

## Field House Residential Care Limited

# Field House Rest Home

### Inspection report

Thicknall Lane (Off Western Road)  
Hagley, Clent  
Stourbridge  
West Midlands  
DY9 0HL

Tel: 01562885211

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21 October 2019  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Field House Rest Home is a residential care home providing personal to 35 people aged 65 and over at the time of the inspection. The service can support up to 54 people.

### People's experience of using this service and what we found

The provider had not always ensured people were safe and had their needs met. Risks to people were not always managed safely and systems to ensure people were protected from the risk of infection were not always effective. Improvements were not always actioned and completed to ensure people's safety was improved. People's medicines were managed in a safe way. People were protected from abuse by knowledgeable staff.

The provider did not always show compassion for people by ensuring there were sufficient staff, and equipment to support people's dignity and people's choices about where they received their support. People were not always supported to enjoy their meal time experience. Staff were not always effectively deployed, and people did not always have the equipment they needed to enjoy the meal time experience. People and their relatives said they were supported by kind and caring staff. Staff were kind to people. People's privacy was not always upheld because staff did not always follow best practice.

People had their needs assessed, and the provider was in the process of adapting the environment to meet people's needs. People had a nutritious diet, and they enjoyed the food offered. People were supported to access the health care they needed. People were supported to have some choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who knew their needs and attended regular reviews. The management team were reviewing staff deployment to ensure people's needs were met. People had access to interesting things to do. People's end of life plans were being reviewed to ensure they were up to date. Complaints were investigated, and outcomes actioned.

The provider did not always have effective governance systems in place to identify shortfalls in the quality and safety of the service. Systems to ensure improvements were completed and sustained were not always effective. Actions identified were not consistently addressed, therefore there was a lack of continuous learning and improving the quality of care provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 9 July 2018).

### Why we inspected

The inspection was prompted in part due to concerns received about infection control and staffing levels. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

### Enforcement

We have identified a breach at this inspection, in relation to the governance of the home. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was not always caring.  
Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# Field House Rest Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors 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.

#### Service and service type

Field House Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and seven relatives about their experience of the care provided. We spoke with 15 members of staff including the provider, finance director, operations director, quality and governance lead, registered manager, deputy manager, senior care workers, care workers and the chef. 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 reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with one healthcare professional who regularly visited the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

- Risks were not always assessed and managed to ensure people were not exposed to potential risk of harm. For example, there had been a water leak for two weeks through the ceiling of one corridor where people regularly walked without staff support. There had been no risk assessment completed or action taken to ensure people walking in this corridor remained safe. During our inspection the management team completed a risk assessment and mitigated the risks.
- Risk assessments were not always monitored to ensure risks were managed and actions completed. For example, one person had been identified as at risk if they left the home without the knowledge of staff. A risk assessment had identified a piece of equipment that would mitigate the risks, and this had been ordered in June 2019. However, the person remained at risk of harm because the equipment had not been received and staff were unable to constantly monitor this person's whereabouts. The management team immediately reviewed the risk assessment and assured the person was no longer at risk.
- Lessons were not always learnt when things went wrong. For example, risks identified at the inspection in 2017 relating to the safe storage of soiled laundry were only partially addressed. Skips were in place instead of bags, however the skips could be easily opened as the lids were not secured. We saw one person regularly walked past the skips and touched the lids when there were no staff in the area. There was no risk assessment to evaluate the risk and ensure people were protected from potential harm. The management team immediately took action and ordered lockable skips.
- Formal checks of the building were completed yet failed to identify areas of potential risk. For example, we found areas of pipe work on the first-floor corridor that were extremely hot and posed a risk if a person should fall against them. Hot pipes identified in a bathroom during the 2017 inspection remained too hot and accessible to people using the bathroom. When we identified these risks the provider took immediate action and ensured the pipes were covered to protect people.
- An infection control audit had recently been completed, however this had failed to identify areas of concern. For example, in three bathrooms there were cupboards that were broken with split edges, a toilet that was heavily lime scaled and, kitchenettes were in a poor state of repair. This meant staff were unable to clean these areas effectively to ensure people were protected from the risk of infection. The provider took immediate action and improved the areas identified as a result of this inspection.
- During the first day of our inspection there was a poor standard of cleanliness through the home, there was a malodour and floors and cleaning in high areas, such as light fittings, was not effective. Improvements were seen on the second day of the inspection.

