

Bupa Care Homes (BNH) Limited

Field House Care Home

Inspection report

8 Townsend Road
Harpenden
Hertfordshire
AL5 4BQ

Tel: 01582765966

Date of inspection visit:
31 July 2019
01 August 2019

Date of publication:
22 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Field House is a residential care home providing personal and nursing care to 28 people aged 65 and over at the time of the inspection. The service can support up to 35 people living with dementia or sensory impairment. Field House accommodates people in one adapted building. There are spacious gardens people can access, alongside separate activity and communal areas. The service is fully accessible, however not all rooms have en-suite facilities.

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

People's needs were not responded to promptly or when people required assistance by staff. This was due to poor deployment of staff.

People who required assistance with choosing or eating their meals, did not receive appropriate support. The building was not sufficiently adapted to meet the needs of people living there. We have made a recommendation about this.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, staff did not always refer to these when considering best interest decisions. We have made a recommendation about this.

People's social needs and personal interests were not met through a stimulating or engaging program of activity. Decision relating to people end of life wishes around resuscitation were not reviewed as required. We have made a recommendation about this.

People told us they thought the service was well led. The registered provider had a system of governance in place to monitor and improve the quality and safety of the service. However, we could not see how once issues had been identified, how they were managed in a timely manner. Quality audits were in place but were not effective in identifying the improvements required at this inspection.

People said they felt safe living at Field House. People's medicines were managed and administered safely, and people lived in a clean, hygienic environment.

Staff told us the training was good and relevant to their roles and felt supported by the manager. Staff received regular supervision where they could discuss their ongoing development

People who used the service and their relatives told us staff were kind and caring. People's likes, preferences and dislikes were assessed, and care met people's desired expectations.

There was a complaints procedure and people knew how to complain.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good. (Report published 01 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Field House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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 not always Effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always Responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always Well Led.

Details are in our Well Led findings below.

Requires Improvement ●

Field House Care 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

This inspection was carried out by 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. We visited the service on 31 July 2019 and received further assurances from the provider on 01 August 2019.

Field House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. At the time of the inspection the Registered Manager was on annual leave and the service was managed by a peripatetic manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. 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.

We used all of this information to plan our inspection.

During the inspection-

We spoke with the peripatetic manager, clinical services manager, regional manager, seven staff members, 10 people who use the service and four of their relatives. We looked at seven people's care records, numerous records relating to medicines management and records relating to the management of the service.

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.

After the inspection

We continued to seek clarification from the provider to validate evidence found and seek assurances regarding staffing levels which was provided on 01 August 2019. We looked at training data and quality assurance records. We spoke with one professional who works with the service.

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.

Staffing and recruitment

- People gave mixed views about staffing levels. Some people felt staffing was appropriate, others felt there were excessive delays when requiring support. One person said, "When I need someone they come quite quickly at night." However, a second person said, "At night they are mainly agency staff, there are not enough staff, at breakfast time I have to wait. I had a fall a while ago and had to be taken to hospital and I was there 7 hours on my own. The Manager told me they did not have enough staff to send someone with me." Although this was the person's understanding at that time, the registered manager has since confirmed the home does not routinely provide staff to accompany residents in emergencies as this would impact the homes staffing levels.
- Staff confirmed staffing levels were difficult. For example, one staff member said, "Sometimes we are short. We have 28 [People] so we have only three [care] staff in the afternoon but five in the morning. In the afternoon we need to work both upstairs and downstairs. Sometimes nurses answer the call bells sometimes not, it depends who is working. Before we were six staff in the morning and four in the afternoon. So they reduced the staffing. The work though is still the same. It depends on the needs of the residents."
- Call bell response times showed people experienced a delay when requesting assistance. Although people had not been harmed, the delay did cause people anxiety, and meant if they had a fall they may be left without support for an extended period. One person said, "They usually bring a jug of water to everybody's room about nine o'clock, but last night no water had come, and it was 12 midnight before it did. It caused me to have a bad night because I was worried whether they would come."
- The peripatetic manager had identified extended call bell responses and had begun holding meetings with staff to manage the situation. However, 2 call bells went unanswered for over 15 minutes on the night prior to the inspection. However, these two people had not suffered harm, but a delay in receiving personal care.
- The regional manager told us that the number and dependency levels of people in the home affected the staffing levels. They said when the home returned to twenty nine people, then additional staffing would be provided. They agreed to review the individual care needs of people and immediately increased the afternoon staffing level by one staff member. They also introduced a twilight shift.

We recommended that the provider regularly reviews staffing levels and adapts them when needed based upon people's changing needs, and not a set staffing establishment.

