

RBL Field House Care Ltd

Field House Residential Care Home for the Elderly

Inspection report

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Field House Residential Care Home for the Elderly (Field House) is a residential care home. The service provides personal care and accommodation in one adapted building to up to 49 older people, some of whom live with dementia. At the time of the inspection 31 people were receiving the service.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Cambridgeshire and Peterborough. To understand the experience of social care providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

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

The provider's governance systems had failed to identify the issues we found at this inspection. For example, the provider had not always identified risks which meant staff did not always have guidance to ensure they supported people safely. Staff were not always following procedures and guidelines to ensure that risks in the home were reduced. The registered manager addressed these concerns once we brought them to her attention.

People's care plans provided detailed guidance to staff on how to meet people's needs and preferences. However, not all care plans contained all the relevant information or had been updated to reflect changes in people's needs. Following our inspection site visit, the registered manager showed us these care plans had been updated.

We saw positive interactions between people and staff. However, for much of the day during our visit most people were unoccupied. Staff said more activities would enhance the day to day life of people living at the home. Some areas of the service had recently been redecorated to improve people's environment.

Staff supported people to maintain relationships with their relatives and friends. Relatives told us the care their family members received had improved and their needs were met. A social worker told us the care received had made "a big difference" to a person's overall health and well-being. Staff treated people with compassion and kindness and respected their privacy and dignity.

Staffing levels had improved and there were enough staff with skills and knowledge to meet people's assessed needs. People liked the staff and said they responded promptly when they called. The provider had completed appropriate recruitment checks prior to staff working at the service. Staff received regular supervision and felt well supported by the management team. However, not all staff had undertaken training the provider considered mandatory. This put people at risk of receiving unsafe or ineffective care.

Staff supported people to have enough to eat and drink and provided help when needed. Staff supported people to access healthcare and made appropriate referrals for external advice, for example to GPs, when

needed, and followed their guidance. The provider's systems ensured people received their medicines as prescribed.

Staff knew how to report any concerns to the registered manager, and externally to other organisations, such as the local authority. Staff were confident the registered manager would take any concerns seriously. The management team had appropriately referred concerns to the local authority safeguarding team and shared information with people's relatives where this was appropriate.

People were supported to have maximum 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.

The provider's complaints procedure was available in the home. The registered manager had responded to complaints in line with the provider's complaints procedure. The registered manager and nominated individual were approachable and responded to concerns raised. There were opportunities for people, relatives and staff to feedback on the service to help bring about improvement. The local authority told us staff worked well with them in order to improve the service provided to people who lived there.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 3 August 2021) and there were breaches of regulations. We issued the provider with a Warning Notice.

At this inspection we found the provider remained in breach of regulations and the Warning Notice actions were not met.

This service has been in Special Measures since 3 August 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection and check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to fire safety, risk assessment, infection prevention and control, and governance at this inspection.

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 work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 Residential Care Home for the Elderly

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 Health and Social Care Act 2008. We checked whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Field House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Field House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered

with the Care Quality Commission to manage the service. 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 our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 9 March 2022 and ended on 1 April 2022. We visited the home on 9 March 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

On the day we visited Field House we spoke with two people and met a number of people who lived there and saw how they interacted with each other and with staff. We also spoke with 10 staff. These included six care workers, one of whom worked for a staffing agency, a senior care worker, a maintenance worker, the deputy manager, and the registered manager. We also spoke with the registered manager and nominated individual via video link following the site visit. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke over the telephone with five relatives of people who lived at Field House. Their contact with the home and their family members had been limited for some of the time since our last inspection, due to government COVID-19 guidelines preventing visits. We also spoke with a person's social worker who has visited the service regularly.

