

Miss Dawn Paxton

Field House

Inspection report

Field House
The Parks
Minehead
Somerset
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Tel: 01643708751

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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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 23 June 2016.

Field House is a small family run care home which is able to accommodate up to five people. The home specialises in the care of people who have a learning disability. At the time of the inspection four people were living at the home.

The last inspection of the home was carried out in August 2014. No concerns were raised at that inspection.

The service is run by Miss Dawn Paxton as a sole provider. As a sole provider she is not required to employ a registered manager. Instead she has opted to manage the service herself. 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.

The provider was open and approachable. They worked alongside care staff which enabled them to monitor practice and seek people's views.

People were happy with the care and support they received and staff encouraged them to maintain their independence. Everyone had a care plan which set out the support they required but there was no evidence that people had been fully involved in writing their care plans.

People were comfortable and relaxed with the provider and staff who supported them and said they would be able to share any worries or concerns. However there was no complaints policy displayed in the home which could mean people who did not feel able to share concerns were not able to make a complaint.

Risks of abuse to people were minimised because the provider operated a robust recruitment process and staff knew what to do if they had concerns about a person. Risk assessments were carried out with people to ensure they were able to take part in activities with minimum risk to themselves and others.

People felt at home at Field House and their privacy was respected. People had formed friendships with each other and there was a happy atmosphere within the home. Staff knew people well and there was chatter and laughter between people and staff.

People took part in activities of their choosing each day. Everyone had their own room which they were able to personalise to their tastes and people were able to spend time alone when they wanted to.

Staff monitored people's well-being and they had access to healthcare professionals according to their individual needs. Where people were not able to fully understand treatment options available the provider involved professionals and people's representatives to make sure any decisions made were in the person's best interests.

People were happy with the food served at the home and said they always had enough to eat. Some people were able to make drinks for themselves and staff supported other people in line with their risk assessments.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe at the home and with the staff who supported them.

Risks of abuse to people were minimised because staff were checked before they started work and knew what to do if they had concerns about a person.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and experience to meet their needs.

People's health and well-being was monitored and they had access to healthcare professionals according to their individual needs.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People's privacy was respected.

Is the service responsive?

Requires Improvement ●

The service was not totally responsive.

There was no easy to understand complaints policy displayed at the home which could make it difficult for people to raise concerns.

People received care that was personalised to them but care plans did not show how people had been involved in planning

their care and support.

Is the service well-led?

Good ●

The service was well led.

The provider managed the home and had a good knowledge of people's needs and preferences.

There were systems in place to monitor practice and make sure people lived in a comfortable and safe house.

Field House

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 23 June 2016 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we looked at the information we held about the service. This included information supplied at registration, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service.

During the inspection visit we met with all four people who lived at the home and had conversations with three. We spoke with two members of staff and the provider. We looked around the premises and observed care practices. We also looked at records which related to people's individual care and to the running of the home. These included two care and support plans, three staff personnel files and records of health and safety checks.

Is the service safe?

Our findings

People felt safe and secure at the home. One person said "I feel safe with the staff." People and staff were very comfortable together and chatted and joked throughout the time of the inspection.

Although people had keys to their bedrooms to enable them to keep their possessions safe no one chose to use them. One person said "My key is in my room I don't need to lock my door. It's home." Another person said "I don't actually know where my key is. It doesn't matter everything is safe here."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff files we read showed all necessary checks had been carried out.

To further minimise the risks of abuse to people staff received training on how to recognise and report abuse. Staff spoken with knew how to report any signs of abuse. Staff were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. There was a poster in the office giving staff details of how to report concerns if they felt unable to discuss issues within the home.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. People were quite independent and said staff supported them to maintain their independence. One person said "They are always there to help you when you need it." The provider told us recruitment had been difficult but they had regular agency staff which made sure staffing levels were maintained.

Care plans contained risks assessments which outlined measures in place to enable people to take part in activities with minimum risk to themselves and others. One person had a risk assessment that stated they needed to be supported by a member of the staff to access the community. They said "I go somewhere most days but staff come with me. I feel ok about that." One person said they needed staff to help them to make hot drinks and we saw this happened. Another person told us they were able to make their own tea and coffee and throughout the inspection this person freely used the kitchen to do so.

