

Fieldside Care Limited

Fieldside Care Limited t/a Fieldside Care Home

Inspection report

9 Canadian Avenue
London
SE6 3AU

Tel: 02086901215
Website: www.parksidecare.org.uk

Date of inspection visit:
24 March 2017

Date of publication:
08 May 2017

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?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 13 and 24 March 2017. Fieldside Care Limited t/a Fieldside Care Home provides care and support to up to 33 people. At the time of the inspection there were 33 people using the service.

The service had a registered manager in place. 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.

We last carried out an unannounced focused inspection on 25 September 2015 and we found one breach in regulation relating to medicine management.

At this inspection we found the service demonstrated good practice in the safe management of medicines. People received their medicines as prescribed. The service maintained records, stored and administered medicines safely.

People were protected against the risk of abuse and avoidable harm. Staff received on-going training in safeguarding which enabled them to recognise and report suspected abuse. The service developed risk assessments that identified known risks and gave staff guidance on how to mitigate those risks safely.

People received support from sufficient numbers of suitably vetted and trained staff. Staffing levels reflected people's needs and were flexible to manage people's changing needs. Staff were supported to undergo an induction process to enable them to understand their roles and responsibilities in their job. Staff received training in core mandatory training and told us, this aided them to deliver effective care to people. Staff reflected on their working practices through regular supervisions and appraisals.

People were not deprived of their liberty unlawfully. The registered manager and staff were aware of their responsibilities of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service sent DoLS requests to the local authority when it was required to restrict people's liberty. Records showed DoLS authorisations were monitored by the service to ensure new requests were submitted prior to previous ones expiring.

People were supported to access sufficient amounts of food and drink that met their dietary requirements and nutritional needs. The service liaised with nutritionists and other health care professionals to ensure menus reflected people's needs. People told us they like the food they received and were offered choices.

The service had care plans in place that detailed people's history, health, medical and physical needs and preferences. Care plans were reviewed regularly to reflect people's changing needs and shared with staff to ensure the delivery of care coincided with the changes. Where possible people were encouraged to develop

their care plans. Care plans detailed how staff should support people in line with their preferences.

Staff encouraged people to make decisions about their care and had their decisions respected. People had their dignity and respect maintained by staff that were kind, caring and compassionate. People's confidentiality was maintained by staff and records were kept securely with only those with authorisation having access to them.

People were encouraged to participate in a wide range of activities of their choice. The service provided both in-house and community based activities for all, in line with their choices and preferences. Staff were aware of the importance of monitoring people's presentation to ensure they were not socially isolated.

People were aware of how to raise concerns or complaints to the service. People told us they felt comfortable raising issues with staff or management. The service had processes in place to respond to complaints in a timely manner. The service carried out regular audits to drive improvements. Records showed daily, weekly, monthly and annual audits were undertaken and where issues were identified, action was taken in a timely manner. Quality assurance questionnaires were sent to people, their relatives and staff to question the service provision.

People, their relatives and staff spoke highly of the registered manager. The registered manager operated an open door policy whereby people were able to speak with them at a time of their choosing. People told us the registered manager was open and transparent and encouraged partnership working.

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. People were protected against the risk of harm and abuse, by staff that received safeguarding training. The service carried out risk assessments that identified known risks and gave staff guidance on how to mitigate the risks.

People received their medicines in line with good practice. The service completed daily audits of the medicine to ensure any errors were identified quickly and action taken to minimise impact. Records showed medicines were administered, stored and recorded appropriately.

People were supported by sufficient numbers of suitably qualified staff that met their needs safely.

Is the service effective?

Good ●

The service was effective. People were not deprived of their liberty unlawfully. The registered manager and staff were aware of their responsibilities of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service sent DoLS requests to the local authority when it was required to restrict people's liberty.

People received support from staff that received on-going training to meet their needs. The service had planned up-coming training in advance. Staff received regular supervisions to reflect and improve on their working practices.

People were provided with sufficient amounts of food and drink that met their dietary and nutritional needs.

Is the service caring?

Good ●

The service was caring. People had their dignity maintained by staff that treated people with respect, compassion and kindness.

Staff encouraged people to maintain relationships with people that mattered to them.

People had their confidentiality maintained and respected by staff. Records were kept securely in locked cabinets with only

those with authorisation having access to them.

Is the service responsive?

Good ●

The service was responsive. People and their relatives were encouraged to develop their care plans and make decisions about the care and support they received. Care plans were reviewed regularly to reflect people's changing needs.

People were supported to participate in a wide range of activities, both in-house and in the local community.

People were encouraged to raise their concerns and complaints and knew how to do so. The registered manager was aware of the correct process in responding to complaints to ensure a positive resolution.