We reviewed a range of records. This included sampling nine people's care records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service. These included rotas, meeting minutes, audits and staff procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

Preventing and controlling infection; Assessing risk, safety monitoring and management

At our last inspection the provider had not always taken all reasonable steps to minimise the risks of spreading infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- We were somewhat assured that the provider was meeting shielding and social distancing rules. The provider had not considered taking any additional actions to reduce the risk of infections spreading where people were not social distancing. The registered manager told us they would risk assess this following our inspection site visit.
- We were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely. On arrival at the home we saw a staff member with their facemask under their nose. They adjusted it as we approached. We also saw the registered manager enter the building without wearing a facemask. There was no PPE by the entrance to the home staff used. This meant they walked through the laundry and along a corridor before donning a facemask in the staff room. This was not in line with current government guidance.
- We were somewhat assured that the provider was accessing testing for people using the service and staff. Some staff tested for COVID-19 on arrival in the staff room. This meant they may be mixing with staff before they had their result confirmed. The registered manager told us senior staff checked other staff member's LFT results before each shift. However, there were no records of these which meant the provider could not monitor the checks had taken place.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Records showed nine of the 44 staff members had not received IPC training. This meant not all staff may have satisfactory knowledge of IPC. The home had experienced a COVID-19 outbreak and staff described removing PPE after they left the room of a person who was COVID-19 positive. This was not in line with government guidance.
- We were somewhat assured that the provider's infection prevention and control policy was up to date.

The policy the registered manager showed us referred to the name of another care home. It had not been reviewed since 18 October 2020. However, links were included within the document to the latest government guidance.

- Not all risks had been assessed. This meant staff did not always have guidance to ensure they supported people safely. For example, we saw one person walking with bare feet, and another person walking wearing just socks. Staff told us this was both people's preferences, but this had not been recorded or risk assessed to help staff prevent injury or falls. Another person's needs had changed in relation to repositioning, mouthcare and drinking. Although the person was receiving appropriate care, their risk assessments had not been updated to reflect their current needs. This meant not all staff may be aware of them. Following our visit, the registered manager showed us that these risk assessments had been completed.
- Staff were not always following procedures and guidelines to ensure risks in the home were reduced. For example, a person's risk assessment stated they should have a sensor mat beside the bed and bedrails with bumpers on their bed. The person was in bed with no sensor mat beside it. The bumpers only covered half of the bedrails, leaving an exposed gap between the bedrail on one side of the bed. We saw the person put their foot through the gap and requested staff assist the person to prevent entrapment and increased risk of injury. A second person's risk assessment identified that they needed bedrails and bumpers when in bed. We saw this person in bed with the bedrail raised, but no bumpers in place leaving an exposed gap between the rails. The registered manager addressed these safety issues before we left the home but had failed to identify them prior to us raising them.
- We found items including cardboard boxes of personal protective equipment (PPE), staff coats, wheelchairs, and cushions, stored in a stair-well. We contacted the fire officer who required they remove most of the items and stored only one days' supply of PPE in hard plastic containers with lids. The fire officer revisited the service and found the provider had complied. However, at the time of our site visit the provider was not following their risk assessment which stated, "Fire escape routes are free from combustible materials."

The provider had failed to ensure that risks to people's health safety and well-being were reduced where possible. The provider had failed to ensure that infection prevention and control guidelines were followed by all staff. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We have also signposted the provider to resources to develop their approach to IPC.

- The registered manager told us the home was following the government guidance in relation to visitors to the home. Staff promoted and encouraged the role of essential care giver. Staff enabled people to receive visitors and maintained contact with people important to them. Relatives told us the system for booking visits was easy to use. One relative told us, "They have been very flexible with regards to visiting, but [it's been] within the rules." They explained that because of their family member's needs, they were able to visit their family member in their bedroom.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- All care staff had received moving and handling training and were confident in how to help people to move. Staff effectively monitored people's weight and took action when they identified concerns. People had personal emergency evacuation plans (PEEPS) for staff to refer to in an emergency.

Staffing and recruitment

At our last inspection the provider had failed to deploy a sufficient number of staff who had the necessary skills, experience and knowledge to enable them to carry out the duties they were required to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People told us they liked the staff and that staff responded when they called. Relatives said staffing levels and competence had improved. They said staff knew their family members and responded to call bells. A relative said, "The staff ratio is much, much better."
- Staff told us there were always enough staff on duty to meet people's needs since new staff had been recruited.
- We saw staff were well organised and provided people's care in a timely way. Call bells were answered promptly, and staff spent time with people and provided the care and support they needed.
- The registered manager used a recognised tool to help them identify the number of staff needed to meet people's needs effectively. They regularly reviewed staffing levels to ensure that they were appropriate. Rotas showed that staffing levels met, or exceeded, the amount of staff identified by the tool.
- The registered manager told us they had recruited a significant amount of care staff since our last inspection and only had two vacancies. These shifts were covered by a small number of agency staff. This meant the agency staff got to know people well.
- The provider had completed appropriate recruitment checks prior to staff working at the service. Information obtained included references and criminal record check.

