Field View Residential Home

Field View

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection took place on 2 June 2015 and was unannounced.

Field View is a two storey residential home which provides care to older people, including people who are living with dementia. Field View is registered to provide care for 21people. At the time of our inspection there were 13 people living at Field View.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People told us they felt safe living at the home and staff knew how to keep people safe from the risk of abuse. There were policies and procedures to minimise the risks to people's safety. Staff understood their responsibilities to protect people from harm and were encouraged and supported to raise concerns. The registered manager

Summary of findings

ensured regular checks were made of the environment, equipment and fire safety systems to make sure people were cared for in an environment that kept them safe and protected from risks.

There were enough staff to meet people's individual physical needs, although further improvements were required to keep people mentally stimulated and socially involved. Staff received training considered essential to provide effective care to people living at Field View. Staff training was up to date and the registered manager continued to review this to ensure staff skills and knowledge was maintained. People received care and support from staff who had the knowledge and experience to provide the care people required.

Staff were caring to people during our visit, especially when people displayed behaviours that could challenge others. Staff were kind and treated people with respect. Staff protected people's privacy and dignity when they provided care, and staff asked people for their consent before care was given. Staff knew what support people required and staff provided care in line with people's individual care records.

People received their medicines safely and when required. Staff were trained to administer medicines and had been assessed as competent which meant people received their medicines from suitably trained and experienced staff.

Staff supported people's choices and understood how the Mental Capacity Act (MCA) 2005 protected people who used the service. Staff understood they needed to respect people's choices and decisions and where people had capacity, staff followed people's individual wishes. Where people did not have capacity to make certain decisions, decisions were made on their behalf, sometimes with the support of family members. The registered manager had identified which people lacked capacity, and recorded what support they were unable to consent to. However, further improvements were required with the records of those decisions so they could demonstrate how they had been reached and with whose agreement.

Deprivation of Liberty Safeguards (DoLS) are used to protect people where their freedom or liberties are restricted. At the time our visit one person had an approved application in place. This application meant this person's freedom was restricted and provided them with protection. The provider was in the process of completing further DoLS applications for other people whose freedoms may be restricted.

People told us they were pleased with the service they received. People said they felt confident to raise their concerns and found staff, the registered manager and the provider approachable. People's concerns were listened to and responses were timely. Staff told us they had confidence in raising whistle blowing concerns to the registered manager and staff told us they believed the home was managed effectively.

Regular checks were completed by the registered manager and provider to identify and improve the quality of service people received, however in some cases there were no records to support what improvements or actions had been made.

Summary of findings

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.

The service was safe. Staff understood their responsibilities to protect people from the risk of abuse and to report any concerns. Risks to people's health and wellbeing were identified and care was planned to minimise the risks. The provider assessed risks within the home and took action to ensure people lived in a safe and comfortable environment. Medicines were stored, administered and managed safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People and relatives were involved in making decisions about their care and people received support from staff who were trained to meet their needs. Where people lacked capacity to make some decisions, staff did not always have the necessary information to support people with those decisions. The registered manager and staff's knowledge of Deprivation of Liberty Safeguards (DoLS) helped make sure people's freedoms and liberties were not adversely affected. People were offered choices of meals and drinks that met their dietary needs and systems made sure people received timely support from appropriate health care professionals.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were supported with kindness, respect and dignity. Staff were patient, caring, understanding and attentive to people's individual needs and provided constant reassurance when required. Staff had a good understanding of people's preferences and how they wanted to spend their time.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Staff had a good knowledge of the needs of people they provided care and support for. However, staff needed to encourage and support people further in pursing their own interests and hobbies which would help provide mental stimulation and limit people feeling socially isolated. People felt able to speak with the registered manager and staff to raise issues or concerns. The recording of complaints ensured all complaints received had been responded to and investigated, to people's satisfaction.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Summary of findings

People, relatives and staff spoke positively about the registered manager and atmosphere within the home. There were systems to monitor the quality of service and people, relatives and staff views were sought, however it was not always clear what actions were taken to respond to people's views or concerns. Incidents and accidents were monitored but analysis of patterns or trends were not recorded so we could not always be certain, people remained protected from risk.

Field View

Detailed findings

Background to this inspection

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

This inspection took place on 2 June 2015 and was unannounced. The inspection team consisted of one inspector and an expert by experience. The expert by experience was a person who had personal experience of caring for someone who had similar care needs.

