Somerset Care Limited

Field House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Outstanding

Summary of findings

Overall summary

Field House is a residential care home for 36 people. The home specialises in the care of older people but does not provide nursing care.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good

People felt safe at the home and with the staff who supported them. One person said "I feel very safe living here and I am very happy." The provider's staff recruitment procedures helped to minimise risks to people who lived at the home. Training for all staff made sure they were able to recognise and report any suspicions of abuse.

There were sufficient numbers of staff to keep people safe and to provide care and support in an unhurried manner. People told us staff were always kind and caring. Throughout the inspection there was a cheerful, relaxed and caring atmosphere. There was a consistent staff team with some staff working at the home for a number of years. It was evident staff knew people well.

There was a full programme of activities including a strong relationship with the local community and schools. People had access to extensive grounds which were used for events which involved the local community. However they also had access to a safe garden where they could sit and enjoy the good weather.

People received effective care and support from staff who were well trained and competent in their roles. Staff monitored people's health and made referrals to healthcare professionals according to their individual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager's philosophy was to provide a, "homely, comfortable atmosphere with friendly and approachable staff, a home from home." This philosophy could be seen throughout the inspection and through talking with staff, people living in the home and relatives. Staff spoke passionately of the people they cared for and how they could make people feel at home and relaxed.

People were cared for by kind and patient staff who respected their privacy and dignity and helped them to maintain their independence.

People benefitted from a management team who were open and approachable and had systems in place to seek people's views. People were always asked for their consent before staff assisted them with any tasks

and staff knew the procedures to follow to make sure peoples legal and human rights were protected.

There were systems in place to monitor the care provided and people's views and opinions were sought regularly. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains outstanding.	**Outstanding** ☆

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. 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.

This inspection took place on 1 and 5 June 2017 and was unannounced. It was carried out by an adult social care 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 or has used this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During this inspection we spoke with 13 people living at the home, seven members of staff and two visiting relatives. We also spoke with a healthcare professional involved with the home. The registered manager was available on the second day of the inspection. We also spent time observing care practices in communal areas of the home.

We looked at a number of records relating to individual care and the running of the home. These included four care and support plans, three staff personnel files and records of meetings held at the home.

Good

Is the service safe?

Our findings

The home continued to provide a safe service.

Throughout both days of the inspection we observed a very relaxed and happy atmosphere in the home and people felt safe and secure. One person said, "Oh yes very safe place to live". Another person said, "I sleep well, because I know I am safe". A third person said, "Very much so I feel a lot safer here than I did when I lived by myself".

The provider had systems in place to make sure people were protected from abuse and avoidable harm. Records showed all staff had received training in safeguarding vulnerable adults. Staff confirmed they had received up to date training. They said they felt confident they could discuss any concerns with the management team. One staff member said, "I would have no hesitation to go to [the registered manager] if I thought something was not right. I have every confidence she would manage it properly." Where concerns had been raised with the registered manager they had taken prompt action to make sure people were safe. There were posters displayed around the home explaining how people, staff or visitors could raise a safeguarding alert with the local authority.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Staff files we read showed all new staff were checked to make sure they were suitable to work with vulnerable people before they began work at the home.

There were enough staff to keep people safe and to meet their needs. Throughout the day staff were available to people when they required assistance. However some people said the call bells sometimes took a time to be answered. We discussed this with the registered manager who explained they had carried out an audit of response times and discussed with staff the need to answer call bells promptly. Staff meeting minutes showed the issue of long waits for some people had been discussed.

Individual risk assessments identified potential risks to people and gave guidance to staff on how to support people safely. Assessments included risks such as falls, nutrition, manual handling and skin breakdown. Risk assessments detailed how to reduce identified risks and also promoted people's independence by detailing what they could do for themselves and where support from staff was required.

People received their medicines safely from staff who had received specific training to carry out the task. Each person had a locked cupboard in their room where their personal medicines were stored and staff used an electronic handset to record administration. Staff said the system worked well and they could be sure people would be protected from errors.

Where medicines needed to be given at specific time intervals the system would not allow medicines to be given before the time had elapsed. Some people were prescribed medicines, such as pain relief, on an 'as required basis'. We observed staff ask one person if they required any pain relief.

Good

Is the service effective?

Our findings

The home continued to provide effective care and support to people.

People told us they felt staff were well trained and knew how to care for them effectively. One person said, "They are very switched on if you ask me. They are a good lot here, always keeping an eye on me". Another person said, "They are very quick to help me if I need it. I don't have to worry about a thing". One visiting relative said, "The staff always come and have a chat with me, to let me know how [the person] is getting on".

