Care Quality Commission

Farrington Care Homes Limited

Field House

Inspection report

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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?	Requires improvement

Overall summary

Field House is registered to provide accommodation for up to 28 older people requiring nursing or personal care, including people living with dementia.

We inspected the home on 10 February 2016. The inspection was unannounced. There were 27 people living in the home on the day of our inspection.

Although the home had a registered manager in place, this person no longer worked at Field House and was in the process of cancelling their registration. A new manager had been appointed by the registered provider and started work in January 2016. At the time of our inspection this person was preparing their application to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC to manage the service. Like registered providers ('the provider'), they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The references to 'the manager' throughout this report relate to the new manager and not the registered manager.

Summary of findings

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of our inspection the provider had submitted DoLS applications for two people living in the home and was waiting for these to be assessed by the local authority.

Staff knew how to recognise signs of potential abuse and how to report any concerns. Staff also had a good understanding of the MCA and demonstrated their awareness of the need to obtain consent before providing care or support to people.

However, care plans were not reviewed effectively by the provider and people and their relatives were not involved in reviews of their individual plan.

Some people's individual risk assessments were not reviewed and updated on a regular basis to take account of changes in their needs. The preventive measures put in place to address some risks were not consistently implemented by staff.

Staff worked together in a friendly and supportive way. However, staffing levels on the morning shift did not appear adequate to meet people's needs and required urgent review by the provider.

Staff worked closely with local healthcare services to ensure people had access to any specialist support required. The management of people's medicines was in line with good practice and national guidance.

There was a warm and welcoming atmosphere in the home. Staff knew people as individuals and provided kind, person-centred care. The provider ensured staff completed their core training requirements and encouraged them to study for advanced qualifications.

People were provided with food and drink of good quality that met their nutritional needs.

There was a lack of a structured approach to the provision of activities which meant some people did not have enough stimulation and occupation, particularly people living with dementia.

The manager encouraged people to come directly to her or other senior staff with any concerns. Formal complaints were managed effectively.

The manager demonstrated a very open and democratic management style and had begun to win the respect of people and staff.

The provider sought a range of views on the quality of the service and was committed to identifying any action required in response to the feedback received.

The systems used by the provider to monitor service quality were not consistently effective.

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?

Requires improvement

The service was not consistently safe.

Some people's risk assessments were not reviewed and updated on a regular basis to take account of changes in their needs. The preventive measures put in place to address some risks were not consistently implemented by staff.

Staffing levels on the morning shift did not appear adequate to meet people's needs and required urgent review by the provider.

Medicines were well-managed.

The provider had sound systems for the recruitment of new staff.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of how to support people who lacked the capacity to make some decisions for themselves.

The provider ensured staff completed their core training requirements and encouraged them to study for advanced qualifications.

Staff worked closely with local healthcare services to ensure people had access to any specialist support required.

People were provided with food and drink of good quality.

Is the service caring?

Good

The service was caring.

Staff knew people as individuals and provided person-centred care in a kind and friendly way.

People were treated with dignity and respect and their diverse needs were met.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Care plans were not reviewed effectively by the provider and people and their relatives were not involved in reviews of their individual plan.

There was a lack of a structured approach to the provision of activities and some people did not have sufficient stimulation, particularly people living with dementia.

The provider encouraged people to raise concerns and formal complaints were managed effectively.

Summary of findings

Is the service well-led?

The service was not consistently well-led.

The provider's auditing and quality monitoring systems were not consistently effective.

The provider sought a range of views on the quality of the service and was committed to identifying any action required in response to the feedback received.

The manager demonstrated a very open and democratic management style and had begun to win the respect of people and staff.

Staff worked together in a friendly and supportive way.

Requires improvement 

Field House

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. The inspection was planned to check whether the provider was 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.

We visited Field House on 10 February 2016. The inspection team consisted of one inspector 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. The inspection was unannounced.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with eight people who lived in the home, two family members, the manager, one of the directors of the company that owns Field House, five members of the care staff team, the chef and one member of the housekeeping team. We also spoke with two local healthcare professionals who had regular contact with the home.

We looked at a range of documents and written records including four people's care records and staff training and supervision records. We also looked at information relating to the administration of medicines, the management of complaints and the auditing and monitoring of service provision.

We reviewed other information that we held about the home such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies.

Requires improvement

Is the service safe?

Our findings

People we spoke with told they us felt safe living in Field House. One person said, "It's nice and safe. I have bad dreams so it is nice to know someone's there for me." Another person told us, "I feel perfectly safe here. I have never heard a staff member being unkind to anyone."