We reviewed the information we held about the service. We looked at information received from relatives, whistle blowers and other agencies involved in people's care. We spoke with the local authority who did not provide any information that we were not already of. We also looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

Most of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework information tool (SOFI) to help us assess whether people's needs were met and to identify if they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with five people who lived at the home to get their experiences of what it was like living at Field View. We spoke with the registered manager and three staff who provided care to people at the service.

We looked at three people's care records and we reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Good

Is the service safe?

Our findings

People who lived at Field View told us the service they received was good and they felt safe. One person said, "Oh yes, I feel very safe." People told us they felt safe when staff provided their care.

We asked staff how people at the home remained safe and protected from abuse. All the staff we spoke with had a good understanding of abuse and how their actions kept people safe. One staff member told us, "People are safe, we keep an eye on them. If I saw anything I would report it, I wouldn't keep quiet. We have telephone numbers to call." Another staff member told us, "We are here to care for people." All staff we spoke with knew how to report concerns if they suspected abuse. Staff were confident to raise concerns to senior staff or the registered manager to protect people from harm. The registered manager explained the course of actions they had taken and we found these actions followed the provider's and local authority guidance.

Most people we spoke with told us they felt there were enough staff available to meet their needs. People told us if they needed assistance they did not wait long for help. One person we spoke with said, "When I ring my call bell they always come day or night." Other people told us, "I need two staff to help get me up and I have to wait a while sometimes" and, "I think we should have more staff, it's always been a problem." Staff we spoke with had mixed views about whether the staffing levels met people's needs. One staff member said, "We have three staff sometimes, but usually two. Two staff is enough, it runs smoothly and people get what they want." Another said, "We are understaffed. It's hard to get people up. Sometimes we take staff off medicines to help out. It can be hectic." However, staff told us they were able to meet and support people's physical needs.

The registered manager told us staffing levels were based on a ratio of one staff member to three people and said the people living at Field View, "Did not have high care needs." During our visit, there were 13 people in the home on the day of our inspection and there were three staff on duty which meant the provider's own staffing ratio was not being met. We were told by staff that it was usual for three staff to support people because, "We have spare rooms at the moment." The registered manager told us they helped out to make sure people's care needs were met, but said staffing levels were impacting on the quality of the activities people received. This was also supported by what staff told us.

We were told the provider had restricted the use of agency staff because, "We have empty rooms and the agency bill was high." The registered manager had staff vacancies they were recruiting to, but told us the lack of agency staff reduced their flexibility to increase staffing numbers so staff could spend quality time with people. Our observations on the day showed staff were busy, but supported and cared for people when they needed it. The registered manager assured us they would review the staffing levels with the provider to make sure people received support from staff to maintain and increase their mental stimulation and be involved in activities that met their personal needs.

Assessments and care plans identified where people were potentially at risk and actions were identified to manage or reduce those potential risks. Risk assessments contained information for staff in how risks should be minimised, for example with nutrition, people at risk of falling and mobility. Staff spoken with understood the risks associated with people's individual care needs and knew how to provide care so people remained safe. For example, staff told us how they made sure people who were at risk of falling had the right equipment in place to keep them safe. Staff said they made regular checks on people to ensure they were safe and ensured people's rooms were free from trips and hazards.

People told us they had their medicines when needed. One person said, "I ask for Paracetamol sometimes and they always bring it." Another person said, "They are always on time." We looked at examples of medicine administration records (MAR) and found medicines had been administered and signed for at the appropriate time. Staff told us a photograph of the person was on file and recorded allergies, which reduced the possibility of giving medicines to the wrong person. Staff completed medication training which meant their knowledge was kept up to date and they had their competency assessed by the registered manager during an 'observed practice'. The registered manager told us they did this to ensure staff continued to administer medicines safely. There was a safe procedure for storing and disposing of medicines and MARs were checked regularly to make sure people continued to receive their medicines safely and as prescribed.

Requires Improvement

Is the service effective?

Our findings

People told us the service they received was good and they received care and support from staff who knew how to meet their needs. One person we spoke with said, "I think it's a wonderful home, the staff are very good." Another person told us, "They (staff) know what to do, they get trained when they first come here."

Staff told us they had received training to support them in ensuring people's health and safety needs were met. This included training such as moving and handling, health and safety and safeguarding people. Staff told us they felt they had received the necessary training to be able to support people effectively. One staff member said, "I have the training I need to look after people here." Staff said they supported people who had behaviours that challenged others, were trained and able to provide effective support to those people. One staff member said, "I remain calm, patient and support the person at their pace." Staff told us they knew how to diffuse potential situations and behaviours to help keep others and themselves safe. During our visit, we saw staff provided support and reassurance to some people and used diverting techniques to protect people and themselves from potential risks.

