

## Field House Rest Home

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### Inspection report

Thicknall Lane (Off Western Road)  
Hagley, Clent  
Stourbridge  
DY9 0HL  
Tel: 01562885211

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### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

### Overall summary

The inspection was unannounced and took place on 8 May 2015.

Field House is registered provide accommodation and personal care for a maximum of 54. There were 47 people living at home on the day of the inspection. There was 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

People told us that they felt safe and well cared for with enough staff to meet their needs. Staff were able to tell us about how they kept people safe. During our inspection we observed staff were available to meet people's care and social needs.

People received their medicines as prescribed and at the correct time. Systems and processes were in place so medicines were stored and able to be identified correctly. People who required medicines as needed received them when required.

# Summary of findings

People told us they liked the staff and felt they knew how to look after them. Staff were provided with training which they felt reflected the needs of people who lived at the home. However, the registered manager had not consistently applied the Mental Capacity Act 2005 (MCA).

Assessments of people's capacity to consent and records of decisions had not been completed in their best interests. The provider could not show how people gave their consent to care and treatment or how they made decisions in the person's best interests. Therefore, people had decisions made on their behalf that may not have been in their best interest.

People were supported to eat and drink enough to keep them healthy. We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to other healthcare professionals that provided treatment, advice and guidance to support their health needs although these had not always been followed.

People told us and we saw that their privacy and dignity were respected and staff were kind to them. Staff had been understanding and supportive of people's choice and decisions. People had been involved in the planning of their care. Relatives told us they were involved in their family members care and were asked for their opinions and input.

People told us they got to do things they liked during the day and said that they did go out occasionally. People we spoke with told us they did not have any concerns but knew to approach the manager if they were not happy with their care.

The provider and registered manager made regular checks to monitor the quality of the care that people received and look at where improvements may be needed. However, we found that improvements were needed to ensure that the audits helped the provider to take action where they had identified areas for improvement.

# 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?

The service was safe.

People were supported by sufficient numbers of staff to meet their care and welfare needs. People felt safe, had their risk considered and had received their medicines where needed.

Good



### Is the service effective?

The service was not consistently effective.

People had not been consistently supported to ensure their consent to care and support had been assessed. People's dietary needs and preferences were supported and input from other health professionals had been used when required to meet people's health needs.

Requires improvement



### Is the service caring?

The service was caring.

People received care that met their needs. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Good



### Is the service responsive?

The service was responsive.

People were able to make everyday choices and supported in their personal interest and hobbies. People were supported by staff or relatives to raise any comments or concerns with staff.

Good



### Is the service well-led?

The service was not consistently well-led.

People's care and treatment had been reviewed by the registered manager. Improvements were needed to ensure effective procedures were in place to put right any identified areas of concern and improve people's experiences.

People, their relatives and staff were complimentary about the overall service and felt their views listened to.

Requires improvement



# Field House Rest 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 was planned to check 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 unannounced inspection took place on 8 May 2015. The inspection team comprised of three inspectors.

During the inspection, we spoke with 11 people who lived at the home and five relatives. We spoke with five staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at two records about people's care, complaint files, falls and incidents reports, people's medicines records, infection control audits, care plan audits and staff handover notes.

# Is the service safe?

## Our findings

People were relaxed and comfortable in their home and said the staff were kind and supportive. No one had any concerns about their personal safety or had experienced any concerns. Three relatives felt assured their family members were in “safe hands” and were confident that staff knew how to keep their family member safe.

Four staff we spoke with understood how to keep people safe from physical harm and risks. They also told us about the training they had received which helped them to understand possible types of abuse. They felt confident to raise any safety issue or the steps they would take to protect a person if they suspected any abuse. For example, who they reported the abuse to and the actions they expected them to take.

People told us that staff supported them if there were any risks to their safety. Staff told us about what help and assistance each person needed to support their safety. For example, where people required help with getting up from a chair or where people were at risk of sore skin. People’s care plans recorded their individual risk and showed staff how to monitor them.

The registered manager monitored the incidents, accidents and falls on monthly basis. They looked to see if there were any risks or patterns to people that could be prevented. For example, the use of additional equipment or referring to an external professional for advice and guidance.

People and their relatives felt there were enough staff to look after them and never had to wait long for assistance. We saw that staff spent time with people and responded in a timely and appropriate manner.

All staff told us that they felt they had been able to meet people’s social and welfare needs. The registered manager felt that not using agency staff meant that people received care from staff that “knew residents well”.