Systems and processes to safeguard people from the risk of abuse

At our last inspection people were at risk of abuse and avoidable harm because the provider did not have a robust system in place to protect them. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Relatives told us they felt their family members were safe at Field House. One relative told us they used to visit their family member daily because they were so worried about them. They said they now had reduced this because they felt their family member was safe and they trusted the staff.
- The staff we spoke with described examples of what constituted abuse. They knew about how to report any concerns to the registered manager, and externally to other organisations, such as the local authority. Staff were confident the registered manager would take any concerns seriously.
- The management team had appropriately referred concerns to the local authority safeguarding team. They had also shared information with people's relatives where this was appropriate.

Learning lessons when things go wrong

- The registered manager told us they reviewed all events and incidents to see if there was any learning to take from them. The registered manager told us that they shared this with staff through meetings and

supervisions. Staff confirmed learning was shared with them. However, care plans were not always updated to reflect learning. For example, following an incident, the action recorded was for staff to always be present when one person was with others. However, this was not reflected in their care plan and meant not all staff may be aware of this new need.

Using medicines safely

- The providers medicines systems ensured people received their medicines as prescribed. Medicines were recorded, stored and disposed of properly. Staff audited medicines and took action when needed.
- Relatives were satisfied with the way staff supported people to take their medicines. One relative told us, "I have seen [staff] give medicines. ... They give it with a drink to take the taste away."
- People had medicines plans in place which detailed how they preferred to take their medicines and the support they required from staff. Staff had clear guidance for administering medicines prescribed to be taken 'when required' and had recorded why the medicine was needed.
- Staff had completed medicines management training and had their competency assessed by senior staff to ensure they followed good practice.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to deploy a sufficient number of staff who had the received adequate and suitable training to enable them to carry out the duties they were required to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Relatives said they felt staff had the right skills and knowledge to support them effectively. A relative told us, "I would say the majority of [staff] are much more skilled and have a much more caring [attitude] towards the clients. They interact with them and support [people]."
- The registered manager told us all new staff had a two-week induction where they worked alongside an experienced staff member. At the end of this period staff were only allowed to provide care alone if they have been assessed as competent to do so by a senior staff member. A staff member described how senior staff "Went through everything" with them. They said this included fire safety and the care people needed. Agency staff were inducted into the home and where possible their first shift was shadowing an experienced staff member.
- Although staff received an induction, not all staff had completed on-line training the provider considered mandatory. This meant people were at an increased risk of unsafe or ineffective care because they were supported by some staff whose training was either not up to date or had not been undertaken. The registered manager told us that all staff were expected to complete this training within three months of being employed. Topics included safeguarding, IPC, and food hygiene. However, records showed 14 of the 44 staff had not completed all the training. Eight of these staff had worked at the service for more than three months. The registered manager told us they were addressing these shortfalls in training with the individual staff members.
- In addition to the mandatory training, staff were offered other training to help them meet people's specific needs. This had recently included end of life care, tissue viability, and dementia. A staff member told us they benefitted from the training they received. They told us they had recently received dementia training which had, "Made a big difference. Before the training I didn't know what to do, what was right or wrong." They went to describe how they responded appropriately to different people when they became distressed.
- A recently recruited care worker told us they were working towards the Care Certificate. This is an agreed

set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

- Staff received regular supervision and found the registered manager and other staff supportive. One staff member told us how supportive the team were. They said, "Yes, [supervision] is useful, to know where my weaknesses and strengths are. I've had an appraisal and supervisions." Records showed most staff received supervision at least four-monthly in line with the provider's policy.

