

Care UK Community Partnerships Limited

Field Lodge

Inspection report

London Road
St Ives
Cambridgeshire
PE27 5EX
Tel: 01480 499840
Website:

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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 

Overall summary

Field Lodge is registered to provide accommodation and care, with nursing, for up to 72 people. The home is purpose-built and opened in February 2014.

Accommodation is offered on three floors, in distinct 'units' each with lounge, dining and kitchen facilities. All bedrooms are spacious single rooms with an en suite shower room. Some of the bedrooms have a lockable door to link to the next room so that they can be used for people who wish to share. There is a café, hairdressing salon and cinema room in the home's reception area, which are open to members of the local community.

This inspection took place on 19 February 2015 and was unannounced. There were 44 people in residence. The last inspection of this home was on 22 May 2014 when the provider was found to be meeting the regulations we assessed.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008

Summary of findings

and associated Regulations about how the service is run. On the day of the inspection the registered manager was on leave, so the deputy manager provided support to our inspection.

People, their relatives and visitors to the home were very complimentary about all aspects of the service offered at Field Lodge. They praised the staff and the managers and said how much they appreciated the comfortable, spacious environment and outside spaces.

The service was safe because there were enough staff on duty to meet people's needs. Pre-employment checks had been carried out before staff started to work at the home and staff had been trained to recognise and report abuse. Any potential risks to people were managed so that the risks were minimised and people were given their medicines safely.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. People's capacity to make decisions for themselves had been assessed by staff trained to do so. This meant that the rights of people not able to make their own decisions about aspects of their care were protected.

People were given sufficient amounts of nutritious, appetizing food and drink and were supported to make

choices about all aspects of their daily lives. Special diets were provided for people who needed them. People's health was monitored and maintained by staff with the involvement of a range of healthcare professionals.

Relationships between people who lived at Field Lodge and the staff were very good and staff showed they cared about the people they were looking after. Staff treated people well and respected their privacy and dignity. People were encouraged to remain as independent as possible.

People and their relatives were involved in the planning and reviewing of their care. Detailed information was available to staff so that each person received the care and support they needed in the way they preferred. A wide range of activities, outings and entertainments were offered to people as well as people's individual hobbies and interests being supported.

The home was managed well. People, their relatives and the staff were encouraged to give their views about the home and put forward their ideas for improvements. The provider's complaints procedure was well advertised and people said they felt comfortable to raise any issues with the management team. An effective system was in place to monitor and audit the quality of the service being provided.

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?

The service was safe.

Staff were trained and knowledgeable about how to safeguard people and keep them safe from harm.

An effective recruitment procedure ensured that only staff suitable to work in a care home were employed and there were enough staff on duty to meet people's needs.

Measures were in place to make sure that any potential risks to people were minimised.

Good



Is the service effective?

The service was effective.

Staff received training and support to make sure they were equipped to carry out their role.

Appropriate arrangements were in place so that people's rights were protected if they did not have the capacity to make decisions for themselves.

People's nutritional needs were met. Healthcare professionals were involved to make sure that people's health was monitored and maintained.

Good



Is the service caring?

The service was caring.

People were cared for in a way that respected their privacy and dignity.

Staff were friendly, compassionate and gentle with people. Staff showed they cared about the people they were supporting.

People were cared for in a comfortable, clean and well-maintained environment, which they appreciated.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care and support. Care plans gave staff detailed information on how to support people and keep them safe and the plans were reviewed and updated regularly.

A wide and varied range of activities, outings and entertainments were offered to people, as well as support with people's own hobbies and interests.

The provider's complaints policy and procedure was well advertised and people were comfortable with raising any concerns.

Good



Is the service well-led?

The service was well-led.

The management team were highly regarded by people who lived at the home, by relatives and by staff.

Good



Summary of findings

There was an effective system in place to monitor and improve the quality of the service that was provided to people.

People and staff were encouraged and supported to put forward ideas and suggestions for the continuous improvement of the home.

Field Lodge

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 was carried out by an inspector and an inspection manager on 19 February 2015. We asked the provider to complete and return a provider information return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and any improvements they plan to make. The

registered manager completed and returned the PIR form to us and we used this information as part of our inspection. Prior to the inspection we looked at other information that we held about the service including information received and notifications. Notifications are information about important events that happen in the home that the provider is required by law to notify us about.

We saw how the staff interacted with people who lived at Field Lodge. We spoke with ten people who lived at the home, one person's relative, eight staff and the deputy manager. We looked at three people's care records as well as some other records relating to the management of the home, such as staff recruitment files and minutes of meetings.