Staff told us they completed an induction and received training to support them to ensure people's health and safety needs were met. One staff member told us, "When I started I had training, but I also shadowed an experienced member of staff for a few shifts until I was confident to be on my own." Staff told us they had regular supervision meetings which gave them an opportunity to discuss any concerns they had. One staff member told us they found supervision, "Useful, you can discuss what you want, but I am happy. My last one was a month or so ago."

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA ensures that the human rights of people who may lack mental capacity to make particular decisions are protected. DoLS are required when this includes decisions about depriving people of their liberty so they get the care and treatment they need in the least restrictive way. The registered manager understood how MCA and DoLS should be considered when people received their care and support.

The registered manager told us most people had capacity, although there were some people who did not. The registered manager had identified those people who lacked capacity to make certain decisions, however there were no records or assessments that showed how those people had been identified. We saw records of best interests decisions that had been made, however these did not show who was present at the meeting and how those decisions had been reached. For one person, the best interest decision showed the lasting power of attorney as 'not applicable'. We checked their care record and found a lasting power of attorney was in place, but they had not been involved in the decision making process. The registered manager assured us they would make improvements to ensure where people lacked capacity, relevant information was recorded and records to show who had been involved.

The MCA and DoLS require providers to submit applications to a supervisory body for authority to deprive a person of their liberty. The registered manager understood their responsibility to comply with the requirements of the Act. The registered manager told us one person had an approved DoLS in place, which restricted their freedom and liberty to help keep them safe. The registered manager told us they were in the process of applying for DoLS for others who lived in the home, in accordance with advice from the local authority.

People told us they enjoyed the food. One person said, "The food is very good, you get two choices and I have plenty to drink. " Another person said, "They ask in the morning what I want. I think the meals are great and they never rush me." During mealtimes we saw people were offered choice and their choices were provided.

We completed a SOFI at lunchtime which helped us to see how people were supported and whether their needs were met. We saw all the people were independent and required little support from staff, although staff encouraged people to drink and eat their meals and desserts to help maintain their nutrition and hydration. Staff told us that no one at the home had concerns regarding how and what they ate. The registered manager told us they had sought help from dieticians and speech and language therapists when people had been identified as at risk. People were able to

Requires Improvement

Is the service effective?

have their meals where they wished, some preferred the dining room while others preferred to eat in the privacy of their own room. One person said, "I prefer to stay in my room" and we saw this person's choice was respected.

People told us they saw, and had access to other healthcare professionals. One person said if they needed to see a health professional, "I ask my keyworker and she arranges it. The dentist and optician have been, and I see a chiropodist every six weeks." Staff understood how to manage people's specific healthcare needs and knew when to seek professional advice and support so people's health and welfare was maintained. People and care records confirmed health professionals' advice had been sought and their advice had been followed by staff. Records showed people received care and treatment from other health care professionals such as their GP, dieticians, occupational therapists and district nurses.

Good

Is the service caring?

Our findings

People were complimentary about the staff who cared for them and said staff were kind, caring and respectful. Comments people made to us were, “They (staff) are pretty good, nice and respectful”, “They (staff) are all very caring” and “Staff are very good.” Some people said some staff were, “Not respectful and were not very nice, but they have gone now.” We spoke with the registered manager about this and they said there had been some staff changes recently and staff who had treated people in an unkind and disrespectful manner were no longer employed at the service.

One person told us about a recent example of how staff cared for them and were sympathetic with the circumstances they were faced with. This person said, “I needed a special bandage which wasn’t available through the NHS. A staff member went to the chemist and got it for me.” They thought this was a very kind gesture and were really appreciative of this staff member’s attitude and helpfulness.

All of the staff we spoke with said they enjoyed working at Field View. One staff member told us, “I like it. I love the residents. It’s more relaxed, no set routines.” Another staff member told us they worried about people when they were not on duty and often phoned the home to check people were okay, especially if they had been unwell or had gone into hospital.

During our visit staff were friendly and caring in their approach to people. We saw one person was agitated and staff were quickly on hand to reassure this person and ensured they remained safe. Staff talked quietly but sympathetically to people and did not raise their voices when people raised theirs. The registered manager told us the staff team were caring and worked together as a team to ensure people received the care they expected and deserved. The registered manager told us they worked some day and night shifts to make sure staff continued to be caring to people at all times.