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

- The registered manager or deputy manager assessed people's needs prior to them moving to the service. These assessments helped to ensure staff could meet people's needs.
- Relatives told us the care their family members received had improved and their needs were met. A social worker told us the care received had made "a big difference" to the person they visit at Field House. They described improvements in the person's overall health and well-being.
- The management team kept staff up to date with good practice guidance in a number of ways. These included online and face-to-face training, meetings, and messaging applications on mobile phones. They said recent topics included end of life care and tissue viability.

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

- Staff supported people to have enough to eat and drink. Staff encouraged people to eat and drink independently. Where people needed help to eat and or drink, staff supported them sensitively. Mealtimes were unhurried, and snacks were available between meals.
- A relative told us their family member used to regularly get infections because they were not drinking enough. They said this had improved and their family member hadn't had an infection for "a long time." They also said their family member had gained weight in recent months because of the care they received. They told us, "The food is better, I've seen what they are giving [them] and how they feed [them]. The staff encourage [them] to help [themselves] with finger foods now. They give [them] milkshakes to build [them] up, smoothies and things like that."
- Staff catered for a variety of dietary needs and preferences and offered choices at mealtimes. Staff noticed that one person wasn't really eating their meal. They checked whether the person liked it and offered an alternative which the person accepted.
- Where there were concerns that people were not eating or drinking enough, staff had sent referrals to appropriate health services and followed professional's guidance. For example, by providing food and or fluids of a specific consistency. Staff had worked hard and had improved this aspect of people's care.
- Staff were creative in encouraging people to increase their food and fluid intake. For example, holding a 'hydration week' where people were encouraged to try different fruits made into non-alcoholic cocktails.

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

- Staff supported people to access health services such as GPs, district nurses, and dietitians.
- Relatives told us staff sought advice from healthcare professionals when needed. A relative told us staff had reacted quickly when their family member became unwell. Another relative told us, "Whenever [staff] were concerned they have got the doctors involved."
- Some staff had received training in healthcare conditions such as diabetes and hypertension. Staff had also been trained to look for early signs of conditions such as sepsis and high blood pressure.
- The local authority told us staff worked well with them in order to improve the service provided to people who lived there.

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

- Field House was a residential property that had been extended a number of times over the years to increase the number of bedrooms and shared spaces. This provided plenty of space to manoeuvre equipment.
- Some areas of the service had recently been redecorated with doors painted different colours to help people find their bedrooms. There was some dementia-friendly signage in place.
- Gardens were accessible and included seating areas.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff knew how the MCA applied to their work. They involved people in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests. This included varying their approach to help people understand choices. For example, using shorter sentences and limiting the number of choices offered.
- Staff supported people in the least restrictive way. Staff followed guidance on how to support people who became distressed when receiving personal care. This focused on minimising the person's distress whilst providing the care they needed in their best interest. A social worker told us, "[Staff] have to have different approaches at different times of the day. Distraction is fantastic sometimes, but not at others. They have managed [the person's distress] really well."
- Where appropriate, staff had mostly carried out mental capacity assessments for specific decisions. They had consulted people's legal representatives, relatives, and professionals to decide how to best to support each person and recorded the decision. However, we found a mental capacity assessment had not been completed for a person who was mostly cared for in bed. This was completed during our inspection.

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has changed to good. 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; Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had to ensure that people were treated at all times with dignity and respect. This was a breach of regulation 10 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Staff treated people with compassion and kindness. Relatives told us there had been a significant improvement in the attitude of staff who worked at the home. One relative told us, "Staff are much better, they interact. The standard of care is much, much better." Another relative said, "There were odd ones [staff] who were nice, but they are all good now. [My family member] always says, 'They are so nice to me.'"
- Where people needed help to eat and or drink, staff supported them sensitively. They offered clothes protectors and spent time chatting with people while supporting them.
- Staff were mindful of people's comfort and offered them cushions and blankets. Staff had developed positive relationships with people, and we heard banter and laughter.
- All the staff we spoke with told us they would be happy with a family member receiving care at Field House. One staff member told us this was because, "I've worked with the carers and they are so passionate about what they do. We can always speak to someone if we are not sure."
- Staff respected people's privacy. They knocked and waited for a response before entering people's bedrooms. Staff helped people with personal care behind closed doors and put a sign on the door, so they were not disturbed.

