet the needs of the people they supported.

Staff had undertaken training about the Mental Capacity Act and the procedures to follow should someone lack the capacity to give consent.

People received a varied diet that offered choice. The majority of people we spoke with said they were happy with the meals provided.

Is the service caring?

Good

The service was caring.

Staff were aware of people's needs and the best way to support them, whilst maintaining their independence, respecting their choices and maintaining their privacy and dignity.

People told us they were happy with how staff supported them and delivered their care. We saw staff interacting with people in a positive way, respecting their preferences and decisions.

Is the service responsive?

Requires Improvement

The service was responsive, although we identified some areas where improvements were required.

Each person had a care plan, but the content was not consistent. Therefore staff did not have sufficient information about how to meet some people's needs and preferences.

People had access to social activities which met their needs.

People were aware of how to make a complaint and knew how it would be managed. Where concerns had been raised action had been taken to address them.

Is the service well-led?

Requires Improvement

The service was well led, although areas for improvement were identified.

The provider had not always submitted notifications to the commission in a timely manner.

There were systems in place to assess and monitor the quality of services provided. However, highlighted shortfalls had not always been addressed in a timely manner.

People using the service, their relatives and staff were consulted about the running of the home and the care provision, and overall people were happy with how it operated.

Field View Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

An adult social care inspector carried out the inspection on 29 September and 3 October 2016 that was unannounced on the first day.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch, to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 32 people using the service. Over the two days we spoke with six people who used the service, four visitors, a healthcare professional, a social worker and a community support worker. We also spoke with one of the company directors, the registered manager, the deputy manager, a manager from another of the provider's homes, two senior care workers and three care workers.

We looked at the care records belonging to four people who used the service, as well as records relating to the management of the home. This included minutes of meetings, medication records, four staff recruitment and training files. We also reviewed quality and monitoring checks carried out by senior staff and the home's management team.

Good

Is the service safe?

Our findings

People living at the home, relatives and staff we spoke with indicated they felt the home was a safe place to live and work.

We found care files contained risk assessments to minimise any potential risks to people using the service. These provided clear guidance to staff, and had been reviewed on a regular basis. We also saw a system had been introduced to enable the provider to make sure staff learned from events such as accidents and incidents. This reduced the risks to people using the service and helped the home to continually improve. Staff we spoke with demonstrated a good knowledge of people's needs and how to keep them safe. They described how they encouraged people to be as independent as they were able to be, while monitoring their safety.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. Staff we spoke with understood their responsibilities in promptly reporting concerns and taking action to keep people safe. Where safeguarding concerns had been reported to the local authority we saw the provider had worked with them to investigate and resolve any issues.

We looked at the number of staff during our inspection and checked the staff rotas to confirm the number was correct. We found there was sufficient staff to meet the needs of the people living at the home at the time of the inspection. The registered manager told us they calculated the number of staff needed by looking at each person's needs. However, their reasoning was not recorded and they did not use a dependency tool to demonstrate that staffing numbers were adequate. The registered manager told us they would look into this further.

Staff told us that although there were occasions when planned numbers decreased due to sickness, most of the time there was enough staff available to meet people's needs. We saw call bells were answered promptly and people received prompt care and support.

There was a robust staff recruitment system in use which included pre-employment checks being undertaken prior to candidates commencing employment. For instance, obtaining written references and a satisfactory Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people. The aim of these checks are to help reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

The service had a medication policy which outlined how medicines should be safely managed, with senior care workers taking responsibility for administering medicines. A senior care worker described a safe system to record all medicines going in and out of the home. This included a safe way of disposing of medication no longer needed. We saw staff responsible for administering medication had received training in this subject and periodic competency checks were carried out to ensure their practice remained safe.

On the first day of the inspection a medication audit was taking place by a visiting healthcare professional.

They told us that at their previous audit they had found discrepancies in the medicines held at the home and that staff had not always followed the correct procedures. They said the main shortfalls found involved poor record keeping, especially in relation to fridge temperatures and medicines that need to be stored and controlled under the Misuse of Drugs legislation, referred to as 'controlled drugs' [CDs].They said that improvements had been made since that visit especially in relation to the CD record being reconciled. They also told us areas for improvement had been discussed at a senior care worker meeting and further medication training was being arranged for the near future.

On the second day of our visit we checked four people's medication records and observed the senior care worker administer the lunchtime medicines. Overall we found staff had followed the correct procedures. However, when we sampled medication administration records (MAR) we found one person's handwritten entries had not been signed by a second person, to verify the record was correct. We discussed the best practice of a second staff member countersigning handwritten entries to acknowledge they had been completed correctly with the senior care worker, as this would make the process more robust.

