

Fieldhouse Ltd

Field House Nursing Home

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?

Good



Overall summary

This inspection took place on 6 November 2014 and was unannounced.

At the last inspection on 22 and 23 January 2014, we asked the provider to take action to make improvements to the areas of consent, care and welfare of people who use services, assessing and monitoring the quality of service provision, notifications and records. We received a

letter dated 3 October 2014 in which the provider told us the actions they had taken to meet the relevant legal requirements. At this inspection we found that improvements had been made in all the areas.

Accommodation for up to 50 people is provided in the home over two floors. The service is designed to meet the needs of older people.

There is a registered manager and he was available throughout the inspection. A registered manager is a person who has registered with the Care Quality

Summary of findings

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 were kept safe in the home and were not restricted. Systems were in place for staff to identify and manage risks and the premises and equipment were safely maintained. Sufficient staff were on duty to meet people's needs and were recruited through safe recruitment practices. Effective infection control and medicines management procedures were followed.

Staff received appropriate induction, supervision, appraisal and training. People's rights were protected under the Mental Capacity Act 2005 and people were happy with the food provided at the home. The home involved outside professionals in people's care as appropriate.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they supported them and people were involved in their care where appropriate.

Information was available to support staff to meet people's needs and people who used the service told us they knew who to complain to if they needed to and we saw that complaints had been handled appropriately by the home.

People told us that there were meetings held where they could raise issues and we saw that the registered manager responded appropriately to them. Staff told us they would be confident raising any concerns with the management and that the registered manager would take action. There were systems in place to monitor and improve the quality of the service provided.

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.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding adults procedures.

Assessments were undertaken of risks to people who used the service and staff and written plans were in place to manage these risks. There were processes for recording accidents and incidents and appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There were appropriate staffing levels to meet the needs of people who used the service and staff were recruited by safe recruitment procedures. Safe medicines management and infection control procedures were followed.

Good



Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Good



Is the service caring?

The service was caring.

Staff were compassionate and kind.

People were involved in making decisions about their care and the support they received.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People were listened to if they had complaints and appropriate responses were given.

Good



Is the service well-led?

The service was well-led.

People who lived in the home and their relatives were asked for their opinions of the service and their comments were acted on.

Good



Summary of findings

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

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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 inspection took place on 6 November 2014 and was unannounced.

The inspection team consisted of a lead inspector; another inspector; a specialist nursing advisor and an Expert by Experience, who had experience of older people's care services. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection, we reviewed the information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We also contacted the commissioners of the service and four health and social care professionals in regular contact with the home to obtain their views about the care provided in the home.

During the inspection we spoke with eight people who used the service, three relatives, one health care professional, four care staff, the registered manager, the deputy manager, the training manager, the cook and the health and safety manager. We looked at the relevant parts of the care records of six people, the recruitment and training records of three care staff and other records relating to the management of the home.

Is the service safe?

Our findings

When we inspected the home in January 2014 we found that risk assessments were not being reviewed frequently enough or in response to incidents. At this inspection we found that improvements had been made. Risk assessments were in place, reviewed regularly and clear guidance was available to enable staff to manage risks. We saw that equipment was also used to reduce identified risks such as pressure-relieving mattresses and cushions. People had individualised evacuation plans in case of emergency and staff told us that they had received training in using evacuation chairs. We saw that an incident had been appropriately investigated and documented by staff.

A person who used the service said, "I feel safe here." Staff had a good understanding of the safeguarding process and a staff member told us that they had reported issues previously and would have no doubts about reporting issues again if necessary. A safeguarding policy was in place and staff had attended safeguarding adults training.

We saw that people walked freely around the home and were not restricted. We observed that people were supported safely by staff when equipment, such as a hoist, was being used. A hoist is a piece of equipment that staff use to move people safely.

We saw that the premises and equipment were maintained to ensure people were safe. Environmental risk assessments, fire safety records and maintenance certificates were in place for the premises and equipment. Staff told us that maintenance staff responded to issues quickly.

People had mixed views on the amount of staff on duty. One person said, "There are not enough staff on." Another person told us that they had to wait until midday before they were supported by staff to get dressed. However, another person said, "Staff come quickly if you need them." We observed that people received care promptly when requesting assistance in the lounge areas and in bedrooms. Staff were easily accessible throughout the day which suggested that there were sufficient staff on duty to meet people's needs.

Staff told us that there were generally enough staff on duty to provide a good standard of care. They told us they were occasionally stretched when the home was unable to cover short notice absence. The registered manager told us that people's dependency levels were monitored and they asked staff and people who used the service their views on staffing levels to ensure that sufficient staff were on duty to meet people's needs.

There were safe recruitment and selection processes in place. Care staff we spoke with told us they had been through a formal recruitment process that included an interview and a range of pre-employment checks. We saw records that confirmed that all required checks were completed before staff began work.

