

Barchester Healthcare Homes Limited

Field House

Inspection report

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Field House provides accommodation and Nursing or personal care for up to 20 people. On the day of our inspection, 18 people were receiving services, some of whom were living with dementia.

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

People's risks were managed in a safe way and staff knew how to protect people from the risk of harm and abuse. The environment was free from risks and hazards. People were encouraged to take positive risks to achieve personal growth and independence.

The provider had effective infection prevention and control procedures in place which staff members followed consistently. Staff members had access to, and used, appropriate personal protection equipment.

Staff members were trained and assessed as competent before supporting people with their medicine. Where it was appropriate people were supported to manage their own medicines.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision.

People were cared for by trained and skilled staff who knew people well. People were treated with kindness and were able to live their lives as they wished as they were given opportunities to express their wishes and feelings, likes and dislikes.

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 at Field House supported this practice.

Staff worked well together to meet people's needs and provide support in a relaxed and homely environment. People had access to healthcare as they needed it and received on-going health care support as part of their assessed needs.

People were supported to maintain a healthy diet by a staff team which knew their individual preferences. People had options regarding their meals and alternatives were provided if required.

People's individual protected characteristics like age, gender and disability were known, and promoted, by those supporting them.

People were provided with information in a way they could understand.

The provider had systems in place to encourage and respond to any complaints or compliments. The

management team and provider had systems in place to identify improvements and drive good care.

The provider, and management team, had good links with the local communities within which people lived.

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

Rating at last inspection

The last rating for this service was 'Good' (published 13 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Field House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Two inspectors and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities together with other agencies may have responsibility for funding people who used the

service and monitoring its quality. 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 all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives. We spoke with nine members of staff including, the registered manager, senior carer, two care staff members, one domestic staff member, the cook, a maintenance staff member, administrator and the operations director. We also spoke with one visiting health care professional.

We reviewed a range of records. These included two person's care record and daily reports. We also looked at the records of medicines administration. We had sight of two staff member's files in relation to recruitment and supervision. In addition, we looked at a variety of records relating to the management of the service, including any quality monitoring checks and incident and accident records.

After the inspection

The registered manager sent us further examples of the care and support they provided which we considered as part of this inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and protected from the risks of abuse and ill-treatment at Field House. One relative said, "I think everyone here is in safe hands."
- Staff members had received training and knew how to recognise and respond to concerns.
- People, staff, relatives and visitors had access to information which details how to report any concerns they had. The provider had systems in place to make appropriate notifications to the local authority to keep people safe.

Assessing risk, safety monitoring and management

- People's individual risks were safely assessed and planned for. People's individual risk assessments guided staff to support people in a safe and appropriate way whilst minimising the risk of avoidable harm. One person told us they had recently fallen but were supported straight away by the staff on duty. They went on to say they were very happy with the response from the staff members.
- We saw assessments of risks associated with people's care had been accurately completed. These included risks to people's skin integrity, mobility and diet.
- Throughout this inspection we saw staff members safely supporting people. People were reminded to use their mobility aids and staff members were available to support them safely.
- The environment and equipment were safely maintained to minimise the risk of accidental injury.
- People had personal emergency evacuation plans in place which contained details on how to safely support them at such times. For example, in the event of a fire or evacuation. People had practiced evacuation techniques with staff members and the local fire service.

Staffing and recruitment

- People were supported by enough staff who were available to safely support them. People told us, and we saw, there were staff available to assist them when they needed it.
- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Using medicines safely

- Staff members were trained and assessed as competent before supporting people with their medicines. One person said, "They (staff) bring in the medication. They are very good at that." When people were able to they remained responsible for the administration of their own medicine. One person told us staff kept an

eye on them to make sure they were taking their medicines when they were supposed to.

- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals, investigation into any perceived error and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe. Staff members were aware of these guidelines.

Preventing and controlling infection

- The provider had effective infection prevention and control procedures in place which protected people and staff from communicable illnesses.
- Staff members had access to personal protection equipment which they used appropriately when needed.