- Staff working with people had been employed following a robust recruitment procedure. Staff provided verifiable references, undertook a DBS [criminal records] check, and provided evidence of their right to work

and proof of identity.

Assessing risk, safety monitoring and management

- Information about risks to people's safety and welfare were well managed. Assessments and care plans relating to managing people's physical health were clear and consistent, for example around falls, risk of choking, pressure care and diabetes management. For example, we were able to clearly see where a person had been admitted with a pressure wound from hospital. Nursing staff clearly documented and assessed the wound, developed a care plan, and worked with care staff to ensure regular repositioning, daily creaming and skin care. This wound quickly healed.
- Staff spoken with were aware of risks relating to people's health needs. Staff were aware of the preventative measures needed to lower the likelihood of people falling, developing pressure areas, or losing weight.
- Equipment required to support people's care or mobility needs such as pressure mattresses, cushions, hoists, slings and mobility equipment were in place. These were assessed as safe to use for the individual person, and staff were trained in how to safely use them. Equipment was regularly checked and serviced when required.
- Regular assessments of the environment were in place to support people to stay safe. The premises and safety of communal and personal spaces and the living environment were regularly checked. Fire assessments were in place with regular fire drills, checks of fire equipment and evacuation plans were in place. Staff were aware of how to evacuate people safely, following the evacuation plan. Routine checks were undertaken of areas such as water quality and temperature.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People said they felt safe living at Field House. One person said, "I feel safe here because I know that there is someone here if I need anything."
- Staff received training in keeping people safe from harm and were aware of how to raise their concerns. Staff spoken with were aware of how to identify when a person was at risk of harm they could raise their concerns confidentially to the local authority or CQC. One staff member said, "We over report to the manager. Anything, like shouting, hitting, bruises, skin tears. It's better to report and it be nothing than miss something. We can whistle blow to head office, we can go to CQC, the local authority or the police."
- We saw incidents and injuries were reviewed and investigated thoroughly by management. When people fell for example, they were placed on close monitoring and a falls diary implemented. They were further assessed around areas such as any bruising, swelling, pain, limb shortening, and mobilising. The investigation considered whether there is a safeguarding concern such as neglect or physical harm. Where required the appropriate referral was sent to the local authority.
- However, the investigation report required the reviewer, "To consider what immediate or underlying issues may have contributed to the injury." Reports reviewed focused on the incident, and not on previous history, trends etc. For example, where one person had a fall the peripatetic manager noted this was due to a chest infection and disorientation. However, as part of lessons learned they did not review with staff how this may have contributed to the fall. The regional manager took action to ensure lessons learnt were considered for all incidents.
- Staff told us they reviewed their practice in team meetings and supervisions. Part of these discussions were how lessons were learnt and were used to support improvement in their practice. The regional manager told us they would be sharing with staff the analysis of falls, incidents etc to provide them with a wider view of the emerging risks and trends.

Using medicines safely

- People's medicines were safely managed and administered, and people received them as the prescriber

intended.

- Staff administering medicines had received appropriate training and their competency was regularly assessed. This helped to ensure they remained competent to do so.
- Medication administration records [MAR] were completed with no gaps or omissions. Check of physical stocks tallied with the records. This demonstrated people had received their medicines.
- Checks and audits were in place to ensure medicines were stored within safe temperature limits, stocks were managed, medicines were reviewed regularly and changes to people's prescriptions were acted upon.
- Controlled medicines [CD's] subject to the Misuse of Drugs Act were safely stored and administered, with frequent checks of the stocks remaining.

Preventing and controlling infection

- The service was generally clean and hygienic overall. We saw the carpet in the communal areas outside the dining room was heavily stained. The regional manager provided evidence after the inspection to show this was being changed to a more durable flooring material.
- On a couple of occasions, during lunchtime we noticed unpleasant odours, but domestic staff worked quickly to address this.
- Staff were suitably trained in infection control and had sufficient personal protective equipment to use when providing care. Catering staff undertook food hygiene training and understood the importance of food safety, including hygiene, when preparing or handling food.

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 deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Nationally recognised good practice in relation to supporting people's nutritional needs and adapting the service to meet people's needs, particularly for those living with dementia, were not consistently met.
- People's needs were comprehensively assessed prior to moving to Field House. Care and support was planned and delivered in line with current evidence-based guidance and standards.
- Assessments of needs are comprehensive with expected outcomes identified. Care and support was regularly reviewed and updated with appropriate referrals to external services are made to make sure that needs were met.