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

- Staff offered people choices about the care they received. For example, where they wanted to spend their time, and what they wanted to eat and drink.
- Relatives said communication had improved and, on the whole, they received regular updates about their family member. They described receiving telephone calls, video links and newsletters. One relative said how much they enjoyed seeing pictures of what their family member had been doing on social media. The 14 relatives who responded to the provider's last survey all said they felt involved in their family member's care.
- Staff involved people in their care. We saw staff helping a person to move using a hoist. They were calm

and caring, explaining what they were going to do and reassuring the person. A relative told us, "[The staff] are very good. There's been times when I've arrived, and they have been in with [my family member] and I've heard them interacting when they have not known I'm there. They speak calmly, compassionately. They spoke to [my family member] as I would want [them] spoken to."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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; End of life care and support

At our last inspection the provider had failed to ensure that people's care plans were fully person-centred, contained sufficient information and guidance for staff to meet the person's needs and contained people's preferences. This included plans for the end of a person's life. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff had received support from the local authority and had reviewed people's care plans. These provided detailed guidance to staff on how to meet people's needs and preferences. For example, where appropriate they included phrases a person living with dementia responded to. However, not all care plans contained all the relevant information or had been updated to reflect people's current needs. For example, staff told us that one person regularly removed their footwear and walked around in their socks. Another person's care needs had changed five days before the inspection in relation to repositioning, mouthcare, and receiving enough to drink. This information had not been included in their care plans. Following our inspection site visit, the registered manager showed us these care plans had been updated.
- Relatives told us they were involved in reviewing their family member's care plans.
- Staff members told us that senior staff communicated changes to people's care via messaging applications. Staff referred to people's 'snapshot care plans' which were stored in their bedrooms. These contained key information for staff to refer to when providing their care. However, not all staff had read people's full care plans. One care staff member said they had worked at the home for three months but had not read anyone's care plan. This meant there was a risk there were aspects of people's care needs staff were unaware of and were not being met.
- Some staff had received training in end of life care.
- Relatives confirmed staff discussed their family member's wishes for end of life care. One relative whose family member had received end of life care said, "They were so nice to [my family member] and really good to [them]." A relative wrote about the service, "Field House were exceptionally good to me when my [family member] passed, both in preparing me during the palliative care period and in [their] passing and thereafter. [They were] kind, considerate and caring throughout. [Staff] even attended my [family member's] funeral and made visits to the chapel of rest. Awesome team."

Maintain relationships to avoid social isolation; support to follow interests and to take part in activities that

are socially and culturally relevant to them

- There were no organised activities taking place on the day of our site visit because the activity co-ordinator was on leave. Some people clearly enjoyed dancing and singing with staff in one lounge. The television was on in another lounge but people rarely paid attention to it. We saw one staff member support a person with a manicure. Staff did acknowledge and speak with people when they entered the rooms, but people were largely unoccupied throughout the day. Five of the 10 staff who responded to a recent staff survey said more activities would enhance people's day to day lives. The registered manager acknowledged that whilst there had been improvements in this area, it needed further development.
- Relatives told us organised and individualised activities had increased in recent months. They praised the activity co-ordinator and said they shared pictures and films of their family members participating in various activities and occupation. One relative told us, "[The activities co-ordinator] is absolutely excellent. [They] know my [family member] likes football and talks to him about it."
- In some areas of the home there were 'fiddle boards' and chickens in the garden to engage people. Staff told us people did engage with these.
- Information about people's lives and interests were recorded in "My life story" booklets and provided staff with conversation starters with people .
- Staff supported people to maintain relationships with their relatives and friends and facilitated visiting in line with government guidelines. Staff also used video links and telephone calls to help people maintain contact with their loved ones.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff knew people's communication needs and this information was included in people's care plans. We saw staff adapting their communication to suit each person.
- The provider told us key documents such as the complaints procedure was available in a number of different languages including Hindi, Latvian, Russian and English. This was also available in an easy read version with larger font for people who are visually impaired. Staff told us they had picture cards to help understand people who were unable to communicate verbally.