During our inspection visit we saw there were sufficient staff to meet people's needs without rushing. However, some people told us that night staff got them up very early in the morning, without offering them a choice. One person said, "[Staff] will say, 'It's your early morning tomorrow' and get us up from 5am. They say to me I'm on the early shift [for getting up]." Another person said, "I complained about how they get me up early one day and then say I could have two lie-ins [on the following days]." A member of staff who worked day shifts in the home confirmed that that there was an arrangement between day and night staff to ease the pressure on staff working on the morning shift. This staff member said, "Night staff try and get five people up before they go off shift. It gives us a hand in the morning as it means we only have to get 23 people up on the day shift. It works okay, at a push." This apparent lack of sufficient staff on the morning shift meant some people had to get up early on a regular basis, regardless of their personal preference.

We raised these concerns with the manager who told us she was unaware of the arrangement between day and night staff. She told us that she would investigate the issue urgently and take any action necessary, including adjusting morning staffing levels should this be required, to ensure each person was supported to get up at the time of their explicit choosing.

We looked at people's care records and saw that a range of possible risks to each person's safety and wellbeing had been considered and assessed, for example medication, mobility and nutrition. However, some of these assessments were not reviewed and updated on a regular basis to take account of changes in people's needs which created an increased risk of harm. For example, in June 2015, one person had been assessed as being at 'very high risk' of developing damage to their skin. The provider's risk assessment system specified that people in the high risk category should have their needs re-assessed at least monthly. However there was no record of any re-assessments having been completed in the six months between July and December 2015. Another person had fallen four times between February and June 2015, sustaining injuries on at least two occasions. Despite these regular falls, no changes had been made to the person's mobility risk assessment to identify any preventive measures that could have been put in place to reduce the risk of further falls.

We also saw that two people had been assessed at being at risk of developing skin damage and required staff support to help them reposition 'every 2-4 hours'. A record was kept of the time each person was supported to reposition and, in the few days before our inspection, we saw that there had been several occasions when there was a gap of more than 4 hours which created an increased risk of skin damage to each person.

Again, we raised these concerns with the manager who told us that she intended to review the care planning system in use within the home and would address the shortfalls in the risk assessment process as part of this exercise.

The provider had assessed the risks to each person if there was a fire or the building needed to be evacuated. This information was available to all staff alongside equipment such as torches and high visibility jackets which might be required in an emergency situation.

Staff were clear to whom they would report any concerns relating to people's welfare and were confident that any allegations would be investigated fully by the provider. Staff said that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team and the Care Quality Commission (CQC). Staff had received training in this area and policies and procedures were in place to provide them with additional guidance if necessary. Advice to people and their relatives about how to raise any concerns was provided in an information folder in each person's bedroom.

We reviewed the arrangements for the storage, administration and disposal of medicines and saw that these were in line with good practice and national guidance. During our inspection visit we saw that staff administered people's medicines in a calm and unhurried way and offered each person a choice of drink to suit their preference. Regular audits of medicines management were conducted by the provider and also by the local pharmacy

Requires improvement

Is the service safe?

that supplied most of the medicines administered in the home. We saw that any issues identified in these audits had been followed up promptly by the manager and changes made as a result.

The provider had safe recruitment processes in place. We reviewed two staff personnel files and noted that references had been obtained. Security checks had also been carried out to ensure that the service had employed people who were suitable to work with the people living in the home.

Good

Is the service effective?

Our findings

People we spoke with told us that staff had the skills and knowledge to meet their needs effectively. One person said, "They are all very good, I've no complaints." A visiting relative told us, "[The staff] are really good. To see the difference [in my relative] is amazing. Commenting on the quality of nursing and personal care provided to people living in the home, a local health professional told us, "The standard of care is good. I have no anxieties, unlike some other homes."

Staff had been trained in, and showed a good understanding of, the Mental Capacity Act 2005 (MCA). This provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff demonstrated they understood the importance of obtaining consent before providing care or support. One staff member told us, "When I am supporting someone with limited capacity to get dressed, I hold up two different items of clothing to help them choose what they want to wear that day. With some people I also use sign language which some people seem to find easier to understand." We saw that some people had been supported to make advance decisions about their future care and treatment and this information was stored prominently at the front of their care file.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection, the provider had sought a DoLS authorisation for two people living in the home to enable staff to provide the care and support they needed whilst ensuring their rights were protected. The manager told us that she was also working closely with one person and their family to determine whether it was in their best interests to stay in Field House or to move out and live independently again.