Staff support: induction, training, skills and experience

- People told us staff were competent, with appropriate skills and experience to assist them. One person said, "They all seem to know what they are doing, they are very efficient."
- Staff told us they felt supported by the registered manager and management team. They told us they received regular supervision, and were able to approach any member of management for support. One staff member said, "My supervision is good, we talk about training I want to do, at the moment I am doing medication and wound care. But if we are interested we can go for more training if we want to develop. There is always training, next thing I want to do is the diabetes training. There's always something to do." Training records reviewed confirmed staff were provided training relevant to their role.
- Nursing staff told us they felt supported, and had the additional support of the clinical services manager. They told us the registered manager was supportive of them to attend relevant training to their role and supported them when required with revalidation with the appropriate professional bodies.
- The regional manager told us staff would be identified who could be trained to take on champion roles within the home. This would give them a 'Specialist' area to support other staff with good practice and responsibility to mentor staff. For example, in areas such as pressure care, safeguarding, mental capacity and nutrition.

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

- Meal times were at a set time, we observed lunch. People were seen to be sat for long periods in the dining room prior to lunch being served. This was because staff needed to assist people to the dining room. Prior to lunch four people were sat separately on their own for fifteen minutes before people were brought in. People waited anything from 5 to 45 minutes for their meal to be served. This delay led to people becoming

bored and listless and one person was quite agitated.

- People had pre-chosen their meal. When their meal was served they were provided with that choice, and side vegetables, gravy etc was decided by staff. We heard the cook say for one person's meal, "[Person] will have mashed potato, [Person] likes mash." Staff did not enquire, and this person subsequently did not eat their mash. Staff did ask one person what they wanted but took instruction from their relative and did not seek to see what the person wanted. Although some choice was offered to people, staff did not visually prompt people with visual choices, such as showing people a choice of two meals. This is considered good practice, particularly for people living with dementia or cognitive impairment who may find it difficult to recall dishes without prompting.
- We observed one person was sat on a chair against the wall. A second person was sat to their left, who independently ate their meal. The first person required assistance with eating, so the staff member sat behind the two people and reached over the person's shoulder to assist them.
- The dining room was stark, very few condiments were available for people, tables were not laid particularly well or inviting to people. We asked one staff member why there was little to create a warm dining room environment. They said, "We used to have nice cutlery, salt and pepper and things, but they started disappearing, I don't know why but they weren't replaced."
- People told us they enjoyed the food provided and were given a choice around what meals they ate. One person said, "The food is good."
- People's nutritional needs were known to staff who supported them well this included people's cultural choices around food.
- The chef was aware of people at risk of weight loss and fortified their meals appropriately. They were aware of the snacks and treats people liked, and regularly sought to ensure snacks were available. They said, "They all have their own little ways and likes. I know what they like because I check and talk to them. It helps to help them keep putting on their weight. We do our best to make sure they have what they want. Like for [Person] we have bought a black forest gâteau which is sitting in the fridge just for them."
- The kitchen staff were kept informed of people's allergies, intolerances and those people losing weight. Where they were able to fortify people's meals the chef told us they were not involved in reviewing people's nutritional needs. We spoke with the regional manager who told us this would be addressed.

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

- People told us they could see health professionals when they needed. One person told us how they had built up their strength through regular physiotherapy. A second person said, "There's no delays if we need a GP or something, the nurses get it organised."
- The service worked in partnership with a variety of health professionals to promote people's health and wellbeing. We saw GP's district nurses, chiropodists, psychiatrists and physiotherapists among numerous others supported people's health needs. One health professional said, "The care here I think is very good. Staff do not hesitate to get in touch and I find when I visit they follow the instructions given. In my view people achieve good outcomes because of the responsiveness of the staff."

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

- The home is a series of converted houses and extensions. A lift ensures people can access the upper floors, and access is fully accessible across the home on all floors. Landscaped gardens can be enjoyed by all who wish to, and there are areas for people to meet in private if they have visits.
- The home is connected by a series of narrow corridors, making it difficult for staff to monitor people at risk of falls. Areas of the home were quite gloomy and not well lit. Pathfinding was not in place for people living with dementia, as well as a lack of clear signage. The lounge was a wooden panelled room where most activities occurred. Although there was daylight, people were seen to be struggling to read or focus on the

activity at hand.

- For people living with dementia or a sensory impairment, the environment did not meet nationally recognised good practice. Colour and contrast were not used in decoration to aid people to find their way around, or identify different rooms or areas. Tactile or sensory areas were not in place to stimulate people's senses. Items of reminiscence were not available for people to use, and there were little items for people to pick up and hold to provide them comfort. People told us they were able to decorate their bedrooms and personalise those areas but were not involved in decisions regarding decoration of the home.