Learning lessons when things go wrong

- The provider and registered manager had processes in place to analyse accidents and incidents for patterns and trends and actions were put in place to reduce the risk of reoccurrence. This included referral to specialists in mobility, sensory orientation and health to minimise the risk of repeated falls.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- We saw people's physical, mental health and social needs had been holistically assessed in line with recognised best practice. One person said they had a review of their care plan every month. People consistently told us these plans reflected their needs and wishes for how they wanted to be supported.
- People told us those supporting them knew them well and how they wished to be assisted. One person told us they had a specific preference but staff always asked them in case they had changed their mind.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included, but was not limited to, people's religious beliefs, cultures and personal preferences.

Staff support: induction, training, skills and experience

- People told us they were assisted by staff members who were well trained and motivated. One person said, "They (staff) go through a lot of training."
- Staff members told us they received support and supervision sessions. These were individual sessions where they could discuss aspects of their work and training. One staff member told us they had regular supervision sessions and access to further professional development. For example, they had been referred to complete tissue viability training.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, health and safety and basic food hygiene. As part of this induction process they shadowed other staff members until they felt confident and capable to work with people. One staff member said, "I wouldn't know what I was doing without it."

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

- People told us, and we saw, they had a choice of food and could choose something not on offer if they wanted or preferred. We saw people making decisions about what they wanted to eat and where they wished to eat. One relative told us their family member will sometimes get confused about what they wanted to eat. They went on to say staff would then go through what they liked, and they are always happy with what was provided. One person said, "Yesterday there were two things on the menu and I didn't feel like eating either of them. So, Chef made me an egg on toast instead."
- When people required specialist assessment, regarding their eating and swallowing, the management team referred them to the appropriate healthcare team. Any changes to people's dietary requirements were

shared with staff members, including the catering staff, to ensure they were consistently supported.

Staff working with other agencies to provide consistent, effective, timely care

- Staff members had effective, and efficient, communication systems in place. Senior staff members met daily and shared key information to support people in a consistent way. One healthcare professional told us they thought the communication systems with staff were good. They went on to say they were confident the staff members followed their advice and guidance.

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

- We saw people freely moving around their home. Field House was safe and well maintained with appropriate signs in place to support people with their orientation. However, visible signage was kept to a minimum whilst embracing and maintaining a homely environment.

Supporting people to live healthier lives, access healthcare services and support

- People had access to additional healthcare professionals including dentists, footcare and opticians. If people could not refer themselves for support the management team supported them to access additional healthcare services.
- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes which included, but was not limited to oral health. One person told us their physical condition had improved since moving into Field House. They put this down to staff members understanding them and working in a consistent way to support them.
- When people displayed a change in behaviour or health staff members were vigilant and referred them promptly for medical assessment and treatment to maintain well-being.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw the provider had made appropriate applications in line with the MCA and the provider had systems in place to ensure any expired applications were reapplied for in a timely way to ensure people's rights were maintained.
- People told us they made decisions which affected them on a day to day basis. This included what support they desired and what they wanted to do.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as 'Outstanding.' At this inspection this key question has now deteriorated 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

- All those we spoke with consistently told us they were treated well and with respect by a staff team who respected their dignity. One person said, "The staff are always very attentive." Another person told us, "They (staff) are very kind and there is a nice atmosphere here." People and relatives described those supporting them as, "Kind," "Considerate," and "Respectful."
- People were supported by staff members who knew and respected them as individuals and assisted them to continue leading the life they wanted. For example, we saw staff members advising one person on the weather. This was to support the person to make decisions about what clothes they should wear when going out. This person told us, "They (staff) look out for me when I go out and about. It is very reassuring."
- People felt valued by those supporting them. One person described a recent special occasion for them. They were presented with flowers and gifts by the staff team. They were asked what special food items they desired, and a special meal was provided for them and others at Field House. This person told us just how much this meant to them and how emotionally touched they were as a result.
- We saw one person had been prevented, by adverse weather conditions, from engaging in an activity they enjoyed. However, one of the staff members recognised how much this meant to the person so arranged to accompany them to a local public house. This person was supported to do what they wished in a social environment which supported them to expand their social contacts.
- People were supported at times of upset. We saw one person had become disorientated and anxious. Staff members supported this person to ease any anxieties they had. They knew contact with a family member would also provide reassurance so arranged for a video call to their relative. This demonstrated to us the staff knew people well and were attentive to their individual needs and respected them.