New members of staff participated in a structured induction programme followed by a period of shadowing experienced colleagues before they started to work as a full member of the team. One member of staff told us, "The induction programme prepared me well." The provider had embraced the new national Care Certificate which sets out common induction standards for social care staff and had built this into the induction programme for new recruits.

The provider maintained a detailed record of staff training requirements and arranged a range of internal and external training courses including safeguarding, fire safety and mental capacity. One member of staff said, "I find the training very helpful. The regular refresher training is really good, as it helps put things back at the front of my mind." Several members of staff had been supported to study for nationally recognised qualifications and the certificates they had obtained were on display in the staff room. One senior member of staff told us, "The manager is encouraging me to study for a higher level management qualification to help me in my role."

Staff told us, and records showed, that they received regular supervision and appraisal. The manager told us that she was conducting all staff supervisions herself, to help her get to know each member of staff personally. She also said, "I have told staff that if they have any issues, they don't need to wait for their next supervision session. They can come to me at any time." Staff told us that they found the supervision process beneficial. For example, one staff member said, "I find the supervision sessions very helpful. We set goals which give me something to aim for."

The provider ensured people had the support of local healthcare services whenever this was necessary. From talking to people and looking at their care plans, we could see that their healthcare needs were monitored and supported through the involvement of a broad range of professionals including GPs, community nurses, diabetes nurses and social workers. For example, staff had identified one person as being at risk of developing skin damage. The provider had sought advice from the community nursing team who were now working with the staff team to ensure the person received the specialist care and treatment they required. One local healthcare professional who visited the home regularly told us they had a good relationship with the care staff team, "They are good at flagging up any issues and ring us straight away if there are any concerns. They are also very receptive to our advice." One visiting family member told us, "[My relative] came up in a rash and they got the GP to come the same day."

Good

Is the service effective?

People told us that they enjoyed the food provided in the home. One person said, "I like it all and it's nice and hot." Another person told us, "I look forward to the meals. It's always nicely cooked." We spent time in the kitchen and dining room and observed people eating lunch and snacks. We saw that people were served freshly prepared food which looked and smelled to be of good quality. There was a rolling four week menu which usually provided people with a minimum of two choices for lunch. The chef said that she went round each morning to ask each person what they wanted for lunch that day. She also told us, "If someone changes their mind we can accommodate it. People can have whatever they want." A wide range of hot and cold choices was provided at breakfast and also at tea time.

Kitchen staff maintained a list of people's individual likes and preferences. For example, we saw that one person didn't like strawberries and other people preferred egg on toast to beans on toast. Kitchen staff also had a detailed understanding of the nutritional assessment that had been completed for each person and used this information when preparing food and drink. For example, the chef knew who needed to have their food pureed to reduce the risk of choking and hot and cold drinks were offered throughout the day to combat the risk of dehydration. The chef was also aware of the needs of people with particular dietary needs, including those who were following gluten free or vegetarian diets.

The chef told us that she encouraged people to provide feedback on the food and drink provided. She said, "I speak to each person every day and make changes in the light of what people tell me. Liver and bacon are back on the menu because people asked for it." The chef told us that she was working with the manager to review the menus and would be inviting people to a special meeting to discuss the changes proposed and to invite their feedback. During our inspection visit, one person told us that they would like more homemade cakes at teatime. We discussed this with the manager who told us that she was aware of the issue and was in discussion with the chef to ensure these were provided in future.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person said, "They are very kind. They listen to me when I say I'm too hot." Another person said, "Their patience is wonderful. They've got a caring attitude, definitely." On a recent questionnaire sent out by the provider to monitor satisfaction with the service provided at Field House, we saw that one person had written, "When I broke my wrist, [staff] couldn't have been kinder."

Staff knew and respected people as individuals. One staff member told us, "I like chatting to people and finding out about their life stories. I like to have a laugh and a giggle with people. I like to see them smiling." Another staff member said, "I like to have a cup of tea or coffee with people, to introduce myself and get to know them. I discovered one person used to play football in their youth and that's turned into a great source of conversation when we are together." One person who had recently celebrated their birthday told us, "I was with friends in the conservatory and I could hear a lot of giggling. They brought in a huge cake and came in singing 'Happy Birthday'. It was lovely. They gave me a pretty card too."

