

Bristol Care Homes Limited

Field House

Inspection report

Blakeney Road
Horfield
Bristol
BS7 0DL

Tel: 01179690990

Website: www.bristolcarehomes.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection

Field House is a care home, which provides personal and nursing care for up to 55 people. At the time of the inspection, 42 people were living at the home.

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

People were safeguarded from the risk of abuse. Risks to people's health and wellbeing were assessed thoroughly and clear instructions meant staff were working in safe ways. People were protected from avoidable infections as the home was clean and staff had good hygiene practices.

Medicines were being managed safely. At the last inspection we found evidence that some medicines had been pre potted for people to take later. This practice had stopped, and medicines were safe. An electronic medicine system had been introduced since the last inspection. Accidents and incidents were recorded and used to identify lessons learned, these were shared with the staff team. There were enough staff available to assist people to meet their needs in a prompt way. The provider had a safe recruitment process, which assisted them in recruiting suitable staff.

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.

Governance systems were robust, and the home had a stable management team. Continual monitoring and improvement through audits took place to ensure the home operated effectively and people were safe. The registered manager and the clinical lead were working with staff to ensure people's records were kept up to date. Staff were proud to work at the home. They spoke positively about the management team. Surveys were sent out to gather feedback, improvements were implemented. Partnerships with other agencies and health professionals enabled effective outcomes for people.

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

Rating at last inspection

The last rating for this service was good (published 24 April 2018). The rating at this inspection remains good.

Why we inspected

We undertook this inspection as the service had not been inspected for some time. We inspected two key questions, Safe and Well led. Prior to this inspection we received some information of concern about the care people that people received and in relation to night staff working at the home. We used the information as part of are planning. We found no evidence of concern.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating. The overall rating for the home remains good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Field House on our website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Field House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Field House is a 'care home' with nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We 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 used all this information to plan our inspection.

During the inspection

We spoke with 13 people who lived at the home, 4 relatives, 5 staff members, the registered manager, the deputy, the clinical manager, the area manager and the provider.

We reviewed a range of records. This included 4 people's care records in relation to risk assessments in place, 5 staff files in relation to their recruitment, medicines administration charts, health and safety checks and maintenance records. We looked at a variety of audits relating to the management of the home.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We spoke with staff who confirmed that they had received safeguarding awareness training. They were able to correctly tell us what action they would take should they witness any forms of abuse, including contacting the local safeguarding team if necessary. One staff member told us, "I have no concerns and would not tolerate seeing poor care. I would report this."
- We spoke to people and asked if they felt they were safe living at the home. Their comments included, "Yes, I do feel quite safe" and "The staff are lovely and attentive. This makes me feel safe."
- Where concerns had been identified, the registered manager had raised these concerns with the local authority safeguarding team and worked with them to investigate any concerns and minimise further risks.

Assessing risk, safety monitoring and management

- People's care records contained risk assessments and associated plans relating to skin care, mobility, moving and handling, swallowing, malnutrition and dehydration. These were subject to monthly reviews. We spoke to the registered manager as one person did not have a SALT assessment available. They confirmed this was undertaken and they followed the advice of a modified diet. ● People had body maps to monitor pressure areas, bruises, or redness on their skin. People identified as at an increased risk of skin damage had pressure relieving equipment in place to protect them from developing sores.
- Health and safety checks of the premises were undertaken at regular intervals. Any issues arising from the checks were dealt with appropriately. Safety systems and equipment used at the home were maintained and serviced at regular intervals to make sure these remained in good order and safe for use.
- The staff had been trained in how to deal with emergency situations and events if these should arise, so they would know what action to take, to keep people safe in these circumstances. This included attending fire training and participating in regular fire drills.

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.
- At the time of our inspection, 7 people had an authorised DoLS in place, the registered manager had submitted further applications and informed the local DoLS team of changes as required.

Staffing and recruitment

- Staff told us they felt the home had enough staff to keep people safe. One staff member told us, "One staff member told us, "Staffing levels are ok. When staff phone in sick it can be stressful but we all try and cover shifts. Another safe member told us, "Things are a lot better with staffing as we have recruited new staff".
- We asked people and relatives about staffing levels at the home. One person told us, "I do not wait long for assistance. I do prefer some staff to others". Another person told us, "I think staffing is ok here." One relative confirmed they felt the home had enough staff. They visited daily and felt their relative had good care and that the staff were visible.
- Systems were in place to ensure safe staffing levels were in place. The registered manager explained their dependency tool, which calculated the numbers of staff required to keep people safe, based on each person's assessed needs. The provider had worked hard to recruit staff and the use of agency staff was now minimal.
- Staff were recruited safely. The registered manager undertook checks on new staff before they started work. Important information about potential staff was collected, such as references, identification and Disclosure and Barring Service checks (DBS). 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

- At the last inspection, we found pre potted medicines for some people 'to take later.' We found this practice was no longer happening. There were suitable systems in place to support people to receive their medicines as prescribed. The home used an electronic medicines management system. This alerted staff when people's medicines were due or had not been administered. The clinical manager had overall oversight of the medicines system.
- Medicines were administered safely by staff who were trained nurses. They had received relevant training and had their competency to safely administer medicines was regularly reviewed.
- Where people were prescribed topical medicines, such as creams, charts were in place to indicate where these needed to be applied. Records showed that staff were following prescribed instructions. The registered manager told us they were working with the staff to remind them the importance of signing for creams. They had taken action when the staff had forgotten to sign when this had been administered.
- Plans were in place to guide staff on when to safely administer 'as required' medicines to ensure they were only administered when needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Visitors were welcomed at the service and supported in line with the most recent government advice on managing COVID-19.