Is the service safe?

Our findings

People we spoke with told us that they felt safe. One person said, “Oh Yes, I feel very safe here, much safer than when I lived at home. I couldn’t ask for a better place.” Another person said, “Yes I’m very safe here, especially since there are lots of staff around.” A relative spoke highly of the home, saying, “My [family member] is definitely in safe hands. I feel quite secure that they will look after [name] properly and I know s/he feels safe here.”

Staff confirmed that they had received training in safeguarding. One member of staff said, “The training was very good, I learnt what safeguarding was and who to report concerns to.” Staff were aware of the procedures to follow if they had concerns about people’s safety and they were familiar with the role of the safeguarding team in the area. Staff said that they would not hesitate in raising any concerns immediately, either with the person in charge at the time, or with the local authority safeguarding team if needed. They were also aware of the whistleblowing procedure and again stated that if they had to raise concerns they would. In the 12 months prior to the inspection, the management team had reported a number of safeguarding incidents to CQC as they were required to do. Information they gave us, and follow-up information, showed that the incidents had been reported and dealt with appropriately.

We noted that there were systems in place to reduce the risk of people being harmed. For example, assessments of any potential risks to people had been undertaken to identify and if possible reduce risks. Staff were aware of the risk assessments and gave examples of the action they took to reduce risks to people. One member of staff stated, and we saw, that someone who was at risk of developing pressure areas had measures in place including an appropriate mattress and being turned every four hours when in bed. This was to reduce the risks of this person developing a pressure sore. The registered manager told us, “We pride ourselves in positive risk taking to ensure people carry on living.”

Staff and people living in the home confirmed that there were sufficient numbers of staff on duty to ensure that people remained safe. During our inspection we noted that call bells were responded to quickly. This and the number

of staff we saw in place meant that people’s requests were dealt with in a timely manner. We also saw that people were not rushed when receiving personal care. One person said, “Staff always have the time to help me. Whenever I need them they come straight away.” Another person told us, “Oh yes, there are plenty of staff and they all know that they are doing and are very friendly and helpful.” Staff said that there were enough staff to meet people’s care and support needs. One member of staff said, “Generally there are enough staff on duty. If we are short, staff in the office will come and help us.” The deputy manager advised us that recruitment was “ongoing” and that if there was a shortage of staff due to unplanned absences, agency staff or bank staff would be used. They also explained that if people’s needs changed and extra staff were required these would be available.

Staff confirmed that all the required pre-employment checks had been undertaken before they started to work at the home. We looked at the recruitment records of two newly appointed staff and found this to be the case. Staff also stated that when they started working at the home they had an induction period during which they received training and shadowed experienced members of staff. They also had an induction book which required a manager’s signature to confirm that the staff member had completed the required work. This meant that the provider had taken appropriate steps to ensure that staff they employed were suitable to work at this care home.

People told us that they received their medicines on time and they were aware of the medicines that they were prescribed. One person said, “I have tablets for pain. The girls always ask me if I am in pain and give me the tablets if I need them.” Another person said, “Staff keep my tablets for me. They always give them to me and never forget. They look after me well.” Staff who administered medication confirmed that they had received training and that their competency to administer medication was regularly assessed by senior staff. We noted that the arrangements for the storage, handling and disposal of medication were satisfactory and that accurate records of medication received into the home, administered and disposed of were maintained. A member of staff told us that the medication records were regularly audited by managers to ensure that they were accurate. This meant that people were given their medicines safely and as they were prescribed.

Is the service effective?

Our findings

Staff confirmed that they had received an induction when they started to work at the home. They said that they had regular supervision and that an appraisal system was in place. All staff confirmed that they had regular training. On the day of our inspection, a moving and handling training session was being held for those staff requiring this. One member of staff told us that there were lots of training courses in a range of topics that they could undertake. One member of staff said that they had nearly completed a diploma in health care.

Staff told us that they had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We saw that assessments of people's capacity to make decisions about their care had been completed and that 'best interests' decisions had been recorded. The deputy manager said that assessments of people's capacity could be completed either when someone was admitted to the home or at a time when people's capacity to consent to their care had changed and it became obvious that an assessment was required. The registered manager told us, "We support people in the least restrictive way possible." Appropriate applications had been made to the local authority under DoLS for people who lacked capacity to agree to having restrictions placed on their liberty. This meant that the rights of people not able to make their own decisions about aspects of their care were protected.