People were supported to take their medicine when they needed it and staff explained what the medicines were. People had been given the choice of looking after their own medicines and we saw that this had been actioned. Staff who administered medicines told us how they ensured that people received their medicines at particular times of the day or when required to manage their health needs. People’s medicines had been recorded when they had received them.

Staff told us they checked the medicines when they were delivered to the home to ensure they were as expected. Staff knew the guidance to follow if a person required a medicine ‘when required’. The provider had reviewed the information available to know if people’s medicines were appropriate to meet their needs or if further review or advice was needed.

# Is the service effective?

## Our findings

The registered manager told us that where people living at the home were being deprived of their liberty an application had been made to the local authority for an assessment to be completed. During the inspection we noted that some people had restriction placed on them. For example, key pads on one kitchen door to stop one person entering and people not receiving all their post. The registered manager was aware of the restrictions in place. There was no information recorded in relation to people's choice or agreement or how the decision had been made on their behalf if they had not had the capacity to make that decision.

People we spoke with felt that staff listened to them and allowed them to make choices. For example, where they wanted to spend their time in their home. They told us they would refer any issues about people's day to day care needs to the registered manager or senior care staff on duty. We saw staff seeking people's consent before they assisted them with their personal needs during the day.

Where people received support and guidance from staff they had their needs met. Care staff demonstrated that they understood people's individual care needs and responded when requested or noted when a person required support. The staff we spoke with told us the training provided reflected the needs of people who lived at the home. For example, how to use equipment needed to support people. Staff told us about the national vocational qualifications (NVQ) or Qualifications and Credit

Framework (QCF) they had achieved and how this improved their confidence in providing care. Staff told us they were supported by the registered manager and that regular supervision had started. This provided them with an opportunity to discuss any further training needs.

People received meals that they enjoyed and told us if they did not like their meal "another was provided on request". One person said, "They'll prepare you anything you want". People we spoke with told us they were happy with the food and drink provided. We saw that people were supported to have snacks and drinks throughout the day. People's nutritional needs had been looked at to ensure they either received a specialist diet or food and drink that met the needs. For example, people received a soft diet or were supported to eat their meal.

People were supported to access health and medical support if they needed it. Relatives told us their family members "got to see the doctor when needed". The registered manager confirmed that the local GP visited the home once a week or when requested. Visits from doctors and other health professionals were requested promptly when people became unwell or their condition had changed. For example, people received support from district nurses to help manage their condition. We also saw that where people required a regular blood test to monitor and maintain their condition, these had been arranged and completed as required. One visiting healthcare professional we spoke with felt there was a good relationship with the provider and care staff followed any health care advice they gave.

# Is the service caring?

## Our findings

All the people we spoke with told us they liked living at the home and that they were “happy here” and staff were “very good”. They felt the staff supported them well and one person said a particular member of staff “shines out” but added that all staff “are good”. We observed that people responded to staff by smiling, talking and laughing with them.

We spoke with three relatives who told us that they had been very pleased with the quality of the care. Staff were approachable, friendly and were good at providing care and support to their family member. One said, the staff can be “busy”, but this had not impacted on the care needs. Relatives told us and we saw staff spoke to family members about their relative, how they had spent their days or updates about their health. Relatives added that the staff spoke to them on the telephone if there were any changes in the family member’s well being.

We spent time in the communal lounge and dining areas and saw that staff were caring, respectful and knowledgeable about the people they cared for. Our observations showed that staff held a genuine interest in how people were feeling and offered encouragement and engagement.

We heard staff talking with people about their current interests and aspects of their daily lives. The registered manager told us that memory boxes for people would be

introduced to help them and staff with further engagement. Staff gave people time and worked at the person’s own pace which enabled them to be more independent and make their own choices.

Where people needed support to move from one place to another, staff provided reassurance and maintained people’s dignity. For example, explaining to the person what they were doing and encouraging the person to be independent. In addition, people had their personal belongings close to them in handbags or on small tables.

All staff we spoke with told us they enjoyed working there and felt they demonstrated a caring approach to their role. They told us they spent time getting to know people and this was part of their role as well as providing care. The registered manager told us they expected staff to spend time chatting and socialising with people. We saw that staff had time for this to be done and people were seen to respond well to staff.

People histories, preferences and routines had been considered when completing their care plans. Three relatives that we spoke with told us that they had been involved in the care plans and had been asked for their opinions and ideas. The care plans provided an overall summary of the information for that person.

