

Field House Residential Care Limited

Field House Rest Home

Inspection report

Thicknall Lane (Off Western Road)
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Tel: 01562885211

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05 October 2017

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

We completed an unannounced comprehensive inspection of this service on 30 and 31 August 2017. We found there were breaches in the legal requirements and regulation associated with the Health and Social Care Act 2014. There was a breach in Regulation 13 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to protect people from abuse. A breach in Regulation 12 (1) The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured people were supported in a safe way. A further breach in Regulation 17 (1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not have effective arrangements in place to monitor and improve the quality and safety and welfare of people using the service. We asked the provider to take immediate action to rectify these concerns.

We undertook this focused inspection to check the provider had rectified these urgent concerns and to confirm they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Field House Rest Home on our website at www.cqc.org.uk.

The provider is registered to provide accommodation and personal care for up to 54 people at Field House Rest Home. At the time of this inspection there were 40 people living at the home.

There was not a registered manager in post. The interim manager was completing our registration process. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People had their risks assessed and their environment improved to ensure they remained safe. People who needed additional support to mobilise safely had their needs assessed and their risks mitigated. The management team took action to ensure accidents and incidents were reported, investigated and steps taken to ensure people remained safe.

Where people had potential restrictions in place and did not have the mental capacity to agree to these the interim manager had now made Deprivation of Liberty applications to the supervisory body for authorisation. By doing this, the interim manager had followed the correct process to take on the legal responsibility to make sure people were not unlawfully restricted of their freedom or liberty unnecessarily.

The management team had reviewed their governance systems and taken action to improve how they monitored people's safety and well-being. They were in the process of recruiting new staff to ensure there were sufficient staff to meet people's needs. Updates for staff training had been started and staff said they were more confident. Staff we spoke with told us they had confidence in the management team.

We will review our rating for this service at our next comprehensive inspection to make sure the improvements made continue to be implemented and embedded into practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Where the provider was in breach of Regulation, we found action had been taken to meet the legal requirements of the law and improve the safety of the service.

People benefited from increased staffing levels, and more knowledgeable staff. Staff were given clear guidance on how to mitigate people's risks. People lived in an environment where risks were identified and action taken to mitigate them. Steps had been taken to identify and acquire specific equipment for people when they needed it.

People received care and support in the least restrictive way to effectively meet their needs and keep them as safe as possible. Deprivation of Liberty authorisations had been sought to ensure people were only deprived of their liberty lawfully and in the least restrictive way.

We could not improve the rating for safe from an inadequate rating because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Inspected but not rated

Is the service well-led?

Where the provider was in breach of Regulation, we found action had been taken to meet the legal requirements of the law and improve the governance of the service.

The management team robustly investigated and took action about accidents and incidents which improved people's safety. The management team had reviewed staffing levels and increased staffing to ensure people had support when they needed it. Systems to ensure people were supported by trained staff had improved.

We could not improve the rating for well-led from an inadequate rating because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Inspected but not rated

Field House Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced focused inspection which was undertaken on 5 October 2017. The purpose of our inspection was to check action had been taken to meet legal requirements reported by the provider after our comprehensive inspection on 30 and 31 August 2017 had been made. We inspected against two of the five questions we ask about services; 'Is the service safe?' And, "Is the service well-led?" This is because the provider was previously not meeting some legal requirements in relation to these questions.

The inspection team consisted of two inspectors.

We checked the information we held about the service and the provider. This included the provider's action plan, which set out the action they would take to meet legal requirements. We contacted the local authority who are responsible for monitoring the quality and funding for people who lived at the home. We spoke with the district nurse team, who regularly visited people living at the home.

We met with people who lived at the home. We saw the care and support offered to people at different times including over lunchtime. We also spoke with the interim manager, provider, operations manager and staff members.

We looked at five people's care records. This was to sample risk assessments about people's care needs, applications sent to the supervisory body and Deprivation of Liberty authorisations. We also looked at records which included those the interim manager used to manage and review staff training and environmental risk assessments.

Is the service safe?

Our findings

At our comprehensive inspection on 30 and 31 August 2017 we found there were two breaches in regulations under this section. These were in Regulation 12 and 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found people were not consistently protected from abuse by other people living at the home. Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in reporting these. However these were not always actioned and investigated to ensure people were protected. Staff did not consistently have the knowledge and skills so lacked confidence to support people who became distressed. We saw there was not always sufficient staff effectively deployed to ensure people remained safe. People were not always assessed when needed to ensure they were able to consent to their care. People may have been deprived of their liberty without a best interests assessment being completed. This was a breach in Regulation 13 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to protect people from abuse.

We also found people had not always had their risks identified, and their identified risks assessed and mitigated. Staff were not always aware of the safe way to support people. People were not always supported to live in a safe environment and protected against the risk of infection. This was a breach in Regulation 12 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured people were supported in a safe way.

At this focused inspection on 5 October 2017 we found the provider had taken urgent action to meet the shortfalls in relation to the requirements of Regulation 12 and 13 described above.

We found risk assessments had been reviewed and updated and staff had clear guidance about how to mitigate people's risks. Staff we spoke with confirmed they were clear about the support people needed. We also spoke with agency staff, they confirmed they received a clear handover and knew people's risks and how to support people in a safe way.

We looked at the environment and found there was building work being completed inside the home. We saw risks had been assessed and staff told us they knew what action they needed to take to mitigate these environmental risks. We saw staff had signed to acknowledge they had read the risk assessment for this building work. We saw risks we had identified at our last inspection had been actioned and reduced. For example we saw protective equipment was stored securely and areas which presented a risk to some people at the home were now secure.