People were cared for by staff who had the skills and knowledge to meet their needs. Records showed all staff were up to date with the organisations statutory training. The registered manager explained how a new recording system was being introduced and training carried out since 1 April 2017 was not yet on the new system. They were still able to evidence that all staff at Field House had attended training with written records they kept in the home. These showed all staff had attended an update of the "Dementia in a Nutshell" training. One staff member explained how the dementia training had changed their perspective of how they provided care and support. They told us, "It was amazing training it really showed how their minds worked. Since the training I have thought about the way I look after people. I now know how to respond so people stay calm and relaxed."

People's rights were protected because staff worked in accordance with the Mental Capacity Act 2015 (MCA). The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff explained how most people could make day to day decisions for themselves. One staff member said, "Given the time and the information they need, most people can make decisions about what they want to do through the day." Staff said if people were unable to make a decision they would involve their family and healthcare professionals to make sure decisions were made in their best interests. Care plans showed when best interest decisions had been made for people and who had been involved. For example one person required the use of a mat in their room which would alert staff to when they had stepped out of bed. This meant staff could reduce the risk of falls so the person could maintain some independence.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made when necessary and the registered manager had followed up decisions with the local authority. When a DoLS application was accepted the registered manager completed the necessary notification to CQC.

Staff sought people's consent before they assisted them with any tasks. Throughout our visit we heard staff checking if people were happy doing what they were doing or if they wanted support to do something else.

People had access to health care professionals to meet their specific needs. During the inspection we looked at four people's care records. These showed people had access to appropriate professionals such as GPs, dentists, district nurses and speech and language therapists.

People's nutritional needs were assessed and weights were monitored. Care records showed where people had lost significant weight referrals were made to the GP. We observed the lunchtime meal being served in the dining room. Tables which were nicely laid and each had condiments for people to use. People did not choose meals in advance but were offered a choice of two meals on the day. Vegetables were placed in a dish on each table so that people were able to serve themselves. One person did not understand the meal options so the staff member showed them the two choices so they could choose. We also saw some people requested an alternate meal to the two offered, the alternative provided on the day were jacket potatoes. People said the meals were good, one person said, "Lovely it is always worth waiting for". Another person said, "'Better than most of the restaurants nowadays. Lovely and fresh". However one person said if they did not like the meal they were offered they just, "Pushed it aside."

We observed one staff member during lunch reduce a potentially stressful situation. One person living with dementia was getting restless at the table and other people were annoyed. The staff member helped the person back to their seat and ensured they received their meal next so they were occupied. This meant the person living with dementia was relaxed and understood where they were and other people experienced an enjoyable meal time. The staff member was patient, gentle and reassuring at all times.

Good

Is the service caring?

Our findings

The home continued to provide a caring service to people.

Interactions we observed between people and staff were kind and caring and demonstrated that staff knew people very well. People told us staff were always kind and respectful. During our conversations with people, all of the comments we received were positive. One person said, "'I am very happy where I am". Another person said, "I feel very much cared for". Whilst another person commented on how caring staff were when they used the hoist to help move them.

All staff were observed to have built meaningful relationships with people. For example one person said their electric chair had stopped working. A member of staff informed the maintenance person who came to look at it. The rapport between the maintenance person and the people in the lounge was friendly, cheerful and a two way banter took place. One person said later, "He's lovely always a laugh and a joke". One relative had commented in the compliments log kept by the home, "Staff are excellent [the person] is looked after very well and forming good relationships with staff".

People told us staff respected their privacy and dignity. We observed staff assist one person to move with a hoist. Staff were very attentive of their privacy and dignity, and explained clearly what they were doing. Each person had their own bedroom with en-suite facilities. This meant staff could support people with their personal care needs in the privacy of their own bedroom. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. The registered manager explained how they had moved the offices around so visiting health professionals had a private room to see people in.

People and their family or representatives where involved in decisions about their care and support. People said staff listened to them about how they wanted to be assisted. Staff told us they respected people's choices. One member of staff said, "I look at it as though I was looking after my own mum or dad. I think if I wanted do to something what I would feel like if I was told I couldn't? So it is important here that the residents have the choice to do what they want, when they want."

It was clear staff knew people well. Staff were able to tell us about people and their individual lifestyle choices and wishes. The activities organisers knew about people's interests and hobbies which enabled them to chat and socialise with people on a very personal level. Care plans included detailed life histories so staff could sit and talk with people about their experiences. One staff member spoke passionately of how they had managed to obtain an old fashioned type writer for people.