Is the service well-led?

Good ●

The service was well-led. The registered manager developed a service that was open, inclusive and empowering. People received support from a service that encouraged partnership working.

The service carried out regular audits to ensure service provision was monitored and action taken in a timely manner when issues were identified.

People received care and support from a service that questioned the service delivery through quality assurance questionnaires to drive improvement.

Fieldside Care Limited t/a Fieldside 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.

The inspection took place on 13 and 24 March 2017 and was unannounced. On the first day of the inspection 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. On the second day of the inspection, one inspector was present.

Prior to the inspection we looked at information we held about the service. This included information received from health care professionals, members of the public and statutory notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke with five people, two relatives, six care workers, two health care professionals, the deputy manager, the registered manager and the provider. We looked at seven care plans, 13 medicine administration records (MARS), five staff files, maintenance records and other records related to the management of the service.

Is the service safe?

Our findings

People received their medicines in line with good practice. One person told us, "I get my medicine when I should". Another person said, "I do get my medicine and they [staff] check I take it." A relative told us, "Medically, they [relative] is looked after very well." We looked at people's medicine administration record (MAR) sheets and found these documented the name, dose, route and time medicines needed to be administered. Medicines were stored correctly. We carried out an audit of the medicines and found that these tallied with the MAR records. Staff were aware of the correct procedure in administering medicines and who to alert should they identify any errors. The service carried out daily audits of the medicine where checks and balance documented and errors identified were recorded and the registered manager informed.

People were protected against the risk of harm and abuse. Everyone we spoke with told us they felt safe living at the service, for example one person told us, "I feel perfectly safe here." A second person said, "I find it nice here and I feel safe." We spoke with a relative who said, "Yes, I do feel [relative] is safe here. [He/she] is well monitored." Staff were aware of their responsibilities in maintaining people's safety and confirmed they had received safeguarding training. One staff told us, "There are lots of different types of abuse. If I suspect someone has been abused I would immediately tell the registered manager." Another staff member told us, "I would write everything down and report it immediately." Staff had sufficient knowledge of safeguarding procedures and told us the different types of abuse and how people may exhibit if being subjected to abuse.

The service had risk assessments in place to protect people from avoidable harm. Risk assessments identified risks and gave staff guidance on how to mitigate to maintain people's safety and well-being. Risk assessments were updated regularly to reflect people's changing needs and covered risk of falls, mobility and medicine. One staff told us, "Risk assessments help us [staff] to see what level of support people need. Say, with mobility or in the event of a fire." Another staff member told us, "The risk assessment highlights the risk and what we need to do to stop it. It gives you the confidence to support people safely."

People received care and support from staff that had undergone robust recruitment checks. Staff confirmed they were not permitted to commence employment until a satisfactory Disclosure and Barring Services (DBS) had been received by the service. A DBS is a criminal record check providers undertake to make safer recruitment decisions. We found personnel files contained a minimum of two references, proof of address, photographic identity, completed application forms, employment records and interview information.

People were supported by sufficient numbers of staff to safely meet their needs. We received mixed reviews about staffing levels with two people stating they felt the service could benefit from higher numbers of staff. One person told us, "Sometimes they [the service] can be short staffed." However, five people and their relatives told us there were sufficient numbers of staff to meet people's needs. For example, one person told us, "Staff numbers are satisfactory." A second person said, "I think there are enough staff. If I ask for help, they [staff] come quickly." A relative told us, "There seem to be enough staff." Staffing ratios were flexible and based on people's needs and where people's needs increased, staffing levels reflected this. We spoke with one staff who told us, "Yes, there are enough of us [staff] to do our jobs properly." Another staff member

said, "I don't think there is a problem with the staffing levels." Throughout the inspection we observed staff interacting with people and responding swiftly to people's requests.

Is the service effective?

Our findings

People and their relatives told us they thought staff were trained to meet their needs. One person told us, "Staff seem well trained." Another person said, "The staff do know what I need." Staff confirmed they received on-going training that helped them effectively care for people. One staff member told us, "I enjoy the training, I've had a lot of training." Another staff member said, "I can ask for more training if I think I need it. There's been lots of training and I like that." Records showed staff received mandatory training in fire safety, medicines management and safeguarding. We spoke with the provider who informed us that there was a plan in place for future training to ensure all staff received the training required. Records confirmed what the provider told us.

People received care and support from staff that had undergone a comprehensive induction. One staff member told us, "The induction took quite a while and I spent time shadowing [more experienced] staff. I learned a lot from them. Yes the induction helped me to know my role properly." Records showed all staff underwent an induction programme whereby they received training and guidance on their roles and responsibilities. Staff were set competencies to complete, which were then reviewed by senior staff, prior to working without direct support. Where staff required additional induction support in order to complete their competencies, this was provided by the registered manager.