There was a system in place to make sure staff had followed the home's medication procedure and we were told this had recently been improved. For example, we saw more regular checks and audits had been carried out to make sure medicines were safely stored and handled.

Some areas of the home's exterior and interior décor was in need of attention. We saw overall action plans were in place to address the majority of areas needing attention. However, timely action had not always been taken. For instance, the registered managers July audit identified that two rooms needed new carpets and two wash hand basins were cracked. However, on the first day of our inspection we noted that none of these had been addressed. We also saw that the cleaning product storeroom was not fit for purpose as shelving was cracked and staff were unable to clean the floor due to products being stored on the bare floorboards.

We spoke with one of the directors about this and they said they would action improvements straight away. When we returned four days later the registered manager showed us that arrangements had been made to replace the carpets the following day, and said work had commenced to refit the store cupboard.

Good

Is the service effective?

Our findings

People we spoke with told us they were happy with the care and support they received and relatives said they felt staff had received the training they needed to meet people's needs. One person using the service told us, "Staff are all kind, I can't fault them." Another person living at the home said staff met their needs to a good standard. A visiting social worker and a community support worker also spoke positively about how staff supported people.

People were supported to maintain good health. This included being supported to access external healthcare services when required, such as GPs, district nurses, chiropodists and social workers.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who might not be able to make informed decisions on their own and protect their rights. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). DoLS is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. Staff comments and training records demonstrated that staff had received training in these subjects.

The registered manager had completed capacity assessments where required and DoLS applications had been made where applicable. Where DoLS applications had been granted, documentation was in place outlining the restrictions agreed. We found where decisions had been made in people's best interest these were mainly adequately recorded. However, in one person's file further information would have been beneficial.

We observed lunch being served on both days of the inspection and spoke to people before and after the meals. The dining rooms had a relaxed atmosphere and staff provided appropriate support to people. We noted that the menu for the day was not displayed on the boards provided and people were unsure what options were available. Staff told, and the registered manager confirmed that following consultation with people using the service new menus were being formulated and the administrator was typing them up and adding pictures to better inform people of the meal options. They said these would be available on each table. However, we pointed out that until the new menus were available it would be beneficial for meal choices to be displayed on the boards provided.

People told us they were offered different options and we saw staff offering people alternatives if they did not want the main meal. For instance, one person told us they had ordered an omelette and another person was offered several options before they chose to have a ham sandwich. We saw staff were patient with people and allowed them to make decisions in their own time.

The majority of people we spoke with said they enjoyed the meals provided. One person said, "The food is good. I am on a special diet and they [staff] are very good at making sure I get what I need." However,

another person said they felt the menus were repetitive and food was often not hot enough. We spoke with the registered manager about this. They said this topic had been discussed at residents meetings and changes were being made. They showed us copies of the planned menus, which they said would be introduced once they had been discussed at the next residents meeting. With regards to meals not being hot enough she explained that they were prepared in the kitchen of the adjoining care home and transported to Field View in a hot trolley. Therefore they felt meals should remain hot, but said they would monitor this. During our observations food was served from a hot trolley and no-one made any adverse comments about it.

People who were at risk of poor nutrition or dehydration had a nutritional screening tool in place which highlighted if they were at risk. Care plans were in place to guide staff regarding supporting people to eat and drink enough. Where needed, outside healthcare professionals such as GPs, speech and language therapists and dieticians had been involved. We also saw monitoring charts had been used to record and assess people's food and fluid intake when concerns were identified.

We found the service supported people living with dementia, but we did not see adaptations to create a dementia friendly environment, such as pictures to signpost people to bathrooms and toilets. Menu boards had not been completed and were small, which would make it difficult for people to read. We also saw corridors were decorated in the same neutral way, and most handrails were the same colour as the walls, making it difficult for people to distinguish between them.
We discussed the need to develop a more dementia friendly environment that would help people find their way around the home and stimulate them with the registered manager. They told us they were already working on improvements and had met with representatives from the local authority to complete a dementia friendly audit tool, so they could target areas needing improving. For example, they said that as part of the redecoration of the corridors handrails were to be painted a different colour so people could easily see them.