Learning lessons when things go wrong

- Robust systems were in place for recording accidents and incidents. The staff knew what to do if a person had an accident. Records had been completed when people had an accident/near miss.
- Professional advice was sought, if necessary, for example, from the GP or emergency services.
- Records confirmed that accidents and incidents had been investigated. Investigation records were thorough and included action taken to prevent recurrence.
- Analysis of incidents and key clinical indicators, for example, falls, weight loss or infections were carried out to identify trends and reduce the risk of recurrence.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection carried out March 2018, we found systems were in place that identified shortfalls. However, shortfalls, relating to medicines management had not been identified. We therefore rated this key question requires improvement. At this inspection we found improvements had been made.

- The registered manager was supported by the deputy and a clinical manager. It was evident that they were passionate in providing a high standard of care to people.

- A range of audits were undertaken by the registered manager, deputy manager, clinical manager and the provider. This included audits in relation to care records, call bells, infection control, maintenance, and medicines.

- Whilst looking at people's care records, we found two people's care records contained gaps. This was in relation to food and fluid charts and repositioning charts. We found no evidence that people had come to any harm. We spoke to the registered manager and the provider about these as further improvements were needed. They gave us reassurance they were monitoring this and continued to ensure the electronic care records system was being updated at the time care was given.

- When shortfalls were found from the audits, the registered manager completed a thorough action plan, which contained clear information and dates for completion.

- An area manager visited the home regularly along with the provider who remained very involved. They each carried out internal quality audits of the home and produced written reports. These were shared internally amongst the management team. Where improvements were needed the registered manager put action plans in place to address the shortfalls.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the home. All staff were observed to be approachable and relaxed around people.

- We did observe during the inspection that people spent time in their bedrooms or remained in bed. We did speak to the registered manager about this. They told us it was for a range of reasons. This included people being unwell and personal choice. Some people chose to spend time in lounge areas. On the day of the inspection new flooring was being laid in the upstairs lounge. This meant some people had lunch in their rooms

- The staff were attentive towards people's needs. One person told us, "The staff cannot do enough for me. They are lovely." One relative told us, "I visit daily, and the care is really good. The staff are welcoming."
- Some staff that worked at the home had been supported by the provider with career progression. For example, the provider helped fund a staff member to undertake their nurse associate training.
- Some concerns had been raised to the registered manager before this inspection about the care people received at night.
- The registered manager, deputy and the clinical lead had undertaken night spot checks of the home. We were told no concerns or shortfalls were found. After the night spot checks were carried out a night staff meeting took place.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open and transparent culture within the home. Records confirmed when complaints were made verbally or in writing, that this was acknowledged and investigated. The registered manager told us if any shortfalls were found in people's care, then the home would take things seriously.
- The management team understood their roles and responsibilities. Statutory notifications are reports of certain changes, events and incidents that the registered providers must notify us about that affect their service or the people who use it, such as safeguarding's. The provider had notified CQC as required of any events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were held regularly with the registered manager. The last meeting was held in April 2023. During the meeting they discussed, infection control, call bells and the importance of good record keeping.
- Handover meetings took place during shift changes at the home. This was led by the nurse on duty each shift.
- The registered manager told us they communicated regularly with relatives by phone and in person. Relative meetings had not taken place since before the COVID-19 pandemic. They planned to get this up and running again soon.
- Throughout the COVID-19 pandemic the provider tried to maintain as much engagement for people as possible. This included a musical team singing from outside under the shelters in the rain.
- The provider engaged with staff to collect feedback. Surveys were sent out to seek their views, which were anonymous. The results from the last survey carried out in August 2022 was over all positive. These results were analysed and shared with the team. The staff felt overall that the home was a good place to work.

Continuous learning and improving care

- The provider was very much involved with the home and had a regular presence within the home. There was a clear commitment to drive continuous improvement at all levels of the organisation. They looked at ways to continuously improve the home.
- Since the last inspection, the provider had invested in an electronic medicine system and care records system. This helped the staff to record information straight away when care was given or medicines administered to people.
- The provider told us they had pioneered new dementia strategies. This was to help improve the wellbeing of people who had dementia and their orientation. They told us this had proved effective.

Working in partnership with others

- The home worked in partnership with the hospital discharge access team. They had 14 blocked beds at the home. The beds were used to discharge people from hospital who were fit for discharge. This was until their future care was decided.
- Regular meetings were held with professionals and the management team. This enabled them to have full oversight of the people being cared for.
- One professional involved with the discharge team told us, "It's been a positive experience so far and for the most part I have only had good feedback from relatives and service-users."

- The registered manager and staff worked in partnership with other agencies. This included for example, the GP who carried out regular visits, the dementia wellbeing team and therapists.

- The home had worked in partnership with the royal photographic society to deliver the 'portraits of care' project. This was a project to celebrate Her Majesty the Queen's Platinum Jubilee. This was part of a research project to benefit people.