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of other people. Staff understood the need to respect people's confidentiality.

A record of compliments was kept by the home. We looked at some of the compliments they had received.

Relatives were generally very happy with the care and support provided and a sample of the comments made included. "I like the way everyone is treated as an individual and I am impressed by the kindness and respect shown to all." And, "The people who work at Field House are blessed with a can do approach, the ability to make it all look so easy and always with a smile. Thank you for everything."

The home was able to care for people at the end of their lives. The care plans gave information about how and where people wished to be cared for at this time. Advance care plans and information about people's wishes regarding resuscitation had been clearly recorded and agreed with people. The registered manager explained that when they provided end of life care they worked to the principles of the National Gold Standard Framework (GSF). This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. A review of the GSF had been carried out and the home had been re-accredited as 'commended'. The reviewer stated in their report, "The home works closely with district nurses and within the GSF code. GSF is embedded in practice and documentation."

Good

Is the service responsive?

Our findings

The service continued to be responsive.

People told us they were able to make choices about their day to day lives and continue to follow their own routines. One person said, "It's down to me what I do, there's plenty to do here and I can join in if I want to. Sometimes I just like my own company." During the inspection we saw people chose where they spent their time and what activities they joined in with. Some people chose to sit in a quiet lounge. The activities person explained they would let them know when an activity started but did not do activities in the quiet lounge to respect their decision.

People were supported to be involved in the running of the home. The registered manager explained how one person had liked to be involved in the recruitment process for new staff. They explained they were not so actively involved now but the registered manager would ask their opinion of a person after they had shown them around the home. The registered manager said, "I did actually turn one person down following [the persons] recommendation."

People were supported to take part in activities and occupy their time. During the morning of the second day of the inspection we observed a very animated Flexercise session which people appeared to enjoy. This is an exercise programme for people sat in chairs. On the first day of the inspection people were able to enjoy the garden area and one activities person explained they would be planting vegetables in the afternoon. The activities staff explained how they had a programme of activities but they could change depending on the weather or what people wanted to do. The registered manager explained how they were changing the activities information to include pictures to better inform people.

The registered manager explained how they had introduced "make a wish". Staff and activities organisers spoke to people about what they would really like to do. One wish was to go out with their family so staff were arranging with the family to make it possible. Another person said they wanted to go to the seaside and have an ice cream. Whilst others stated they just wanted to enjoy the fresh air and walk around the garden. Staff were aware of peoples wishes and tried to fulfil them where possible.

There were excellent links with the community which enabled people to keep in touch with friends and continue to take an active part in their community. Staff encouraged people to use local facilities such as shops, cafes and the local park. The registered manager explained how they had built a very close relationship with a local school with children visiting the home to entertain people. They explained there were plans for children to visit and talk with people about their memories. The home also had a very good relationship with a local supermarket that supported them with fundraising and provided an annual Christmas dinner for people in the home. Occasions in the home such as a fete, tea parties, and open days were well attended by the local community. One activities person explained how they had support from a local sports centre to hold the 'Field House Olympics'. People from other homes within the organisation would also attend the 'Olympics' at Field House and compete against each other.

Each person had a care plan which set out their physical needs and how these would be met by staff. Care plans also contained information about people's likes, dislikes and lifestyle choices which helped to make sure people received care in accordance with their wishes and preferences not just their physical needs. Staff we spoke with had an excellent knowledge of people's individual histories and preferences.

Staff responded to changes in people's needs and made sure they were seen by appropriate professionals to meet their changing needs. For example if someone had a high number of falls they were referred to the falls clinic to make sure they had the support and equipment they required.

People said staff assisted them to maintain their independence. Care plans were clear about enabling people to do things for themselves. Throughout the inspection we observed people were encouraged to walk when they could rather than using a wheelchair.

The registered manager sought feedback from people and staff through questionnaires, meetings and one to one conversations. Where suggestions were made these were acted upon where possible. For example people had mentioned that the large gardens made it difficult for them to go outside. The registered manager and staff had arranged for an area of the garden to be fenced and managed so people could feel safe walking outside with seating areas and flowerbeds. The home used the provider's 'You said. We did' posters to give people confidence that their suggestions were listened to.

People felt able to share any concerns or complaints because there was an open and responsive atmosphere in the home. People said they would not hesitate to make a complaint to the registered manager if they were unhappy with any aspect of their care. One person told us, "I don't have anything to complain about but if I did I know where to go. I have no doubt they would sort it out." Another person said, "We can talk to [the registered manager] every day if we need to so if you want to say something you can do it then. You don't need to wait to complain."