At our last inspection, in August 2017, we saw people had not been assessed to ensure they had the appropriate equipment to move them safely. At this inspection we saw these assessments had been completed and equipment ordered for people needing this support. We saw people had been assessed for the correct equipment to support them to mobilise safely. Where the management team were waiting for further equipment, people's risks had been assessed and documented, to enable staff to have guidelines in

place to meet people's needs safely whilst waiting for equipment. Information about people's mobility needs was included on staff handover information to ensure staff could meet people's needs safely and effectively.

We found there had been positive improvements in keeping people safe at the home.

At our last inspection we found more than one person living at the home was abusing other people living there. We discussed with the management team how incidents were being managed and if people continued to be at risk of being abused. We found people who needed one to one support as part of how their risks were managed received this until they were able to move to an alternative home to meet their individual needs.

We saw there was a new system to record accidents and incidents which recorded all the actions taken. The interim manager showed us accidents and incidents were reported and investigated robustly, and actions taken. We saw the number of incidents of abuse had reduced, we noted there was one incident recorded in the last two weeks. Staff explained the actions taken, relatives had been contacted, GP contacted to review people's well-being and the incident had been reported to the relevant authorities. Suitable steps were in place to protect the person involved in the incident. Staff told us they were aware of when people were at risk and there were clear plans in place to guide staff. Staff we spoke with said there had been improvements and people were safe now at the home. They also said that the system for reporting accidents and incidents had been shared with them, and they understood the need to report concerns more effectively.

We saw staffing levels had increased and they were deployed effectively to ensure staff were able to respond to people's needs in a timely way. We saw staff supporting people when they became agitated or upset. For example we saw one member of staff taking a person out for a walk around the grounds on two occasions when they were unsettled. We saw this improved the person's well-being. We saw staff interacting with people by introducing activities to reduce people's anxieties or reduce anxiety. For example we saw one member of staff encouraged two people to lay the tables for lunch time in an inclusive way, which diffused their anxiety. We saw people were more settled and staff were quick to respond to people's needs as they arose. We saw activities and staff support in all the lounges during the day.

We found there had been positive improvements made to ensure people were protected from abuse.

At our inspection in August 2017 the interim manager told us there were potentially 21 people who were deprived of their liberty unlawfully. 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. The application procedures for this in care homes and hospitals are 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 were being met.

The interim manager had a good understanding of their responsibilities around the application of DoLS. Following our last inspection the interim manager had ensured DoLS applications had been made to the

supervisory body, (the local authority). These applications were for people who were unable to make specific decisions about their care and treatment, and were supported in all aspects of their care needs.

We looked at the care records for one person who had a DoLS authorisation in place. This person's care records included relevant information about the DoLS authorisation and what this meant for this person. There was guidance for staff to follow so that support offered was personalised for this person. We also saw people's representatives and external professionals were involved in the decisions which led up to DoLS applications being made so that people's best interests were central to this process.

We saw staff offering choices and asking permission before they supported people throughout our visit. For example we saw staff supporting people over the lunchtime period. We saw no one was rushed and where appropriate staff supported people.

We found there had been positive improvements in the application of the law around DoL so people were protected from harm and were not deprived of their liberty unlawfully.

However, we could not improve the rating for safe from inadequate to good. This is because to do so, the provider is required to demonstrate consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Our findings

At our comprehensive inspection on 30 and 31 August 2017 we found there was a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured there were established systems in place to ensure people received safe, quality care.

At this inspection we found there was an effective action plan in place with reasonable time spans and clear ownership by the individual with the responsibility to complete each action. We saw this plan was regularly reviewed by the management team and some actions were completed.

Staff we spoke with told us there had been improvements. They said there was regularly more staff, and people were safe. They said training was regularly happening and there was planned training shared with staff. They said handovers had improved and they were receiving the information they needed. They also confirmed they were aware of the new accident and incident procedure and they were aware the interim manager was taking action on the incidents they reported.

The management team explained they had arranged training up dates for as many staff as possible. We saw evidence that staff had received training in areas such as MCA and DoLS, Safe guarding. There was planned training booked in December 2017 for staff to complete challenging behaviour training. Worcestershire County Council had confirmed this was the first date available. We saw staff were more confident when supporting people and the atmosphere at the home was much calmer.

The interim manager explained that the overview and analysis of accidents and incidents was not up to date. However the interim manager was robustly investigating and taking the appropriate action for any accidents or incidents. The interim manager shared the information on a daily basis with the provider. This was a short term measure whilst the interim manager was working to complete the overview to ensure this was effective.

We saw there was a training planner completed which highlighted where people were out of date with their training. We could see these deficits were being planned for and partially addressed. We were told by the interim manager that immediate risks had been reviewed in all people's care plans, and through the care plans we sampled this was the case. The interim manager told us they had completely updated 10 care plans, and all the care plans would be completed by the end of the month.

We looked at rotas and saw that staffing levels had been increased; the interim manager used regular agency workers to ensure sufficient staffing levels were maintained. We saw that new staff had been recruited and in the process of induction. We spoke with agency staff and they confirmed they supported people regularly and were knowledgeable about people's needs. They said they had an effective handover which gave them the information they needed. We saw many examples where agency staff showed good knowledge about people they were supporting.

We spoke with a district nurse who regularly visited the service. They told us there had been an

improvement with communication between themselves and staff.

We found there had been positive improvements in the systems in place and their effectiveness at ensuring people received safe quality care. However, we could not improve the rating for well-led from Inadequate to good. This is because to do so, the provider is required to demonstrate consistent good practice over time. We will check this during our next planned comprehensive inspection.