During our inspection visit we saw that staff supported people in a friendly and helpful way. For example, we saw one member of staff gently take an elderly person's hand and chat warmly about what each had been up to since they had last been together. Another member of staff told us that they often came in on their days off, bringing their pet dogs to spend time with the people who lived in the home. This staff member said, "They love the dogs. Sometimes I'll also put on a silly hat and lark about to make people laugh." We witnessed another member of staff speaking to someone's family member on the telephone. The family member was planning to visit the next day and the member of staff asked them if they would like to have lunch together with their relative as part of their visit. The manager told us that if someone wanted support to attend a hospital appointment and didn't have a relative or friend living nearby, "We will always try to send a member of staff with them, so they are not on their own."

Throughout our inspection we saw evidence of the provider's commitment to person-centred care and to giving people choice and control over their lives. For example, one member of staff told us about a recent incident when one person's relative had wanted their loved one to sit in a particular part of the home, despite the person making it clear that they wanted to sit somewhere else. The member of staff had supported the person's choice, explaining to the relative that, "We need to ask [the person]. They are more than capable of making decisions for themselves." Another member of staff told us that when they were supporting a particular person to have a shower, to help maintain the person's independence and control, they always stood outside the shower cubicle, "Encouraging but not doing."

We saw that the staff team supported people in ways that took account of their individual needs and helped maintain their privacy and dignity. Staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. One staff member told us that when they were providing personal care to people, "I always offer a towel so they can cover themselves up." One person told us, "They always close my curtains." Another person said, "The staff are very respectful."

The manager told us that a range of religious services was organised each month to meet people's diverse spiritual needs. In the reception area of the home the provider maintained a 'remembrance tree' which, on each leaf, had the name of someone who had recently passed away. This provided everyone connected to the home with an opportunity to pause and remember people who were no longer with them.

People's personal information was stored securely but during our inspection visit we observed that the care staff team used a communal area of the home to complete their handover at the beginning and end of each shift. This meant that personal confidential information might have been overheard by other people living in the home. We raised this concern with the manager who took immediate steps to address the issue by moving the handover area to another part of the building.

People were provided with information on local advocacy services. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. The manager was aware of the services available locally and told us she would not hesitate to contact them should anyone living in the home need this type of support in the future.

Requires improvement

Is the service responsive?

Our findings

If someone was thinking of moving into the home the manager told us that either she or a senior staff member normally visited the person to carry out a pre-admission assessment. The manager said that it was important to be sure that Field House was the right place for someone and that she had turned down some referrals recently because she felt the service could not meet the person's needs. When someone moved in, staff prepared an initial care plan in discussion with the person and their family. Over time, this was developed into a full care plan detailing the person's personal preferences and care requirements.

We looked at people's care plans and saw that they addressed a range of individual needs. However, we also found that some people's care plans were not reviewed effectively. A summary of each care plan was printed off each month and signed by a staff member to indicate that a review had been completed. However, in the care plans we examined, there was no evidence that any issues had been identified or any changes made as a result of these reviews. For example, in one person's care plan, the wording on the signed summary was exactly the same for 19 consecutive months. Additionally, there no evidence that people and their families had been given the opportunity to be involved in recent reviews of their care plan. One person told us, "I've not seen [my care plan]." Another person said, "They don't update me."

We raised these concerns with the manager who acknowledged the issues we had identified and told us that she would be reviewing the care planning system in use in the home as a matter of priority.

The provider arranged a variety of group activities to provide people with stimulation and entertainment, including bingo, musical events, board games, outings and seasonal craft activities. However, it was unclear which member of staff had the lead responsibility in this area and, as a result, the weekly 'Activities Calendar' was no longer produced on a regular basis and some people were unsure which activities were on offer on any particular day. One person told us, "We're not always told about things. I didn't know about the singer today." Another person said, "I didn't know about the singer until you told me." This failure to effectively plan and publicise activities meant that people did not have the opportunity to look forward to planned activities and to make sure they were in attendance for those of particular interest to them.

On the day of our inspection, a singer had been booked and led an afternoon musical entertainment in one of the lounges. This was well-attended and enjoyed by everyone present. However, some people living with dementia who were sitting in an adjacent lounge were not supported by staff to attend the event, despite it being clear that some of them were listening and responding to the music. We pointed this out to staff who arranged for the singer to perform an additional concert specifically for this group of people.

Throughout our inspection, although some people were able to occupy themselves with a book or by chatting to a friend, we saw others, particularly people living with dementia, sitting in communal lounges for extended periods of time. They had little to stimulate them and only occasional interactions with passing members of staff. One staff member told us, "[A former member of staff] used to do a lot with people. But we could do a bit more now. There's probably not enough for people to do."

We talked to the manager about the lack of a structured activities programme and the provider's failure to consider properly the needs of people living with dementia. She acknowledged that further work was needed to improve the provision of activities in the home, to ensure everyone had sufficient stimulation and occupation. "It's something I need to look into, it's on my list of things to do."