We recommend that the provider ensures the adaptation of Field House meets the current good practice guidelines available, particularly for people living with a sensory or cognitive impairment. Furthermore, that individual preferences, cultural and support needs are reflected in how premises are adapted or decorated.

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.

- Consent was not always obtained from the person receiving care. We saw examples where people or their representative had signed care records indicating consent to care. However, we also saw examples where consent had been obtained and documented by a person who had no legal right to do so.
- The management team and staff were aware of how to obtain consent from people who may lack the capacity to do so themselves.
- Where capacity assessments and best interest assessments had been completed appropriately, these were concise, documented the reason and rationale for the decision and sought the least restrictive solution to manage the risk. For example, with use of bed rails, the assessor considered a range of alternatives, documenting why these were not considered appropriate.
- DoLS authorisations were submitted when required, for example use of bed rails or for people to not leave the home alone. However, a care plan was not in place to manage the deprivation whilst awaiting assessment by the local authority.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People we spoke with were positive about the staff and care they received. They told us they were treated with kindness, compassion and respect. One person said, "I love it here, they are so kind."
- One person's relative said, "I am very happy with the care they give [Person]. It was very hard when they moved in here, but the carers listen to me, they include me and embrace me. I really like the way they chat to [Person] when giving them personal care."
- Staff observed were attentive to people, kind and caring in their approach and discussed people with a sense of passion and pride.
- One staff member said, "I love my job, it gives me the chance to do something that means something to people. We come to work because we care and want to make people as happy as we can." This sentiment was shared by all staff we spoke with and observed.
- People told us they were able to express their views and staff respected their opinions, valuing their opinion and respecting people's diversity.
- People's relatives told us everybody was treated in the same manner regardless of health need or cognitive impairment. This helped to ensure people diverse needs were met regardless of their differences.

Respecting and promoting people's privacy, dignity and independence

- People told us staff helped them continue to be independent when assisting them.
- One person said, "I like that I can still do things for myself. I tidy my room, put my clothes away, little things like that. When I need help with washing or something like that they [staff] will only ever do the bits I can't."
- Staff were discreet when supporting people with personal care.
- People who needed support by staff were dressed appropriately and they told us staff took time to ensure they were dressed and groomed as they wanted.

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

- People were able to make choices about the care they received. Staff were heard asking people for their views and choices throughout the inspection. When people made their decision staff supported them with that.
- People and relatives were involved in reviews of their care. One person said, "My care is my care and it's how I want it. I know they write it all up in that folder, but more important is they listen to me and what it is that I want."
- Staff understood when people need or wanted help from their relatives when they were making decisions

about their care and support.

- Staff did all they could to encourage that support and involvement.

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 deteriorated to Requires Improvement. or /remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Peoples care plans were personalised and set out how people liked to be supported to meet their individual needs and preferences. One person said, "I feel like I am an individual and the staff know me well enough to do the things they know I would like."
- One persons relative told us how when a person moved to the home the bedroom did not accommodate their furniture. The person voiced their preference to move to a larger room so they did not have to dispose of things and this was accommodated.
- People told us they felt in control of their care. One person told us they asked the staff to organise a GP appointment to review their medicines. They said the medicine was in soluble form but this caused them to get up frequently during the night to use the bathroom. Now the medicine is in tablet form and they take it in the morning, this person is much happier.

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.

- Where people were living with conditions such as dementia there was a lack of signage to help them navigate around the home. The dementia lead had carried out an audit in July 2019 that identified the home might consider developing more positive signage and way finding.
- People where not always shown objects to make an informed choice for example, people were not shown a plate of each food so they could choose what they wanted to eat.

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 were actively encouraged and supported to develop and maintain relationships with people that matter to them. People and relatives all told us they could have visitors when they wished and were able to leave the home for day trips, shopping, lunches etc with them.
- The service employed activity staff to provide in house entertainment and support people's interests. We saw and people told us there was inconsistency in the quality of activities provided.
- For example, one person told us, "People are really kind to me, it was my birthday, they asked me what I would like, I said I used to like going to Irish dances. They arranged for some young Irish dancers to come

here and dance for me." A second person said, "I love it when Paddy the dog comes to visit, I always had dogs." People said they enjoyed the vegetable garden where produce is used in the kitchen and external trips and visits, such as to garden centres and parks.