Supporting people to develop and Improving care quality in response to complaints or concerns

- The provider's complaints procedure was displayed on a board in the reception area. Relatives told us the registered manager and deputy manager were responsive to any concerns they raised. One relative said, "[The registered manager] is very approachable. I can go to her with a complaint and she does act on it. I am happy to do that." Another relative said, "I would go to [the registered manager], and if I got no joy then the owner. But I'm alright. I ring up and they tell me what's going. That's lovely."
- The registered manager had responded to complaints in line with the provider's complaints procedure.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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

At our last inspection the provider had failed to monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with a Warning Notice.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17. The provider had not met the Warning Notice actions.

- Some improvements had not been made in line with the provider's and registered manager's action plan. For example, their action plan said they would comply with all IPC requirements by 31 October 2021. However, we found shortfalls in regard to IPC during this inspection. Another action was that all staff would receive training the provider considered to be mandatory by 31 January 2022. However, records showed 14 of the 44 staff had not completed this training.
- The provider's governance systems had failed to identify that not all risks had been assessed resulting in staff not always having guidance to ensure they supported people safely For example, people walking about the home without suitable footwear.
- The provider's governance systems had failed to identify that staff were not always following procedures and guidelines to ensure that risks in the home were reduced. For example, in relation to fire safety and the safe use of equipment, including sensor mat and bedside bumpers.
- People's care plans did not contain all the necessary guidance to ensure staff could provide care consistently. The registered manager showed us these were updated when we brought this to her attention, but the provider's governance systems had failed to identify these shortfalls.

Systems were either not in place or robust enough to demonstrate the service was well-led. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and registered manager had brought about improvements in the service. This included increased staffing levels and competence, more appropriate staff deployment, recognising and reporting safeguarding concerns to the local authority, and ensuring people were treated with dignity and respect.
- The provider and registered manager notified partner agencies of incidents and events appropriately. For

example, they had sent all required notifications to the Care Quality Commission (CQC). A notification is information about important events that the provider is required by law to notify us about.

- The provider had developed clear guidance for staff, so they understood their responsibilities and the actions they should take in certain circumstances. For example, tasks to be completed during night shifts.
- The provider had complied with Food Safety Standards and The Food Standards Agency had awarded the service a maximum rating of five.

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

- The culture of the home had improved since our last inspection. Staff were more caring and responsive to people's needs. The registered manager told us they had used the provider's procedures to bring about change and some staff had left the service.
- Relatives told us the management of the home had improved. One relative said, "I think it's managed very well. I have a lot of faith in [the registered manager] and [the deputy manager]." Relatives said the management team, including the director, were approachable and responsive to any concerns they raised.
- Staff also told us things had improved at the service. One staff member said at the time of our last inspection, "We were just surviving. It's much more relaxed, more structure and it's comfortable [now]."

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 registered manager and nominated individual were open and honest when things went wrong. Following our last inspection, they held a meeting for relatives to explain the rating and the action they planned to take. A relative told us that staff had notified them "straight away" when an incident occurred, explaining what had happened what they had done to prevent further incidents.

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

- The registered manager sought feedback from relatives about the service their family members received. They did this formally through surveys and meetings, and informally during visits and telephone calls. A relative told us, "They've been continuously improving the service since [my family member's] been there. Over the last year or so they've had more family meetings. They do communication at least monthly telling me how [my family member] is doing. Another relative said, "Yes, we do surveys. They quite often email them out. They ask for our views at the relative's meetings."
- Relatives told us they also received regular newsletters about the service and saw updates on social media.
- Staff were encouraged to attend regular meetings. Staff told us they felt well supported by senior staff. A staff member told us, "I like it here. It's probably only one of the jobs I've had that I like coming too. It's the management, carers, and staff."

Working in partnership with others

- Professionals who were supporting the home to improve the quality of the service provided to people made positive comments about the registered manager and staff and the improvements they had made.
- The staff team worked in partnership with commissioners from the local authority and with health and social care professionals. A social worker told us staff always gave them the information they requested and worked well with them.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that risks to people's health safety and well-being were reduced where possible. The provider had failed to ensure that infection prevention and control guidelines were followed by all staff.</p> <p>Regulation 12</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were either not in place or robust enough to demonstrate the service was well-led. This placed people at risk of harm.</p> <p>Regulation 17</p>