The provider supported people to make Field View feel homely, such as involving people to personalise their rooms as they wanted. Some people invited us into their rooms and told us they had furnished and decorated their rooms with personal possessions, such as photographs, pictures and furniture. Staff encouraged people to do things for themselves as much as possible, such as eating, dressing or certain aspects of personal care which helped them to maintain their own independence where possible. We saw staff supported people at their preferred pace and helped people who had limited mobility to move around the home safely.

Staff addressed people by their preferred names and staff had a good understanding of people’s individual communication needs. All the staff interacted positively with people and they looked for non-verbal cues or signs in how people communicated their mood, feelings, or choices. They knew by observing non-verbal cues when people became agitated, were experiencing pain or discomfort or wanted assistance.

Staff we spoke with had a good understanding and knowledge of the importance of respecting people’s privacy and dignity. For example, staff spoken with told us they protected people’s privacy and dignity by making sure all doors, windows and curtains were closed and people were covered up as much as possible when supported with personal care. One staff member said, “It’s about being private, keeping doors closed and they are willing to let you do what is needed. I couldn’t do something without their permission. I ask them quietly.”

The provider recognised people’s personal records contained important information about their health and relationships and this information was recorded in a respectful way. These records included a ‘reminiscence of my life’ which provided information for staff about how people lived their lives and the relationships that were important to them, before they moved to Field View. Staff told us this information helped them get to know people and staff used this information when they had conversations with people to help stimulate personal memories.

Requires Improvement

Is the service responsive?

Our findings

People told us staff met their needs and knew their personal likes, dislikes and how they wanted their care delivered. People told us they or their family members were involved in care planning decisions and in the care records we looked at, we saw family member's had legal authority to do so, for example, lasting power of attorneys were in place. People told us they felt supported and staff responded to their wishes. We spoke with one person and asked them if staff knew how they wanted to be supported. This person said, "I think they (staff) know me very well."

People we spoke with said they had been involved in their care planning and those decisions had been followed. One person we spoke with said, "I did my care plan recently." They also said, "Staff spoil me and they never refuse me." Another person we spoke with did not want to be involved in making care decisions but said, "My daughter does all that."

Staff told us when people's care needs had changed, they were made aware of these changes, either by the registered manager, the senior in charge and at staff handover. They told us they received a handover at the start of each shift which helped them to respond to people's immediate needs. Staff said it was useful to know if people had any concerns or health issues since they were last on shift. Our discussions with staff demonstrated they knew people's care needs and provided the care people required. Staff spoken with said people received their care in line with their care plan, and if they had doubts, would refer to the senior or care record for guidance.

We looked at three people's care files. Staff told us they documented everything in the care plan and completed records that showed how people spent their time, their overall health and the activities people did. Records we saw showed staff monitored people's weight when people were unwell, or those who were at risk of malnutrition or dehydration. Staff said people were weighed more frequently if their weight levels or appetite decreased, although no one presented these concerns during our visit. We were told when there had been changes, people were monitored and necessary action was taken.

Care plans were reviewed on a regular basis to make sure people's needs continued to be met. However, we found examples where care plan records did not always support people's current health needs as they changed. From speaking with staff we were told staff provided the right support for this person, but the records did not support recent changes. The registered manager had identified care plan reviews were not always accurate and had put measures in place to make sure all care plans reflected people's health needs. This would ensure staff provided the support people required.

We looked at the quality and variety of activities and interests for people that took place within the home. Speaking with people, we found mixed views about people's involvement and staff told us they did not have much time to spend with people which was due to staffing levels. People who were more independent did arts and crafts in their room or played games in the lounge area with others. Some people helped decorate cakes, play skittles, bingo and knitting. However, some people we spoke with said the activities did not meet their expectations, especially those people who spent more time in their room or lacked mobility. Comments people made to us were, "I spend hours on my own in my room. All the activities are in the lounge, nothing in my room", "I have asked to play scrabble but no one has bothered", "They never ask me if I want to go out" and "Staff never come in and do anything with me."

The staff and registered manager agreed activities for people required improvements. We were told, "With more staff you get better activities done" and, "Staff need time to sit with people and I think with activities, we need more things around the home for people with dementia." The registered manager said they wanted items people could touch, smell and talk about but said they would need more staff to help people with this, and, these items would only be purchased if funds were raised.

There was an activity planner which showed a range of activities in the lounge, however this was not completed for June 2015. This planner recorded news events, such as the election results, the new arrival in the royal family and chiropody visits, but did not record what activities people could be involved in. Staff told us they spent time with some people on a one to one basis who did not like group activities and had discussions with them about their experiences before they moved to Field View, but this was limited from what people told us. The registered manager

Requires Improvement

Is the service responsive?

acknowledged the quality of activities required some improvements to ensure people received support with hobbies and interests that provided stimulation and met their needs.