- However, none of the people we spoke with were positive about the day to day activity program provided. One person said, "It's not my type of thing, so I stay in my room." A second person said, "If you look at the timetable for this week, it's the same as last weeks and next weeks, it's hardly exciting is it?"
- We observed the morning activity session. This was attended by five people, two of which were quite vocal they did want to join in with magic painting. In the afternoon, whilst the activity staff member took the dog round the home for the daily visit to people, they left a DVD playing in the lounge about penguins. Nobody was watching this, or showing the slightest interest.
- Activities were timetabled rigidly and there was no flexibility to the program. We saw five people and two visitors sat in the dining room after lunch. They were happily talking among themselves, listening to the music and relaxing. When it was time for the afternoon activity, the music was turned off and people were taken along to the activity room. Staff did not recognise people were happily engaged in their own activity and were not flexible to enable them to continue this by offering tea and snacks for example.

We recommend that the provider reviews the activity provision within Field House to ensure peoples views and opinions are used to enable staff to carry out person-centred activities that encourages them to maintain hobbies and interests people find stimulating and engaging.

Improving care quality in response to complaints or concerns

- People and relatives told us they were confident in raising a concern or complaint with any staff member or the registered manager. People were provided with a copy of the complaints procedure, and told us when they raised their concerns they were taken seriously and treated with empathy.
- One person said, "I speak my mind, if somethings wrong I tell them and they solve it quickly." A second person told us they had complained about the gates on the stairs, as at night they are often left to close with a loud bang. They said the registered manager listened to her concern and investigated and has told them the gates are not suitable for the home will be dealt with.
- Complaints when received were documented and copies of the outcomes were sent to people and retained for review by the provider. People were offered the chance to discuss the outcome of their complaint and if necessary were provided with external organisations who could support.

End of life care and support

- People were given an opportunity to talk about their end of life (EOL) wishes and these were recorded in their care plan. Where people chose not to they were told by staff they could refer to this at any time if they wished. We saw feedback from one relative that noted, "Would like to say that all the staff at Field House are amazing, supportive, caring and friendly people. [They] were amazing throughout [persons] stay and brought a lot of joy and comfort to their stay. We would highly recommend to anyone."
- Staff had completed training in EOL care and had been involved in caring and supporting people at the end of their life.
- Staff said EOL care plans were put in place and other healthcare professionals were involved in supporting the persons care if required for example, nurses, support from the local hospice and the GP.
- Some people had signed forms in hospital making it clear they did not wish to be resuscitated. However, these had not been reviewed once they had been discharged from hospital as required. This was feedback to the regional manager who took immediate action to review.

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.

Continuous learning and improving care

- Quality monitoring systems were in place to check the service was providing safe, good quality care. We saw evidence of regular audits taking place by both the registered manager and regional manager and provider. However, we identified areas during this inspection that required improvement which had not been picked up by these audits. This included staffing, supporting people's nutritional needs, decisions around capacity and best interest and activity provision.
- Immediately following our inspection the regional manager developed an action plan and implemented measures to address our findings. However although we found no evidence that people had been harmed, the issues identified demonstrated that this was an area that required improvement.
- The regional manager told us following inspection of another local home, they acknowledged the need to monitor wound care and would implement this at Field House as part of the providers lessons learnt.

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

- All staff spoken with told were positive about the support from the registered manager and management team. One staff member said, "[Registered manager] is one of those who leads from the front. They are always around to ask for help and will muck in with us. I feel very supported and grateful to them for being able to do this job."
- Staff told us morale in the service was good and this was due to the team ethos driven by the staff and management team. One staff member said, "It's nice place to work, we all get on pretty much and I think our morale is good at the moment. The managers really do help with making it a good place to be."
- People and relatives told us the registered manager was visible and approachable. Throughout the inspection we saw relatives speaking to the management team to update them about people's care, appointments etc or to discuss a particular issue. One relative said, "I think [Registered Manager] hears what I have to say, considers their position then will act accordingly. Their office door is always open and I have found them to be most welcoming when I make a suggestion."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- On the day of the inspection the registered manager was not available. However, we found the management team to be open and knowledgeable about the service and the needs of the people living there. They were organised and clear about their responsibilities in terms of quality performance, risks and

regulatory requirements.

- When events occurred in the service that required notifying to CQC or the local authority these were completed promptly.

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

- The management team and the staff team knew people and their relatives well which enabled positive relationships to develop and good outcomes for people living at the service. When incidents occurred or things went wrong, this enabled open and transparent discussions to take place. One relative said, "Just the other day the [Staff] phoned because they found a mark on [Person]. They could not have been more apologetic or honest about it. I am always kept informed and we will always talk about what happened or could be done different."
- Regular meetings were held with people and their relatives to seek their views about different aspects of the service. People told us they were kept informed of developments and their views and opinions were sought. Although people did say when their views were not taken into consideration they were not told why.

Working in partnership with others

- The service worked in partnership with other key agencies and organisations such as the local authority and external health care professionals to support care provision, service development and joined-up care in an open and positive way.