The open atmosphere enabled staff to raise any issues of poor practice they saw to make sure improvements were made to the care and support people received. Where complaints had been made the registered manager had investigated people's concerns and taken action to correct any shortfalls. This showed the registered manager used complaints as a way to improve the service offered to people.

Outstanding ☆

Is the service well-led?

Our findings

The service continued to be well led.

Since the last inspection a new manager had been appointed and registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, 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 statement of purpose contained the organisations vision, it stated, "Our philosophy of care promotes, dignity, privacy, respect for human rights, equal opportunities and the right to enjoy the highest possible quality of life." The registered manager told us they aimed to create a, "homely, comfortable atmosphere with friendly and approachable staff, a home from home." Throughout the inspection we saw both the organisations and the registered manager's vision being put into practice by all staff in the home. Staff spoke passionately of the people they cared for and how they could make people feel at home and relaxed. One staff member said, "I love my job it is my passion and Field House is just like a big happy family."

There continued to be a management structure in the home which provided clear lines of responsibility and accountability. The registered manager was supported by a deputy manager and a small team of care supervisors. Some members of the staff team had lead roles such as end of life care, dementia, nutrition and dignity so they were able to guide staff practice in these areas. One staff member explained how with the support of lead staff they were making an impact on people living with dementia. They told us, "We all work with the same aim to ensure people are relaxed and comfortable. To do that we must remember to recognise their world and not force them back into ours." The provider's local operations manager helped to monitor the quality of the service by carrying out auditing visits.

Following the last inspection it had been identified that some changes needed to be made to support people living with dementia. The new registered manager had made it her passion to ensure they had an area that was 'dementia friendly' and a safe area for people to express themselves freely. They told us, "I wanted to see it through and make life for people living with dementia more meaningful. So we now have Orchard View an area dedicated for people living with dementia. We also have a safe fenced garden where people can spend time." We saw people living on Orchard View were able to express themselves and walk about freely without other people living in the home, who may not understand their needs, becoming agitated. Orchard View could be a separate unit or it could integrate with the rest of the home as people wanted. The registered manager explained how they had ensured all staff had completed the 'dementia in a nutshell' training. They also explained how they had a staff member interested in being the dementia champion in the home and they were attending the organisations meetings to improve the living experience for people in the home.

The registered manager continued to be open and approachable. All of the people spoken with during the inspection described the management of the home as open and approachable. The registered manager

explained how they had moved the office out into a more accessible part of the home where people and visitors could see them. This had meant they had space to use as a private area for people to meet healthcare professionals.

Staff felt well supported by the registered manager and provider. Staff morale was high and staff appeared genuinely happy in their jobs. This helped to create a cheerful happy atmosphere for people to live in. One member of staff told us, "It is a lovely place to work some staff have been here for years and are still very happy so that says a lot."

The provider was accredited by Investors in People (a scheme that focused on good business and people management). They were members of the Registered Care Providers Association and the National Care Forum. Field House also belonged to TECH (technology enhanced care home) This meant people had access to, " SKYPE video calling, WiFi hot spots, email, communal computer, internet access and games." Staff explained how they could support people to keep in touch with family.

The registered manager continued to build strong relationships with the local community they had been involved with a local garden centre in the snowdrop campaign. This enabled the home to install raised flowerbeds for people to enjoy. Good use was made of the home's extensive gardens; many social events were held in the grounds. Social events also involved other homes in the Somerset Care group and people from the local community.

There continued to be robust systems in place to share information and seek people's views about the running of the home. These views were acted upon where possible and practical. In addition to the resident's committee and the 'Friends of Field House', the service gained feedback from 'themed conversations' with people, stakeholder surveys, complaints and compliments to continually develop improvements within the home. For example people had commented about medicines being given out during meal times. The registered manager had taken this on board and staff did not administer medicines during mealtimes, making them more enjoyable and social. An IPSOS MORI customer satisfaction survey was also carried out. This is an independent market research organisation. The results of the survey showed Field House was above average with customer satisfaction in most areas.

There continued to be an effective quality assurance system in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. We looked at care plan audits that had been carried out and saw that any shortfalls had been addressed with staff. All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. For example complaints were seen as a way to improve practice and action was always taken when people raised concerns. The registered manager explained they had introduced a system where all issues raised, however minor were recorded so they could identify any trends before they became a major issue.

The registered provider ensured the home was run in line with current legislation and good practice guidelines. There were up to date policies that were available to all staff to make sure they had the information they required to provide safe and effective care.