People were supported by staff that reflected on their working practices through supervisions and appraisals. Staff told us they valued their supervisions and found these useful in obtaining support and clarification on what they did well and what they needed to improve on. One staff member told us, "I do get given feedback and support. It's nice to know what I'm doing well in." Records confirmed that supervisions took place, however despite these not always taking place regularly, staff confirmed this did not have an impact on them as they were able to approach and speak with the registered manager should they need to.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People were not deprived of their liberty unlawfully. At the time of the inspection the registered manager was completing the Mental Capacity Act 2005 (MCA) assessments. Staff were aware of their roles and responsibilities in line with the legislation. One staff member told us, "We [staff] must encourage people to make decisions for themselves. We may need to support them to make those decisions." Another staff member said, "If people are unable to make decisions, we use different methods to support them. This could be by using sign language or by writing things down. If they aren't able to make the decisions then, we have to have a best interest meeting." We spoke with the registered manager who informed us that they had submitted DoLS applications to the local authority and during the inspection the local authority DoLS assessor carried out assessments. The registered manager and staff also confirmed that whilst awaiting completed MCA assessments, the service continued to support people to leave the premises with direct support from staff, thus ensuring restrictions weren't placed on their liberty. Records confirmed what the registered manager told us. After the inspection the provider sent us completed MCA assessments.

People's consent was sought prior to care and treatment being delivered. One person we spoke with told us, "Yes, they [staff] do ask my permission. Sometimes I can take a while to answer, but they [staff] always ask." One staff member said, "Ask people what they want to do, don't assume." Throughout the inspection we observed staff seeking consent prior to supporting people. For example, one staff member asked a person if they could help them with some aspects of their self-care. The staff waited for the person's consent before supporting them.

People were supported to access sufficient amounts of food and drink that met their dietary requirements and preferences. One person told us, "The food is perfect, no problems with it at all." Another person said, "The meals are fine, we get drink quite often." A relative told us, "The food is nice and [relative] doesn't eat certain foods, but they [staff] know that." A health care professional we spoke with said, "They [staff] manage people who have diabetes well. We have not had a problem so far and they [staff] know what to do if someone's blood sugar is outside of the normal range." During the inspection we observed the lunch time and found people were supported to access food of their choice. The meals looked appetising and where people requested, they could have seconds.

Is the service caring?

Our findings

People received care and support from staff that demonstrated compassion, kindness and empowerment. One person told us, "I like them [staff] all. They [staff] are very nice to me. They help me whenever I need help." Another person said, "The staff are good, very kind." A relative told us, "They [staff] look after [relative] very well and they [staff] do ring us with news of [relative]." During the inspection we observed staff interacting with people in a kind and caring manner, giving reassurance to those that needed it.

People had their privacy and dignity maintained and respected by staff. One person told us, "The staff are respectful, they knock before coming in." A health care professional we spoke with told us, "Whenever I am here, I have always seen staff treat people with respect." During the inspection we observed staff being respectful of people's privacy. For example, knocking on doors awaiting permission to enter

People were supported by staff that maintained their confidentiality. Staff were aware of the importance of maintaining people's confidentiality and were observed speaking softly to people when discussing matters of a personal nature, to ensure they weren't overheard. People had records relating to their health kept confidentially in a locked cupboard in a locked office. Only those with authorisation had access to records.

People were encouraged to make decisions about the care and support they received. Everyone we spoke with confirmed they were involved in the decision making process where possible. For example, one person told us, "I can make decisions, yes." Another person said, "I think they talk to me about my care." A relative said, "They [staff] would involve me in decisions." Records confirmed what people told us.

People's independence was encouraged and promoted. One person told us, "I do feel they help me to be independent." Another person said, "They do encourage me to be as independent as I can be." Staff told us they encouraged people to maintain their independence as this had an impact on their self-esteem. During the inspection we observed staff encouraging people to do things for themselves, however were close by should people need assistance. For example with mobility and eating. Care plans documented the level of support people required and what areas they could do things for themselves, this meant that people received sufficient support and people weren't de-skilled.

People's health and well-being was monitored and maintained. Staff carried out observations of people and where it was suspected their health was compromised or deteriorating, staff informed the registered manager and health care professionals in a timely manner. One person told us, "Without question they [staff] would call the doctor in if I was unwell." Another person said, "If I was unwell, they [staff] would more than likely call the doctor."

Is the service responsive?