People spoke favourably about the quality, quantity and choice of food available. Comments from people included, "The food is great, we can have anything that we wish",

"You couldn't ask for better food" and "It's like being in a five star hotel." The tables in the dining areas were laid with tablecloths, linen napkins and flowers. There were menus on the dining tables and people said they could have an alternative meal if they did not want what was on the menu. We saw that a selection of cooked food was available for breakfast, a three-course lunch was provided and the evening meal consisted of a finger buffet. The food was presented well, and we saw it was hot. A wide choice of drinks and snacks were available during the day and the home had its own café where people could have drinks. People stated that they could have meals either in the dining room or in their bedrooms.

Special diets were provided to people who required them and people were referred to a dietician when needed. This showed us that people at an increased risk were provided with meal options which supported their health and well-being. We noted that where people's intake of food or fluid was being monitored, the charts were completed accurately.

People told us that their health care needs were met. One person said, "If I need to see a doctor the staff will ring one for me. They also make sure that the chiropodist comes and sees me." Another person said, "When I am not well, the staff make sure that a doctor comes to me." Care plans detailed people's health care needs and when people had a short term health care need such as a chest infection there was a care plan for this. Staff said that they had good relationships with health care professionals and confirmed that dieticians, GPs, chiropodists and opticians visited the home regularly.

Is the service caring?

Our findings

People told us that staff were very caring. One person said, "You cannot fault the staff at all, they really look after you." Another person said, "The staff will do anything that you need them to do." The deputy manager told us, "Staff take pride in what they do. They really care about the residents."

A relative told us they were extremely impressed with all aspects of the service being provided. They said the standard of care was "exceptionally good", staff were all "very nice and very friendly" and they were impressed with the activities on offer. They told us they were most impressed with the attitude of the staff and said, "As far as I'm concerned, you couldn't fault this in any way."

Staff said that they enjoyed working in the home and one staff member said, "I do the best for the residents that I can." Another said, "When I was on induction we were told that we should treat people like they would be treated in a five star hotel. I always remember this and do my best for them."

We saw that staff treated people with kindness and respect. Staff were gentle in their approach, assisting people with tasks at each person's preferred pace. We saw that people were supported with their eating and drinking in an unhurried and respectful manner. Staff respected people's privacy and helped people to maintain their dignity. They knocked on people's doors and waited for a response before entering and they called people by their preferred name. A member of staff told us they made sure doors were closed and that people were kept covered as much as possible when they were undertaking personal care. When personal care was being provided to people a sign was put on their door saying, "I'm having a pampering session," which made other staff aware not to enter the room.

People's likes and dislikes were well known by staff and care plans contained comprehensive information about people's lives, in a "This is Me" document. Staff demonstrated that they knew each individual well. They described how they encouraged people to be as independent as possible and how they supported people to make choices. One member of staff told us how they helped one person living with dementia who had always liked to look very fashionable to choose which top they wanted to wear and which jewellery to go with it.

Staff stated that people's care needs and well-being were discussed during the staff handover periods and that there was a daily meeting called a 'ten at ten' meeting where people in charge of each unit each met to discuss each of the people who lived in the home. People told us that their friends and visitors were welcomed at the home at any time. This was confirmed by relatives we met and also by staff. An advocacy service was available for people who required the assistance of an advocate.

The home was spotlessly clean and well maintained. People told us how much they appreciated the environment, especially their bedrooms, which were large and comfortably furnished. There were a number of areas where people could sit during the day and people could choose where they ate their meals. A range of objects and decoration had been introduced to corridors and seating areas to give people interesting things to touch, see and look at. This showed that the staff team knew it was important to people to be provided with a clean, comfortable and interesting place to live, which supported their dignity.

Is the service responsive?

Our findings

Staff were aware of the care needs of people in the home. Care plans, which were updated at least monthly, provided clear guidance to staff about how to meet the needs of each person who lived in the home. Care plans clearly described what each person could do for themselves, so that staff could encourage and support people to remain as independent as possible. People told us that they were aware of the contents of their care plan and that they were involved in their reviews. They told us that their relatives could also be involved and this was confirmed by copies of letters to relatives in people's care records inviting them to the monthly reviews. Each person had a member of staff who was their key worker. This member of staff, whose photograph was on people's care records, had special responsibility for certain aspects of that person's care. This was to help people identify the staff member responsible for reporting suggestions, concerns or complaints to.