People's medicines were administered by staff who had received specific training and supervision to carry out the task. People said they did not wish to administer their own medicines. One person told us "I think it's best the staff sort that out. I know I get the right tablets then."

There was a clear policy and procedure for the administration of medicines and adequate storage facilities. The dispensing pharmacy supplied printed medication administration records and carried out an annual inspection of the home's medicines. The last inspection visit showed the pharmacist was happy that people received their medicines safely and in accordance with their prescription.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person said "Staff are good." Another person said "They're alright. Seem to know what they're doing."

Records seen showed staff had undertaken a variety of training relating to health and safety and the needs of people who used the service. Training included; fire safety, first aid, the mental capacity act, equality and diversity and nutrition. Training was regularly up dated to make sure people were cared for by staff who had up to date knowledge about good practice. One member of staff told us they thought the quality of training was good and it helped to "keep you fresh."

A number of staff had nationally recognised qualifications in care which ensured they were competent in their roles. The provider monitored staff skills and the needs of people using the service and planned training accordingly. For example they told us that due to the fact people were ageing they were planning for all staff to undertake training in ageing and the care of people with dementia.

People had access to healthcare professionals according to their individual needs. People told us staff supported them to attend appointments. One person said "They take you to the doctors or dentist when you need to go." Another person told us the staff helped them to attend chiropody appointments in the town. Individual records showed when and why people had been seen by healthcare professionals which helped staff to monitor people's well-being. Some people chose to see professionals without staff support and this decision was respected by staff enabling people to maintain control of their health.

Each person had a 'hospital passport.' These were documents which set out the needs of the person and provided clear information for anyone providing care to them. This meant that if the person was admitted to hospital, healthcare staff would have information about the person's abilities, communication needs and their preferences.

Staff gave people information about healthy lifestyles and had supported one person to make changes which they told us had made them feel better. Staff encouraged people to take regular exercise by walking and spending time outside in the garden.

People were encouraged to eat a healthy diet and food was served in accordance with people's wishes and preferences. One person said "We get some choice over meals. We have our main meal at lunchtime now which I think is better." Another person told us "If you want snacks there's always fruit around." Everyone we asked said they were happy with the food served at the home and all said they always had enough to eat.

People were able to make day to day decisions about their care and support. Staff supported people to make decisions about more complex issues. One person said "They listen to you and give you advice when you need it." Records in care plans showed people had been asked for their consent for staff to administer their medicines.

The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. One person had needed a specific health treatment which they were unable to fully understand and consent to. They were given information about the procedure in an easy read format and a meeting was held with healthcare professionals and family representatives. This ensured the person's legal rights were respected and a decision was made in their best interests.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). The provider was familiar with the procedure to follow if anyone required this level of support and protection.

Is the service caring?

Our findings

Field House is a family run business with a stable team of staff. This meant people were cared for by staff who knew them well and who they had built relationships with. People talked very affectionately about the staff at the home especially the provider who worked with other staff to provide day to day care and support.

People said they were supported by kind and caring staff. One person said "The staff are very kind to you." Another person said "The staff are nice. They seem to like me."

Interactions between people and staff were very relaxed and friendly. People shared a laugh and joke with each other and with staff which lead to a happy atmosphere for people to live in. People chatted about a variety of issues with staff and staff showed understanding and patience. One person was asking about going out to vote and the provider explained impartially what the vote was about and where the polling station was. They assured the person that staff would assist them if they decided to use their vote.

People had formed friendships with other people who lived at the home. We saw people sat and chatted to each other and two people told us they liked to go out together because they liked the same types of things. Another person told us they did not like to go out much but got on well with the other people at the home. They said "We all get on. They're easy to live with." One person said they had enjoyed watching football on the television with other people. They said "It makes it a bit more fun." One member of staff said "One of the nice things about here is people are really compatible so there's a calm friendly feeling."

Each person had their own bedroom which they had been able to personalise according to their tastes. People had ornaments and pictures which were important to them. One person proudly showed us photographs and certificates which they had framed for their bedroom. People's privacy was respected and they were able to spend time alone in their bedrooms or mix in the communal areas of the house. One person spent most of their time in their room but we saw they happily joined other people for their meal.