People were happy with how their medicines were managed. We observed that people received their medicines safely. Medicines were stored safely and administration charts were fully completed. Staff told us that they were trained and we saw that their competence to give medicines was assessed by the training manager. We saw that the supplying pharmacy carried out an audit of medicines management at the home and we were told that the home carried out an informal monthly medication audit; however, we did not see documentation to support this.

One person said, "The home is nice and clean." We saw that staff wore personal protective equipment where necessary. We looked at six people's bedrooms and en suite bathrooms. Five of the six were clean. One bed was not clean and the commode was also not clean. We raised this issue with the registered manager who ensured that the room and commode was fully cleaned and spoke with the staff member responsible for the room. The home's lounges, bathrooms and toilets were clean. Staff told us they had received infection control training and accurately explained the infection control measures they should take when carrying out their roles.

Is the service effective?

Our findings

When we inspected the home in January 2014 we found that where people lacked capacity to make a decision, the provider could not provide sufficient evidence to demonstrate that they acted in accordance with legal requirements at all times. At this inspection we found that improvements had been made. People told us that their choices were respected by staff and we saw staff asked people's consent before providing care.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS is a code of practice to supplement the main MCA 2005 code of practice. We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there was no one currently living in the home who was being deprived of their liberty. We did not see any people being restricted.

Training in the MCA and DoLS was part of the training planned for all staff. The service was following the MCA and making sure that the people who may lack mental capacity in some areas were protected. Appropriate assessments were contained in the care plans. Staff told us they had received MCA training and they showed an understanding of the MCA. They were able to describe the actions they took to respect people's wishes when they refused personal care. They explained ways in which they maximised people's participation in decision making and best interests' decisions.

People had mixed views on whether staff were skilled and experienced enough to support them. One person said, "The carers don't seem to concentrate or know what they are supposed to be doing." However, another person said, "I think so, yes, the carers do accommodate my needs." Another person said, "The staff are helpful." We observed that staff were confident and competently supported people.

Staff told us that they had had an induction and received sufficient training, supervision and appraisal. We looked at the home's overview of training and saw training was well attended. We looked at three staff files which showed that staff received regular supervision.

People were happy with the meals provided at the home. One person said, "Food is sufficient yes. You can get snacks between meals too." Another person said, "Yes they are quite nourishing. They are of quite a good standard." Another person said, "The food is good."

We observed lunchtime and saw that people were being effectively supported. Staff were patient, encouraging, offered people drinks and were sitting at the same level as the people they were assisting to eat.

Staff encouraged people to eat by showing them all the desserts available so that they could choose what they wanted. Staff knew which people were at nutritional risk and we saw that people's dietary preferences were noted and acted upon.

The registered manager told us that the morning and afternoon shifts overlapped at lunchtime so this meant that more staff were available to support people at mealtimes. He also told us that cleaning and laundry staff also helped to assist people at mealtimes. We observed people being supported promptly and a lot of staff were present to assist at lunchtime.

One person said, "I get to see the doctor when I need to." Another person told us they were able to see their GP at the home every week. A healthcare professional was providing physiotherapy in the home during our inspection.

Health and social care professionals told us that staff at the home were very proactive in contacting them for advice and followed guidance given to them. Care records showed that other health and social care professionals were involved in people's care as appropriate.

People's health needs were being met; however, the documentation to show that people's pressure care needs were being considered and met was not always fully complete. One person had been identified as at risk of pressure ulcers but a care plan had not been put in place to provide staff with guidance to minimise this risk. We also saw that staff did not record the position that people had been moved to when supporting them to change position

Is the service effective?

to minimise the risk of pressure ulcers. This meant that there was a greater risk that people would not be moved to a different position which would place them at a greater risk of acquiring skin damage.

Is the service caring?

Our findings

People's views were mixed on whether staff treated them with kindness. One person told us that staff rushed when caring for them in the morning. However, another person said, "Yes they are kind in the way that they speak with me."

We saw staff provided people with support and reassurance and knew the people they cared for well. Staff responded to people's needs promptly and in a friendly and unhurried manner. A social care professional told us that staff were always compassionate when supporting people.

People told us that their views were acted upon. One person said, "I can choose when I want to go to bed." Another person told us that they were supported to go to a day centre of their own choice.

We saw that information regarding advocacy services was displayed in the home. Social care professionals told us that they had attended meetings of people who used the

service and their relatives and felt that people's views were encouraged by the registered manager at those meetings. We also saw evidence of people's involvement in their care records which included end of life care decisions.

Staff interacted positively with people and treated them with dignity and respect. We saw staff knocking and waiting before entering people's bedrooms. Staff were able to explain how they maintained people's privacy and dignity at all times and took particular care when providing personal care. We saw that some staff had been identified as dignity champions for the home. A dignity champion is a person who promotes the importance of people being treated with dignity at all times.

We saw that staff supported people to be independent and equipment was available at mealtimes to support people to eat and drink without assistance from staff. The home had a number of lounges and rooms where people could have privacy if they wanted it.