People were supported to remain independent and we saw that staff promoted people’s independence with personal care and in activities with voice prompts and actions. Staff were able to tell us people’s routines and the care they wanted and needed. This meant people had been able to retain their independence where possible.

# Is the service responsive?

## Our findings

People told us that the staff knew them well and felt their care needs were met. One person told us that “They (staff) know what I want without asking”. Staff provided the care and support people wanted and were able to direct staff and make changes if they had wanted. Relatives felt staff knew when their family members health needs changed. One person told us about how the registered manager had recognised that their relative was unwell and contacted the GP.

We saw that staff knew people well and had a good understanding of each person as an individual. Staff told us that people were treated as individuals and Staff knew each person well, their families and histories. Staff were able to tell us about the level of support people required. For example their health needs and the number of staff required to support them.

People’s care plans we looked at contained information about the care and support required to keep them healthy. The wishes of people, their personal history and other health professional’s advice had been recorded. Whilst the care staff knew all people’s needs, there was limited guidance for staff to follow in the care plans. Two staff told us that they discussed the care of people when there was a change in the day and night staff. The registered manager had identified this as an area that required improvement. They felt that as they did not rely on agency staff that information about the needs of people were shared within the care staff team.

Staff told us they were happy to support people and pass changes in people’s care needs to senior staff and felt they

were listened to. People’s needs were discussed at shift changes to share information between the team. The registered manager told us the handover book was available in the office for staff to refer to if needed.

People spent their time involved in things they liked to do. People told us they liked to read their daily newspaper, watch television, enjoy the garden and chatting to other people. Staff told us about people’s individual hobbies and interests. The home employed an ‘activities coordinator’ to consider and involve people in group activities. People were invited to attend these activities. For example, arts and crafts. People who spent time in their bedrooms told us this was their choice and had regular social visits from staff during the day. We saw that throughout the visit staff regularly went to see people in their rooms.

People and relatives we spoke with told they had not had any cause to make a complaint. The registered manager confirmed that the most recent complaints had related to the laundry. They had taken steps to improve the service and were continuing to monitor the outcome. People and relatives were happy to approach the staff to raise issue or concerns. One person said, “If I had concerns I would to speak to (registered manager), they are very good”. Staff told us they were happy to support people and pass changes in people’s care needs to senior staff or the registered manager and felt they were listened to. People therefore had the opportunity to raise concerns and issues and had confidence they would be addressed.

The provider had used feedback from people and relatives about their individual care needs. We saw the latest feedback which provided positive responses in all areas of care. We saw that the registered manager was available for people to talk to and it was clear that they were well known and liked by all people that lived at the home.



# Is the service well-led?

## Our findings

The provider did have systems in place to check the effective running of the service. However, they had not identified short falls we had found during the inspection. The registered manager confirmed that audits had been completed. However the registered manager had not assured themselves or supported the deputy manager to have an effective system to make the improvements they had identified. For example, they had noted that there were improvement required over the past three months and had taken no action to put these in place.

The registered manager and staff were aware of their responsibilities in relation to the Mental Capacity Act. However, they had not always implemented this in terms of people's capacity to make decisions. The register manager's skills and knowledge needed to be developed to enable them to drive improvements. This would support them to deliver high quality care to people through care staff that had appropriate guidance.

People were supported by a staff team that understood people's care needs. All people we spoke with knew the registered manager and staff at the home and were confident in the way the home was managed. The registered manager also ensured that they worked directly with people and staff. They felt this provided an opportunity to get people's views and look at staff skills

and knowledge. Family members were complimentary about the care of their relative and told us they were listened to and supported. Relatives felt that the staff were "very approachable, especially [registered manager]".

All of the staff we spoke with told us the home was well organised and they worked well together as a team. Staff told us that the management team were knowledgeable about the people who lived at the home and were seen around the home and available. They said the management team were approachable, supportive and very much involved in the daily running of the home. The registered manager said that being part of the team and being visible within the home provided them with the opportunity to assess and monitor the culture of the service. The registered manager also made time to chat to people when they were working to understand any issues or concerns. We saw during the visit that people knew the registered manager.

Staff told us they were supported well by their manager and felt able to approach them with any concerns they may have. Team meetings also provided opportunities for staff to raise concerns or comments with people's care. Although staff told us these had become less frequent.

The registered manager spoke about how they worked to continually improve the home. The registered manager felt they were supported by other professionals locally, such as GP surgeries, district nurses and mental health teams. These provided guidance and advice in how to support people's needs and we saw that this had been used in support of people's care.