Staffing and recruitment

- Most people and their relatives said there were enough staff on duty keep people safe. One relative told us, "The staff all work hard. There seems to be lots of staff during the day." However, other relatives said staff were really busy and sometimes struggled to meet people's needs.
- Staff told us there were not always sufficient staff on duty, so they could not spend the time they wished with people, however they all said people were safe.
- The deputy manager explained staffing levels were kept under regular review to ensure there were enough staff to meet people's needs. When needed they used regular agency staff to ensure identified staffing levels were maintained. There was an on-going recruitment campaign to fill vacancies.
- During our inspection we saw there were sufficient staff to keep people safe, however they were not always deployed effectively to meet people's needs in a dignified way. The provider had identified improvement was needed, but at the time of the inspection this improvement had not been achieved.
- Staff we spoke with told us they had provided references and there were checks in place to ensure they were suitable to be employed at the service.

#### Systems and processes to safeguard people from the risk of abuse

- People and their relatives thought they were safe. One relative told us, "There have not been any bad occasions here and I believe my relative is safe and secure here."
- Staff understood how to protect people from abuse. They had up to date training and understood who to report concerns to. Staff were confident to take appropriate action when needed.
- We saw examples where incidents had been reported to the local safeguarding authority and action taken to keep people safe.

#### Using medicines safely

- People and their relatives said they had their medicines when they needed them.
- Staff administered medicines safely, following appropriate guidance, and using an effective system to ensure people had their medicines as prescribed. Staff were trained and regularly checked to ensure they followed safe practice. There was safe storage and disposal of medicines at the home.
- Where people were prescribed 'as and when' medicines there were protocols in place to ensure staff followed consistent guidance.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed prior to coming to the home and this formed the basis for the delivery of their care.
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. Care interventions, such as fluid records to prevent dehydration, were completed consistently.
- Information on best practice guidance was available for staff.

Staff support: induction, training, skills and experience

- Staff told us they had completed training when they first started their role. They were supported by experienced staff who shared their knowledge of people's needs and best practice, so they had the information they needed to support people well. One staff member explained how they had been new to care and were able to shadow until they felt confident.
- Staff said they were supported with all the training they needed to ensure they could meet people's needs. The management team worked alongside staff, so they were confident staff were completing their role effectively. We saw the deputy manager arranged additional support for new staff when they required it.
- Ongoing training updates were arranged for staff, and staff said they were encouraged to further develop their knowledge and skills through vocational training.

Supporting people to eat and drink enough to maintain a balanced diet

- People said the food was good and they had choice and could have more if they wanted. One person told us if they didn't like the food offered, they could have something different. People were offered drinks and snacks through the day.
- The cook was aware of people's needs and ensured there was suitable food provided.