There was a wide range of activities for people to take part in and people were encouraged and supported to pursue their individual hobbies and interests. People's visitors were encouraged to join in any activities, outings and events that were going on. A library service was available for people and the home had its own library area, hairdressing salon, sweet shop and café. There were frequent shopping trips and Vince the PaT dog (Pets as Therapy dog) regularly visited the home. The home had its own cinema and films were shown on a daily basis. Fitness classes were held regularly and entertainers frequently visited the home. There had also recently been a visit from the Raptor Foundation whose staff had brought birds of prey to introduce to the people who lived at Field Lodge.

Various religious services were held in the home to cater for people's beliefs. The home had its own mini bus and five staff had been trained to drive the bus. This meant that

people were able to use the bus to visit places locally and farther afield. A recent trip had taken place to Ferry Meadows in Peterborough where people had had a ride on a steam train. Another trip had been to Welney Wetland, to coincide with the RSPB 'Big Bird Watch Weekend'. People spoke fondly about the trips. One person who lived at the home told us how very pleased they were that people living with dementia were also included in the activities and outings if they wanted to be.

Some people in the home were keen painters and easels had been purchased for them. Others were keen gardeners, assisted the gardener and had their own vegetable patch. Plant troughs had been placed in a sitting area overlooking the garden, to "bring the garden in" for people who did not wish to go outside. People said that there was a range of activities. One person said, "There's always a lot going on; you can never say that you are bored." The home had its own newsletter which provided information about forthcoming activities and entertainment.

People said that they had regular 'residents' meetings' during which they said that they discussed trips that they would like to go on and talked about the food. Dates of meetings for both relatives and people who lived at Field Lodge were displayed in the home and minutes of these meetings were maintained and available for all to read.

People confirmed that they were aware that the home had a complaints procedure and that if they had any concerns they would speak to a member of staff immediately. One person said, "I have no complaints at all but if I did have, I would go straight to the office and tell the person in charge." A copy of the complaints procedure was kept in a folder in each person's bedroom and advertised on notice boards around the home. The registered manager told us that only two formal complaints had been received. These had been resolved and responded to appropriately, in line with the provider's policy and procedures.

Is the service well-led?

Our findings

People, their relatives and staff were all very complimentary about the home and about the home's staff. People told us that they knew who the registered manager was and they were satisfied with the way the home was managed. One relative summed it up by saying, "We're lucky that [name] is in here."

The registered manager said, "We aim to create a place where people feel at home as soon as they walk through the door, with the buzz of daily life involving people who live and work here, visitors, families and grandchildren."

Staff said that they worked well as a team and that they felt fully supported by the registered manager. Staff described the registered manager as "inspirational" and "a hands-on manager who cares a lot for the residents and the staff." One member of staff praised the registered manager and deputy manager, saying, "They're really good managers, approachable and they want the best for the home." Another told us, "Staff in the office are always available."

Staff told us that they enjoyed working in the home. We saw that an award ceremony was recently held in the home to award the "Team member of the Year". People who lived in the home, their relatives and staff were able to nominate a staff member to win this award. All the staff nominated were given a certificate with comments from the people who nominated them. This showed us that staff were recognised for their efforts.

Regular audits were undertaken by staff who worked in the home and by the provider's regional staff. These included audits of medication, care plans, house-keeping, maintenance and health and safety checks. Any issues found were remedied immediately or an action plan was drawn up and progress with the actions taken was monitored.

In addition to these audits, views of people living in the home and their relatives were sought on a regular basis. Meetings were held and relatives told us they were able to share their views about anything. They said that the management team was very good at letting everyone know what was going on: "They keep us all in touch." A quality assurance survey was sent annually to everyone involved with the home by an independent organisation. The registered manager told us that, once available, the results would be used to shape the future direction of the home.

The home had recently celebrated its first anniversary of being open and a party had been held. Links with the local community were strong. For example, members of the public were welcomed in the café and hairdressing salon and local groups were able to use the cinema room for meetings. People from the home were encouraged and supported to access the local community. This included walking to the local shops and using facilities in the town.

Staff told us they were encouraged to give their views about the running of the home. They said that ideas were welcomed, listened to and acted on whenever possible. Staff meetings were held regularly and the management team were available to talk to whenever needed.

Records we looked at were maintained as required and kept securely when necessary. Records we held about the service confirmed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. The management team at Field Lodge had sent the required notifications to CQC in a timely manner. They had also updated CQC by sending further information if and when the information, such as minutes from safeguarding meetings, was available.