Our findings

People received care and support from a service that delivered care tailored to their individual needs and in line with their preferences. Care and support plans were person centred and documented their health, medical and social care needs and gave staff guidance on how to support people. Care plans were reviewed regularly to reflect people's changing needs. Where possible people and their relatives were encouraged to develop their care plans to ensure they reflected their preferences on how to be supported. A staff member told us, "The care plans help you to understand the procedure in supporting people. I read the care plans frequently to understand people's needs." Another staff member said, "Care plans tell us about the person, what their abilities and support needs are. We read the care plans to make sure we know about any updates of what's being going on." The service conducted twice daily handovers with staff to ensure any updates were shared with the team, this meant staff supported people in line with their current needs.

People were encouraged to participate in a wide range of activities. We received mixed reviews about activities the service provided. Five people told us there could be more activities provided, with one person telling us, "There could be more entertainment, now and again someone comes in." Another person said, "There could be more activities" and "I get out sometimes in the minibus." However a relative told us, "They [staff] do organise things for residents" and "They [staff] invite relatives on special occasions." During the first day of the inspection in the afternoon a visiting entertainer engaged people with a visual quiz. It was an exercise in memory and reminiscence and many people took part and seemed to enjoy it. On the second day of the inspection the provider took people out in the minibus to a park. Despite people stating there was not much for them to do, we found no evidence to support these claims. Records confirmed people were offered to participate in numerous activities however were given the choice not to. One staff member told us, "Yes there are enough activities for people to do, but sometimes you have to really encourage them."

People were protected against the risk of social isolation. Staff were aware of the importance of monitoring and supporting people to ensure they were not isolated. Staff told us how people may present if isolated, for example, becoming withdrawn, not wishing to spend time outside of their rooms and emotional changes. Staff told us, if they suspected people were becoming socially isolated, they would encourage them to participate in planned activities and inform the registered manager immediately.

People were aware of how to raise a concern or complaint. One person told us, "I've no complaints, but if I did I would bring it up with the [registered] manager." Another person said, "No, I've never complained, but would through my son." Staff were aware of how to respond to complaints to ensure a positive resolution. One staff member said, "Ask the person to share the complaint. Reassure them and explain you have a duty to report their complaint." Another staff member said, "Make sure you record what people have told you. Report it to the registered manager immediately." In the main entrance there was a copy of the complaints procedure which gave people, their relatives and staff guidance on how to raise a complaint and what to expect when doing so. We looked at the service complaints file and found there had been no complaints received in the last 12 months.

Is the service well-led?

Our findings

People, their relatives and staff spoke highly of the registered manager. Everyone we spoke with told us the registered manager was approachable and would take feedback on-board. One person told us, "The [registered] manager's fine." Another person said, "The [registered] manager and staff are nice to me, they do listen." A relative told us, "The [registered] manager is a lovely person and is very approachable." Throughout the inspection we observed, people and staff seeking guidance, reassurance and support from the registered manager. One staff member told us, "I feel supported by the registered manager." Another staff member said, "She [registered manager] knows people and the staff very well. If you highlight something to her [registered manager] she will action it. She listens to you and everyone knows she listens."

The registered manager told us, "Our values for this service is that we keep people safe and that they are respected. It's a happy and comfortable environment where choices are encouraged and I feel we achieve that here."

The service carried out regular audits of the service to drive improvement. For example medicines management, staff training, care plans and maintenance management. Records showed that where issues were identified action was taken to address the concerns in a timely manner. For example where staff training was due to expire the service had scheduled planned training. We looked at the maintenance book and found all matters relating to the safety of the premises were reviewed daily by the maintenance personnel and immediate action taken to maintain people's safety.

Annual quality assurance questionnaires were sent to people and their relatives by the service to gather feedback and improve the service delivery. We looked at the 2016 quality assurance questionnaires that had been completed and returned and found there had been nine from people and 14 from relatives received. The questionnaire asked nine questions covering the quality of the service, staff professionalism, response to complaints and phone calls and meals. Of the six questionnaires we sampled we found all had positive comments. For example one said, 'I could not wish for any place better, perfect.' Another form stated, 'We are very [pleased by the care provided and the spacious facilities. We recommend this service to friends.' A third form stated, 'We receive periodic emails of updates and photos of people enjoying the facilities of the home, or periodic newsletters with photos.' The registered manager told us, should any feedback be received that was not positive, they would contact the person to gather as much information and then take action where appropriate to address their comments.

The registered manager actively sought partnerships working. One health care professional we spoke with told us, "The service does work with the guidance we give. The registered manager seeks advice and implements it." The registered manager said, "For the wellbeing and health of people living here it is important that we maintain partnership working. It allows other people to act on their behalf and we can get support from the health care professionals and we act on their advice and guidance."