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

- Staff members supported people to continue to make choices and decisions regarding the care and support they received. We saw people were consistently asked what help they needed, and staff members did not assume they knew the support people required. For example, one person explained staff members will always talk with them about the creams they would like to use, and when, regarding a specific need. This person went on to tell us the staff "Never just do it. It's up to you what you want."

Respecting and promoting people's privacy, dignity and independence

- People told us staff members always respected their dignity. One person told us, "They (staff) always

knock on my door before entering. When the carer came to take away my cup this morning they helped me into my cardigan. They will do any little thing you ask them to." Throughout this inspection we saw many examples where staff members respected people's dignity, privacy and right to personal space.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People told us they were involved in the development and review of their own care and support plans. When it was appropriate relatives or those close to the person were also involved. These plans gave the staff information on how people wanted to be assisted.
- Staff members knew those they supported well. Staff could tell us about people's lives so far including occupations and those that mattered to them as well as their individual preferences.
- People's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals. At this inspection we saw one person's needs had changed significantly. The staff members were in the process of updating their care plan to record these changes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented in a way that they found accessible and, in a format, they could easily comprehend. For example, larger print if needed.

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

- During this inspection people told us they were involved in activities they enjoyed. The provider had arranged a plan of activities throughout the week for people to engage in if they wished. This could be as part of a group or on a one to one basis. Activities included singing, bingo and external entertainers. One person told us they kept in regular contact with their friends and attended their local faith centre. In addition, people told us they could attend religious services at Field House if they wished. Another person said, "There is a reasonable buzz about the place."
- Where people had expressed individual preferences for activities these had been arranged. For example, painting or animal visits.

Improving care quality in response to complaints or concerns

- We saw information was available to people, in a format appropriate to their communication styles, on

how to raise a complaint or a concern.

- All those we spoke with told us they had not needed to make a formal complaint but were confident they would be responded to appropriately if they needed to. The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support

- Field House supported people at the end of their lives. People were supported to identify their preferences and desires for how they wished to be supported as they moved towards this stage of their life. These choices were recorded for staff members to follow when the time arrived.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- A registered manager was in post and was present throughout this inspection. The registered manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at Field House and on their website.
- The provider and management team had effective quality monitoring systems. They used these systems to check they were providing a good service to people. For example, the provider completed regular checks of people medicines to ensure they were receiving the right medicine at the right time and in accordance with the prescriber's instruction.

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

- All those we spoke said the management team was approachable and they felt supported by them.
- The management team worked with people to identify what they wanted and if needed changed routines and practices to achieve these. For example, one person told us they thought a change in personal care routine would assist their recovery. The management team supported this and the person described a positive outcome as a result.
- Staff members told us they found the management team supportive and approachable.

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 was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

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

- People told us they felt involved in decisions about Field House which impacted on them. One person told

us they had monthly resident meetings. They said, "We usually meet in the conservatory We discuss things like the laundry and the food and what we want to do." We saw details of one meeting where new staff members were introduced and people discussed what they wanted including on the menu.

- The provider had established the role of resident's ambassador. This role supported people by welcoming them to Field House, reassuring them and helping them to orientate to their new surroundings. In addition, they were involved in the recruitment of new staff members. All those we spoke with told us they felt valued and listened to by the management team and the provider.
- Staff members told us they could approach anyone from the management team at any time for advice, support or guidance.
- Staff members took part in staff meetings and felt their input was appreciated.
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Continuous learning and improving care

- The management team had systems in place to monitor the quality of the service they provided.
- The registered manager sought support and advice from their immediate line manager and from the providers management network. They said they had regular meetings or calls where they could discuss best practice and share ideas on how to improve services.

Working in partnership with others

- The management team had established and maintained good links with the local communities within which people lived. For example, GP practices and District Nurse teams.