People were supported to maintain and develop relationships with other people using the service and to maintain relationships with family and friends.

Is the service responsive?

Our findings

When we inspected the home in January 2014 we found people's personal records were not always accurate and fit for purpose. At this inspection we found that improvements had been made. People's care records were detailed and included their personal history and individual preferences and interests. A 'This is Me' document was completed which collected this information and included people's daily routines. We saw that people's preferences had been incorporated into their care plans which were reviewed regularly.

We discussed the preferences of people who used the service with care staff. Staff had a good knowledge of people's likes and dislikes. A social care professional told us that there was strong evidence of personalised care being provided and that staff demonstrated a good understanding of people's needs.

People had mixed views on whether they received personalised care that responded to their needs. One person said, "I choose to stay in my room, [my] bed [is] my home and I'm pleased they treat it as such. I'm offered activities but like to read in my room." Another person said, "I go out and people are taken to the pub now and again." However, this person also said, "The only complaint I have is I never move out of the wheelchair." Another person told us that night staff did not support them to use their commode and they had to wait up to an hour to be taken

to the toilet. We could not find information to support this but told the registered manager of their concerns with their permission. A health care professional told us that staff were responsive to people's needs.

There were two activities coordinators working on the day of our inspection and we saw them coordinating group and individual activities. We saw people singing and also engaged in a quiz. People's diverse needs were identified. The cook told us about those people that followed a vegetarian diet, had allergies or avoided certain foods due to religious beliefs. We saw that they received food which met those needs.

People told us they knew how to make a complaint. Some people had raised complaints with staff and they told us that some of these complaints had been resolved at meetings of people who used the service and their relatives. The complaints procedure was displayed in the main reception.

We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised. We looked at recent complaints and saw that they had been responded to appropriately.

Staff were able to describe the action they would take to resolve and report complaints if someone raised concerns with them. They told us that they received feedback regarding people's complaints during the handover between shifts and if it was a particularly serious complaint then a staff meeting would be held so that all staff could learn from the complaint.

Is the service well-led?

Our findings

When we inspected the home in January 2014 we found that the provider did not have an effective system to regularly assess and monitor the quality of service that people received. At this inspection we found that improvements had been made. The home had systems in place to monitor the safety and quality of the service. We saw that infection control and care plan audits were taking place, actions were identified and then completed. The registered manager told us that the provider regularly visited the home and spoke with people who used the service and staff. However, they did not produce a written report of these visits so it was not possible to see what areas they looked at and whether they had suggested any improvements to be made. Staff told us that they were continually reviewing the way that they did things and identifying ways to improve.

When we inspected the home in January 2014 we found that the provider had not notified us about incidents that affected people who used the service. At this inspection we found that improvements had been made and the registered manager had sent notifications to us where required.

People who used the service and their relatives told us there were regular meetings to discuss issues. We saw minutes from these meetings. Health and social care professionals told us that they had attended some of these meetings and one professional told us that, '[People who use the service] and relatives were encouraged to openly voice their opinions, both positive and negative, [and they were] listened to. I felt there was a genuine interest in and respect for the thoughts and ideas of the [people who use the service] and relatives as to how to make improvements in their home. I was subsequently taken around the home by a member of the care staff to meet those [people] who were unable to attend the meeting.'

We saw completed questionnaires from people who used the service which were positive about the quality of the service provided. We saw that a suggestion box was in the main reception and the next meeting of people who used

the service and their relatives was advertised in the main reception. The cook showed us the views they had gathered from people and the changes they had made to the menu as a result.

Staff told us that staff meetings were held regularly and they were encouraged to contribute and have their say. They said that improvements were continually being identified and discussed and they felt they were listened to if they put forward a suggestion.

Health and social care professionals told us that staff had clear responsibilities and specific link staff were available when they visited to provide them with information and to accept advice to share with the rest of the staff. One professional told us, 'On all visits made to this home I have experienced a very positive atmosphere and all staff display a can-do approach to their work.' A residents' charter was displayed in the main reception which set out the values of the home.

A registered manager was in post and he clearly explained his responsibilities and how the deputy manager and other team leaders supported him to deliver good care in the home. The registered manager told us they were well supported by the provider. We saw that all conditions of registration with the CQC were being met. A social care professional told us, 'The manager appears to lead staff effectively.' Another professional told us, 'The manager ... is interested in taking part in any initiatives that he feels will benefit the home.' They told us that the registered manager had set up the local care managers' forum for the area.

Staff and managers had a good understanding of the key challenges for the home and the registered manager told us that resources were available to develop the team and drive improvement. The training manager told us that there were sufficient resources to support staff development.

A staff member said, "This home is very well run. It is one of the nicest homes I have worked in." Another staff member said, "It's a lovely home to work in." They told us there was good team working. Staff told us that the management team were very supportive.