Adapting service, design, decoration to meet people's needs

- The premises and environment were in the process of being updated and improved. Planned refurbishment of people's room had been completed and further plans were in place to improve communal areas such as the dining room.
- The quality assurance manager had identified the need for improvement in dining areas to provide more cues and clues to assist people to orientate to their surroundings. We saw improvements had been made, for example, murals on walls helped people find their way around.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People could access healthcare services when they needed. One person said, "I have my eyesight tested, I think it is every two years... It's good they are checking up on me." Staff were working with people to support their oral health.
- Appropriate referrals were made to support people with their health needs and ensure good outcomes. The district nurse said there was a good relationship with staff at the home. There had been an improvement in pressure care and a reduction in injuries related to falls in recent months.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All the staff we spoke with had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions. Staff consistently obtained consent for people's care and support and staff provided support in line with the MCA principles. Staff were in the process of updating their knowledge of the MCA to ensure they remained up to date.
- The Quality Assurance manager had identified that MCA assessments and care plans were in need of review and was in the process of completing these.
- DoLS applications had been made when required. There was a system in place to reapply as needed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- The provider had not ensured staffing levels and deployment supported people in a dignified way. People did not always have a positive experience at meal times. On the first day of the inspection we saw one member of staff assisting three people to eat at the same time. This lacked dignity as each person waited for their opportunity to eat. In August 2019 the quality and governance lead had identified concerns around the deployment of staff during meals, but this remained unresolved at the time of our inspection. The provider assured us they would review staff deployment and ensure people's meal time experience would improve.
- There was insufficient seating at tables in the main house to ensure people could make a choice about where they sat to eat their meals. People who sat in arm chairs did not always have an appropriate table available to support them to eat comfortably and with dignity. We saw people were unable to have tables close enough to eat without spilling food. The provider assured us they would provide appropriate tables as a temporary measure. The provider had recognised improvements were needed and planned to refurbish another room to provide enough space to improve people's experience of meal times.
- Staff did not always have time to promote people's independence. One family member said, "My relative still has life skills like making cups of tea or doing washing up but they are never encouraged to do tasks like that, so they just sit in their room all day."
- Despite the issues we identified, people and their relatives told us staff respected their privacy and dignity.
- Staff were careful to close doors when assisting people in their own rooms and knocked on people's doors before entering. People's dignity was maintained when staff supported people to mobilise.
- Staff were respectful of people's wishes, for example making sure they were at the same level as people when they spoke with them.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us all the staff were caring and kind. One person said, "I like it here. I get my fingernails cut and painted and they look lovely. They are really lovely staff."
- Relatives told us staff were compassionate and knew people well. One relative said, "I would recommend this home. I have found that staff see everyone as having an identity. They always have time to chat with someone if they are upset or crying which is lovely to see. The [staff] are lovely. So very friendly and they are doing the best that they can but need more staff." Another relative told us, "I love coming here to see my relative, I am so very lucky to have this home almost on my doorstep and be able to get a room here for my relative. I think that it is wonderful here. All the staff smile at you and are very welcoming every time I come here."

- Staff demonstrated sensitivity and consideration about issues around equality, diversity and human rights. Staff were quick to pick up on non-verbal messages from people and we saw examples where staff intervention reassured people and improved their well-being. For example, a member of staff noticed a person was upset and needed extra help. They were quick to offer the extra support discreetly and we saw the person were assured by this. We saw examples of staff being kind and caring throughout the inspection.

Supporting people to express their views and be involved in making decisions about their care

- Staff asked people what they wanted to do and offered choices where they were able to.
- People we spoke with said they made decisions about their day to day care and had the support they needed. We saw people were supported to make their own choices where possible.
- The new manager had set up meetings for people and their families to attend to gather their views and ideas for improvements. These were not fully established, and the manager was promoting attendance.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery. Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were happy with the care they received, staff knew them well and worked hard to provide quality care. However, the provider had progress to make with staff deployment and staffing levels to ensure people's needs were consistently met and quality care provided.
- Care plans were reviewed through consultation with people, staff and families to ensure they were up to date and clear for staff to follow. Relatives said they had been invited to attend reviews.
- Regular staff had the knowledge to provide personalised care.
- Staff knew how to communicate with people to understand their wishes. When people were less able to communicate verbally, we saw staff observed people's facial expressions and took the time to gauge their preferences.
- Relatives told us they were kept up to date with any changes, and care was adapted to meet people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they had interesting things to do. One person said, "The hairdresser comes in on a Tuesday, 'helping hands' come in on a Saturday and we get our nails cut and painted - a [staff member] does them now and again if we need them to."
- Relatives said staff supported people to avoid social isolation. One relative told us their family member enjoyed walking round the building with other people. Another relative said, "I am very particular and very fussy and did not like the other homes, but I did like this one. It is a bright and airy house, I love how everyone can wander around and don't have to just sit in one place." Other relatives said it would benefit their family member to go outside more.
- There was a member of staff that led on activities. People said this staff member organised events they liked to attend. We saw the staff member had positive relationships with people and knew them well.
- The provider had arranged for volunteers to support at busy times of the day as part of an experience project that linked members of staff from a domiciliary agency with the care home.
- The provider was in the process of implementing "Just a moment," which uses a recognised tool to create an occupational profile which focusses on what people can do rather than what they are unable to do. One the profiles have been completed, each staff member will pick up a card on their shift and spend some time with a person doing what they enjoy. This would provide person centred social interactions between people and staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team were aware of the accessible communication standards and information was available in different formats. Staff were given clear direction about people's communication needs. For example, one person referred to colours when they were unable to ask for what they wanted. This was clearly documented, and staff were aware.