Bedrooms did not have en-suite facilities but all had wash hand basins and there were ample bathrooms to make sure people had easy access to bathing and showering facilities to enable them to carry out personal care in private at their own pace. One person said they shared a bathroom with the person who had a room next to them. They said "It's nice it's just the two of us."

People were able to have visitors at any time. Some people had regular visits from family or friends and the provider told us they always tried to make people feel welcome. There were two main communal areas which meant people could see visitors privately even if they preferred not to see them in their bedrooms.

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful way.

Is the service responsive?

Our findings

People had personalised care plans which enabled staff to provide person centred care. Care plans gave information about people's personal history and their current needs and preferences. This meant staff had good information about people and how they liked to spend their time. Although care plans were personalised they did not give information about how people had been involved in their creation.

All the people at the home had been there for a number of years and the provider and staff knew them well. Two people said they liked the routine in the home which meant they got themselves up at approximately the same time each day and went to the dining room for breakfast. One person said "I get up at the same time." Another person said "It suits me well."

People told us they would talk with the provider or a member of staff if they had any complaints. One person said "[Provider's name] would sort it out." Another person said "My keyworker would help me." Although people who were able to voice their opinion said they would complain there was no complaints policy displayed in the home and no easy to understand information about how to raise concerns. This could mean that anyone who felt unable to speak to someone would not know how to make a complaint.

Staff wrote daily records about each person which recorded what people had done and any significant changes in mood or behaviour which may indicate they were unhappy about any aspect of their care or support. One member of staff told us they would recognise if someone was unhappy about anything.

People were encouraged to maintain their independence as far as they were able. People made choices about how they spent their time and there were enough staff to support people when they required it. The home was located near the main town centre and people said they went into town for personal shopping.

As far as possible people retained control of their personal finances and were assisted by staff to collect money from the local post office or bank. One person told us "I collect my money and pay my rent. What I spend the rest on is up to me." One person said they liked to gamble on the horses and we saw there was a risk assessment to enable them take part in this activity whilst recognising their potential vulnerability.

There were no planned activities at the home and people chose what they did each day. People told us they took part in activities such as playing pool, fishing, walking, visiting other towns, gardening and making cakes. Some people liked to go out whilst others preferred to stay at the home. One person said "I go out to do my shopping, sometimes I go in the garden but I prefer to stay in and watch the television." On the day of the inspection two people went out for a walk to the sea front. Two people told us they had been away on a fishing holiday with two members of staff.

One person did not like to join in with any activities and preferred to spend time alone. Their review notes showed they had been asked if they wanted to attend a local day services provision but they had declined this offer. This decision had been respected and they continued to occupy themselves

People took part in some household tasks. During the inspection one person was being supported by staff to tidy their room. At lunch time another person laid and cleared the tables and made cold drinks for everyone. People had organised amongst themselves who helped with laying and clearing the table each day.

Is the service well-led?

Our findings

The registered provider managed the home on a day to day basis. They worked alongside other staff to enable them to seek people's views and monitor practice. They were familiar with people's needs and kept themselves up to date with good practice by reading and attending training courses.

Due to the size and nature of the home there were no formal meetings for staff or people. The provider told us that meal times provided an informal time when they ate with people and chatted which enabled people to make suggestions. During the inspection we heard staff and people chatting over lunch and talking about where they would like to go for a trip out.

In addition to informal chats satisfaction surveys were sent out to people and their representatives. The surveys for people were easy to read and had pictures to support the wording. This made them meaningful to people. The last returned surveys showed a high level of satisfaction.

The provider ensured the quality of the service was monitored and the building remained safe and pleasant for people. There were regular health and safety checks which included checking water temperatures and the fire detecting equipment. There were contracts in place to make sure equipment was regularly inspected and serviced.

Monthly audits of medication records showed a good standard of recording was maintained which helped to make sure people received their medicines safely. Records of staff supervision showed staff had opportunities to discuss their work and training needs and any issues were addressed in a confidential setting.

The provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Everyone was extremely comfortable with the provider and said they could talk with them about anything. One person said "She's a good listener." Staff felt the provider was open and approachable.

The provider told us they aimed to provide people with a home where they felt safe and secure. People we spoke with told us they felt at home at Field House and felt safe. One person said "Best place I've ever lived." Another person told us "This is my home now. I'm very comfortable." A member of staff said "It's a lovely place to work. People are more like friends, we all know each other so well."