Some people were supported to pursue personal interests and hobbies. We met one person who went out every week for lunch with a friend and another person attended the local British Legion club on a regular basis. People were encouraged to personalise their bedroom and we could see that some people had their own photographs and other souvenirs on display. The manager told us that, if they wished, people could also bring their own furniture with them when they moved into the home.

Information on how to raise a concern or complaint was provided in an information folder in each person's bedroom. The provider kept a log of any formal complaints received and we could see that these had been handled correctly in line with the provider's complaints policy. The manager told us that she encouraged people and their

Requires improvement

Is the service responsive?

relatives to come directly to her and other senior staff if they had any concerns. We saw that a relative had raised an issue recently that had been dealt with effectively by the manager, avoiding the need for a formal complaint. One person told us, "I've had no reason to moan but if I did, I could talk to any of the staff."

Requires improvement

Is the service well-led?

Our findings

The atmosphere in the home was warm and welcoming. One person told us, "I am as happy as Larry!" Another person said, "I'd recommend it here." The manager told us that, "Residents come first at Field House. We want to provide the best, not just the basics." This commitment to putting people at the heart of the service was reflected in the wording of a poster on display in the reception area of the home which read, "Our residents do not live in our workplace, we work in their home."

The provider had implemented a range of audits to monitor the quality of the care provided to people. However, these were not consistently effective. For example, monthly audits of care plans were conducted but these had not picked up the shortfalls in risk assessments and the lack of effective review that we identified in our inspection. This created an increased risk to people's safety and well-being. Other audits were more effective. For example, the manager had started a regular infection control audit using a tool provided for this purpose by the local authority. A number of issues had been identified and action taken in response, including an increase in the frequency of cleaning schedules in the home.

Throughout our inspection visit the manager demonstrated a very open and democratic management style. She told us, "I may be the manager but I am on the same level as everyone else. I wouldn't ask anyone to do anything that I wouldn't do myself." She was also quick to acknowledge and take responsibility for the shortfalls we identified in areas including care planning, auditing and activities provision. During our inspection visit we saw that the manager regularly spent time out of her office, engaging with people and staff. The manager told us, "I work every other Saturday and I also cover care shifts if someone phones in sick at short notice. It's a great way to get to know people." Although she had only been in post for three weeks, the manager had clearly begun to win the respect of people living in the home and staff. One person said, "I know her now, she seems very nice." A member of staff told us, "[The manager] is a very understanding and experienced person. She knows what needs to be done and is always there when we need her."

Staff told us that they felt listened to by the manager and other senior staff. For example, one member of staff said that they had suggested changes to the way some items of laundry were handled and this had been introduced by the manager. Another staff member told us, "I feel listened to, particularly when I requested some changes to my job role."

We saw that staff worked together in a friendly and supportive way. One long-serving member of staff said, "There's a good atmosphere in the staff team. I wouldn't be here if it wasn't a good place to work." Another staff member told us, "If I am unsure I always ask a senior. They encourage us to ask for help, it's a really good team here." There were regular staff meetings and we saw that a wide range of issues had been discussed at the most recent meeting with action taken in response. Staff knew about the provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the home that could not be addressed internally.

The manager told us that she felt she had the full support of the provider. She said, "I get great support from head office, I can't fault it. Whenever I have asked for things I have got them." Directors from the provider visited the home regularly, including on the day of our inspection. One member of staff said, "[The directors] came at Christmas and again last month. They spend time talking to residents and staff."

The provider undertook regular surveys to measure satisfaction with the service provided. Questionnaires were sent to people and their relatives, staff and local health and social care professionals. The most recent survey had been completed in December 2015 and the manager was in the process of analysing the results to identify any action required in response to the feedback received.

The provider did not organise group meetings with people or their relatives to discuss any issues or suggestions relating to the running of the home. However, the manager told us that she was in the process of writing to people and their relatives to invite them to an initial meeting which she hoped would become a regular event. In the meantime, she told us she encouraged people to come to her directly with any comments or suggestions. For example, one person had asked her if they could have lemon mousse as an alternative to the usual chocolate mousse. The manager said, "I changed the food order that day."

The provider maintained logs of any untoward incidents or events within the service that had been notified to CQC or

Requires improvement

Is the service well-led?

other agencies. In a recent case, concerns had been raised about one person's care and these had been considered by the local authority safeguarding team. We saw that the manager had reviewed the outcome of this case carefully and arranged additional training for some staff members to reduce the chance of something similar happening again in the future.