Staff had completed a structured induction when they started to work at the home. The staff we spoke with said this had included completing a workbook and shadowing an experienced member of staff. The registered manager was aware of the new Care Certificate introduced by Skills for Care. They said they were working with Skills for Care and the new induction would be introduced shortly. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

The registered manager showed us the electronic training matrix, which recorded the essential training staff had completed and highlighted when updates were required. Staff confirmed they had to refresh the online training periodically. This included topics such as first aid, manual handling, infection control, dementia awareness and safeguarding people from abuse. Apart from the e-learning training all staff had attended face to face training in moving people safely, and key staff told us they had also completed a face to face first aid course. We also saw staff were encouraged to complete a nationally recognised care award at level two and three. The staff we spoke with said they felt they had received satisfactory training to carry out their job roles, but one member of staff said they would appreciate more face to face training, rather than e-leaning, as it gave more opportunity to discuss the topic and ask questions.

Good

Is the service caring?

Our findings

People using the service told us staff provided a good standard of care that met their needs and preferences. We also spent time talking to relatives and observing the interactions between staff and people who used the service. We saw staff were patient and respectful to people, and people seemed relaxed in their company. We saw staff communicated with, and treated people in a caring manner. When necessary they spoke with people by bending down to their level to communicate with them more effectively.

People's comments indicated that staff respected their decisions and they said they had been involved in planning their care. This was also confirmed by the visitors and staff we spoke with. People said they were happy with how staff supported them. One person living at the home told us, "I wouldn't want to be anywhere else." Another person said some staff were better than others, but added that the majority of staff were "Very good."

Staff demonstrated a good knowledge of people's needs and preferences, as well as the best way to support them, whilst maintaining their independence as much as possible. We saw staff supporting people in a responsive way while assisting them to go about their daily lives. They treated each person as an individual and involved them in making decisions.

People's needs and preferences were recorded in detail the majority of care records we sampled, so staff had clear guidance about what was important to them and how to support them. However, the care file we checked for someone on respite care [short stay] lacked sufficient information for staff to deliver individualised care.

People living at the home looked well-presented and cared for. People told us staff treated them with dignity and their privacy was respected. Staff described to us how they preserved people's privacy and dignity by closing doors and respecting people's confidentiality. One care worker told us, "I would not discuss people in public and I cover people with a towel until they are in the bath. If anyone knocks on the door I put the shower curtain around the bath [to protect their privacy and dignity]."

We saw people chose where they spent their time, with some people choosing to stay in their rooms while others sat in communal areas, and staff respected these decisions. Staff said they offered people choice in areas such as the food they ate and the clothes they wanted to wear. One care worker said they would look in the person's care plan if they were unable to communicate their preferences, or visually offer them a few options.

Visitors told us they could visit the home without restriction. We saw visitors freely coming and going as they wanted during our inspection.

Requires Improvement

Is the service responsive?

Our findings

People told us they were happy with the care and support staff delivered. They interacted with staff in a positive way and told us staff were responsive to their needs. One person said they had been admitted from hospital adding, "They [staff] were marvellous, they saved my life."

We saw an assessment of people's needs had been carried out prior to them moving into the home. Where possible the person, and their relatives if applicable, had been involved in these assessments. People we spoke with confirmed they, or another member of their family, had been involved in planning and reviewing the care provision for their family member.

On the first day of the inspection we checked four people's care files, two for people who had lived at the home for quite a while, one for a more recent admission and another for someone receiving respite care. Three of the files we looked at contained satisfactory information about the areas the person needed support with and risks associated with their care. However, files contained a lot of separate pieces of information making it difficult for someone who was not familiar with the system to find specific information. We also saw there was some out of date information that needed archiving to ensure staff could easily access up to date information.

The care file for someone receiving respite care contained information about the persons' care needs, but this was basic and lacked detail about their individual preferences. Although this had not had any adverse impact on the person, staff did not have clear written information about how to support them in a person centred way. We discussed our findings with the management team. They told us they would take prompt action to improve the care plans. On the second day of our inspection the registered manager confirmed improvements had been made to the respite care plans we had highlighted. They told us they were aware that further work was needed to ensure all care plans were completed correctly.

On the whole, care plans and risk assessments had been reviewed and updated on a regular basis. Family members we spoke with told us they felt the home was responsive to their relatives changing needs. They gave examples of how staff contacted them in a timely manner when changes occurred and said they seemed to act promptly to address any concerns.

A visiting social worker told us they found staff helpful and described how they had supported them during the assessment they had just undertaken. This had involved the person using the service, their relatives and key staff. They said the care plan they had reviewed was basic, but covered all the person's main needs. They said the member of staff they had spoken with was knowledgeable about the person and could answer all their questions.