People told us they felt able to raise any concerns they had. One person said, "I wouldn't worry about making a complaint, I haven't needed to." All the people we spoke with had not made any complaints about the service and were satisfied with the service they received. Information displayed in the 'service users guide' informed people and their visitors about the process for making a complaint. However, most people we spoke with did not know how to make a complaint. Staff told us they supported people with any concerns they had and said they were usually able to resolve them before they needed management involvement. Staff told us they would refer any concerns people raised to the registered manager if they could not rectify the issue themselves.

We looked at how written complaints were managed by the registered manager and provider. The registered manager told us they had received two complaints during the last 12 months. Both complaints identified concerns about the laundry. Both complaints had been investigated and responded to people's satisfaction. Staff were made aware of these complaints and working practices were changed to prevent similar complaints being received. The provider told us they treated all complaints seriously and kept a log of complaints which they regularly reviewed and monitored with the registered manager.

Requires Improvement

Is the service well-led?

Our findings

People told us they were happy with the quality of the service and they were able to voice their opinions about the service they received. They told us the registered manager and staff took action to improve the quality of the service if they had any concerns. Comments people made to us were, "The atmosphere is really good, I ring the manager (registered) and she comes quite quickly" and "The manager (registered) is very good."

People and family members had opportunity to share their views of the quality of the service. For example, meetings were held every three months for people who used the service and the registered manager was considering increasing the frequency of those meetings. However, some people told us they did not know when meetings took place, or that the meetings resolved their concerns. One person said, "I have never been to a residents meeting. I wouldn't mind going if they have them" and another person said, "We had a residents meeting two months ago. It was a complete waste of time, hilarious really. No minutes or anything." We did see a record of the last meeting, however the minutes did not make it clear what action was taken to respond to people's suggestions.

We were told the provider sought feedback by sending out annual quality survey questionnaires to people and relatives. We looked at the last survey results and it was not clear from the results, what people were dissatisfied with. The registered manager agreed they would seek other ways to obtain this information which would help them to identify aspects of the service where people wanted to see improvement.

Staff told us they felt informed and confident in their role, due to the registered manager's approach and openness. Staff told us if they had any concerns about people's welfare, they felt confident to 'whistle blow' and notify the provider or relevant external agencies. Staff said their responsibilities and accountabilities were clear and they were allocated specific responsibilities for their shift and keyworker roles. Records showed that staff had regular opportunities to discuss their practice, personal development and issues about the service. Some of the staff were undertaking, nationally recognised qualifications in health and social care and felt supported by the provider with the training they had. Records of staff team meetings showed staff discussed best practice issues and had opportunities to raise and share concerns.

The registered manager told us they received support from the provider, for example they completed staff supervisions and some checks within the home. The registered manager told us although supported, they felt the provider's response regarding staffing levels was having an impact on the activities programme within the home. The registered manager and staff told us the decision not to use agency staff meant staff were working additional shifts and this was having a negative impact on staff morale.

The provider met their obligations to appoint a registered manager, who also understood the responsibilities of registration with CQC. The registered manager kept us informed of important events that happened at the home and of the outcomes of investigations they undertook in response to concerns being raised. However, the registered manager did not notify us when a DoLS application had been approved but they assured us they would notify us in future. The provider submitted their PIR return which provided us with a true reflection of what systems and processes worked well and what improvements the provider had identified needed further work.

We looked at the provider's system to see how incidents and accidents had been recorded and where appropriate, people received the support they needed. The registered manager told us they were aware of incidents and accidents and analysed them for trends or emerging patterns. However, the records did not always provide a true picture and patterns or trends were not easily identified. The registered manager agreed to improve their system. We saw the registered manager had sought support from other healthcare professionals when required, such as referrals to falls team or GP support. This ensured people received support to reduce the possibility of further incidents that may affect their health and wellbeing.

We saw people's care records and staff personal records were stored securely. This meant people could be assured that their personal information remained confidential. People's care records contained personal information about their health and relationships that were important to them and these were written in a respectful way. Records also included a 'reminiscence of my life' which provided

Requires Improvement

Is the service well-led?

information for staff about how people lived their lives and the relationships that were important to them, before they moved to Field View. Staff told us this information helped them get to know people and staff used this information when they had conversations with people to help stimulate personal memories.