Improving care quality in response to complaints or concerns

- Relatives told us the management team listened to their concerns and took action. One relative said, "We mentioned to the deputy manager that our relative had seen a couple of people going into their room, and had said that some items were going missing, we wanted a lock on the door, so it could be locked while they are out of the room. Within a few days that had been done which was good."

- We saw where complaints were made these were investigated and the complaints policy followed by management team. The management team always checked people were happy with the outcome of their complaint.

End of life care and support

- Staff were knowledgeable about meeting people's needs at the end of their life. Staff told us there was good support from professionals when needed. The management team were updating people's end of life care plans as part of their reviews.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- The provider's quality assurance process did not include a system to ensure the results of audits were checked which meant safety issues had been left unnoticed. For example, there were formal health and safety checks in place, however people had been left at risk of harm because environmental risks such as hot pipes had not been identified. | Infection control audits had failed to identify the risk of infection for people in bathrooms and kitchenettes.
- The provider's systems had failed to identify ineffective risk management. For example, risks of slips and falls because of a water leak from a ceiling in a corridor had not been assessed. Also, when risks had been identified they had not been mitigated and actions required completed. People had been placed at risk of harm and systems in place had failed to identify the shortfalls.
- The provider failed to ensure shortfalls identified from previous inspections were completed and risks mitigated. For example, people were not protected against the risk of infection from how soiled laundry was stored. Systems in place had not identified the continuing risk of infection for people living at the home.
- The provider failed to ensure there were enough staff deployed effectively to maintain people's well-being. For example, we saw people did not enjoy a positive meal time experience on some units because staff were not deployed effectively. The provider's systems had identified concerns in August 2019 relating to the number of staff available to assist people at meal times. However, insufficient action had been taken to ensure people consistently had a positive meal time experience.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all the environmental risks were now completed and suitable checks of the environment and equipment were in place. Risks for people had been assessed and action taken. The provider explained they were working with staff to improve staff deployment and clarifying staff roles.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- People and their families said there had been a lot of changes in the management of the home. One relative said, "The manager has changed five times and there has been a change of owners. We first came here four years ago and none of the staff from then remain." People and their families had not had the opportunity to get to know the new manager, however they were confident to raise any concerns.
- The management team were reviewing how they audited the home and there were new systems in place to improve the quality of the care provided. We saw where they focussed on an area, improvement had been made. For example, in relation to falls there had been some improvement through reviewing lessons learnt.
- Relatives explained they had confidence in the management team and staff. All the staff we spoke with were passionate about providing quality care for people living at the home.
- Staff we spoke with said they were looking forward to getting to know the new manager. We were unable to assess the impact of the new manager to establish the culture of the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives were confident they would be notified if there were any concerns about their family member. Relatives confirmed they were told when there had been a fall, or their family member was unwell.
- The management team understood they needed to be open and honest and contact families when mistakes happened. We saw there were systems in place to ensure this requirement was consistently completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Meetings for people using the service and their relatives were set up with the new manager. Relatives said they were confident the management team would listen and act on any concerns. One relative told us, "I have been in touch with the manager when I have had any concerns and they are acted on."
- Staff told us they had meetings with the management team and felt able to share ideas. Staff were waiting to see if their concerns about staffing levels were listened to.
- The management team acknowledged improvements were required and had plans in place to ensure identified improvements were implemented. For example, one person said, "We had a lot of changes since new people have taken over. We've now got wallpaper on some of the walls instead of just paint – it looks better."

Working in partnership with others.

- The management team linked with the community to improve people's well-being. For example, they had established a link with a domiciliary care service to share knowledge and skills and to provide people moving to the home with a familiar face.
- The management team were linking with dementia specialists to improve meaningful activities and people's well-being through new initiatives.
- The management team invited the community into the home through events such as an organised firework display.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure systems were either in place or robust enough to demonstrate safety was effectively managed.