The home had specific staff who were responsible for facilitating social activities at the home. The main activities coordinator worked between the two homes on site, Field View and Chapel View. One person told us Field View used to have their own activities person and since they left they felt the variety and frequency of social activities had diminished. However, we saw additional hours had been allocated to care staff to fill

this role and most people said they were satisfied with the activities that took place. They told us they had the option to join in the in-house activities as well as entertainment and stimulation from external people. One person commented, "Today we are doing cross stitch. We also have bingo, which we all enjoy, games like giant snakes and ladders, plus we can go over to the other home to join in activities there. I really enjoy it."

Staff told us a hairdresser visited the home on a regular basis and described how people were supported to follow their religious beliefs.

The service had a complaints procedure which was available to people who lived and visited the home. We saw a system was in place to record the detail of each complaint, what action was taken and the outcome. The registered manager said they shared this information with the provider on a regular basis, so they were aware of issues raised. This demonstrated that the provider listened to people's concerns and took action to address any shortfalls.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in post. 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.

People we spoke with said they were happy with the support they or their relative received and the general facilities at the home. When we asked people if there was anything they would like to change to make things better, some people could not think of anything while other people shared their ideas. Two people said they would like menus improving and another person spoke of the environment needing attention, including the garden. We saw the provider was already taking action to make improvement in both these areas.

The provider had used questionnaires to gain the views of people using the service, visitors, staff and professionals who visited the home. We sampled returned questionnaires which contained mainly positive responses to the set questions. One person had commented, "Everyone is very caring, I feel very safe at Field View." However, surveys had not been summarised and shared with people using the service. The registered manager described how they were working on a new system that enabled people to complete online questionnaires, and how these would be summarised and shared in the future. She said paper questionnaires would also be available for people who did not wish to use the online facility.

Minutes from periodic meetings and care reviews demonstrated that people using the service, and their relatives, had been involved in care provision and how the home operated. One person said the meetings were useful for sharing information. People also said the registered manager was approachable and spoke to them regularly to ask if they were happy with the care they received.

We saw the management team held regular meetings, either face to face or in a teleconference, to discuss how the home was operating and to prioritise any actions needed. Staff confirmed they attended meetings where they could voice their opinions and said they felt they were listened to. They told us the registered manager had an open door policy which meant they were always happy to speak to people informally on a one to one basis. Staff told us they enjoyed working at the home.

We found that care workers had received regular supervision sessions. However, one senior care worker said although they had received an appraisal of their work performance, they had not taken part in any recent one to one support sessions. The registered manager told us this was being addressed.

The visiting professionals we spoke with all felt the home was well run. One person told us, "Staff are generally welcoming and the manager is open to audit and feedback, and receptive to any comments made."

There were policies and procedures to inform and guide staff and people using the service. These were available to staff online and had been periodically dated to ensure staff had access to current information. We saw daily, weekly and monthly checks had taken place to check the home was operating to a

satisfactory standard, and staff were following company polices. These covered topics such as the environment, health and safety, care plans and medication practices.

However, we found that although areas for improvement had been identified on the audit document some audits did not have an action plan to summarise what action was needed and the timescale for completion. For instance, the cracked wash hand basins we saw had been identified but had not been replaced in a timely manner, and there was no date for the work to be completed. We also noted the condition of the domestic store cupboard was not included in any of the completed audits. On the second day of our inspection we saw the provider had taken immediate action to address the areas for improvement we highlighted.

The registered manager told us they had been prioritising areas that needed attention, such as recruiting more permanent staff to reduce the use of agency staff, as well as shortfalls identified in the audits. She said that a new handyman had been recruited so they were working through the outstanding work, including the garden and redecoration. She told us work was also on-going with regards to care records and new menus.

Prior to the inspection we noted that we had not received any notifications from the home regarding the outcomes of applications made under Deprivation of Liberty Safeguards (DoLS). We found the correct procedure had been followed in applying for DoLS, but the registered manager could not evidence that notifications had been submitted to the Care Quality Commission [CQC] to inform us of the outcome. We also found the service was supporting people living with dementia and people under 65 years old, but had not informed us of this as required. The provider and the registered manager said they had discussed the latter with a CQC representative, but they had not been advised to submit a notification. They said they would do so as soon as possible.

The local authority told us they had undertaken an assessment of the home in 2015 at which time they determined the home was compliant with the areas they assessed. They told us they had made recommendations around topics such as staff training and care records. A further visit was made in May 2016 when improvements were noted, but some areas were highlighted as needing further improvement. This included, care plan evaluation, introduction of a handover document [so information was passed on between shifts] and completion records, such as monitoring charts, daily notes and body maps. We found improvements had been made in the majority of areas, but some were still in progress.

We saw the environmental health officer had recently awarded a five star rating for the systems and equipment in place in the kitchen. This is the highest rating achievable.