Roche Health Care Limited

Fieldhead Park

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

Overall summary

The inspection of Fieldhead Park took place on 26 November 2014 and was unannounced.

We last inspected Fieldhead Park on 5 September 2013. The service was not in breach of the Health and Social Care Act regulations at that time.

Fieldhead Park Care Home is registered to provide personal and nursing care and accommodation for 54 older people. The home has two distinct units. One unit provides personal care and accommodation for older people. The second unit provides an intermediate care service which aims to prevent admission to hospital or to provide a period of rehabilitation following a hospital stay.

The service had 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. In each of the care records we looked at we saw risk assessments were in place.

People told us there were sufficient numbers of staff. We saw procedures were in place for the recruitment and selection of staff and appropriate checks had been carried out prior to the staff starting work at the service.

Summary of findings

We saw that people's medicines were stored and administered safely.

Staff told us they received regular supervision and training which included moving and handling, safeguarding and infection control.

We saw evidence in peoples care plans that people had made an informed decision to consent to the care they were receiving. People were supported to eat and drink and were provided with a choice of suitable and nutritious food and drinks.

People looked well cared for. We heard staff interacting with people in a caring, discreet manner. Staff were able to describe to us how they ensured people's privacy and dignity was maintained. People who used the service told us about the activity programme at the home and the trips they had been on. They said the trips included a trip to the seaside and Leeds Armouries.

Staff we spoke with spoke positively about the registered manager. We saw the registered provider had systems in place to enable the registered manager to audit and asses the quality of the service provided to people.

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 told us they had completed training in safeguarding vulnerable adults. Staff were able to describe types of abuse and were aware of the need to report any concerns.

We found the providers recruitment processes were thorough and we were able to evidence people had been properly checked to make sure they were suitable and safe to work with people.

We observed staff administered medicines safely. This meant we were assured that people who used the service were protected against the risks associated with medicines.

Good

Is the service effective?
The service was effective.

Staff had the appropriate knowledge and skills to perform their job roles.

The registered manager was aware of their responsibilities under the Mental Capacity Act 2005.

People were supported to be able to eat and drink sufficient amounts to meet their needs.

Good

Is the service caring?
The service was caring.

We observed that people who used the service looked well cared for.

People were supported by staff who knew them well and people we spoke with told us staff were caring.

Staff were able to tell us how they maintained people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People's care plans and risk assessments had been reviewed and updated on a regular basis.

The service provided an activity programme which was tailored to meet people's individual needs.

There was evidence complaints were handled appropriately.

Good

Is the service well-led?
The service was well led.

We found the culture at the service to be positive, person-centred, open, and inclusive.

Staff we spoke with gave positive feedback about the management and leadership at the service and said they felt supported by their manager.

The provider had an effective system to regularly assess and monitor the quality of service that people received.

Good

Fieldhead Park

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 26 November 2014 and was unannounced. The inspection team consisted of two Adult Social Care Inspectors and an expert by experience. An expert by experience is a person who has personal experience of this type of care service.

Before the inspection we reviewed all the information we held about the service. We also spoke with the local authority contracting team and safeguarding team. We also received information from Healthwatch following their 'enter and view' visit on 27 August 2014. At the time of the inspection a Provider Information Return (PIR) was not available for this service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spent time looking at five people's care and support records. We also looked at two records relating to staff recruitment, training records and the service's quality assurance documentation. We spoke with the registered provider, the area manager, the registered manager, the administrator, one nurse, a team leader, five care staff, a cook, a domestic and the activity organiser. We also spoke with fourteen people who used the service and five relatives. During the inspection we spoke with a visiting health care professional.

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "They [staff] are all very kind and I do feel safe". When we asked one visitor if their relative was safe, they said, 'absolutely'.

All the staff we spoke with confirmed they had received training in safeguarding vulnerable adults and were able to describe a number of different types of abuse. For example, physical, mental, verbal and neglect. Staff told us they felt confident to report any concerns they may have to the registered manager or to the registered provider. We saw from the training matrix that there was a programme in place to ensure staff received regular refresher training in safeguarding vulnerable adults. The registered manager told us they had attended role specific training with the local authority. They were also aware of the safeguarding referral process. This demonstrated staff working for the service were aware of how to raise concerns about potential harm or abuse and recognised their personal responsibilities for safeguarding people using the service.

We asked two staff what action they would take in the event of the fire alarm sounding. They told us the staff reported to the fire panel in the reception area. They said this was so they could find out where the fire was and the most senior staff member in the building would then decide on the course of action to be taken. This demonstrated staff were aware of the action they should take in the event of the fire alarm sounding.

We spoke to three staff about how they supported people who were at risk of falls when they wanted to walk around the home. They told us people were supported to mobilise. One member of staff said, "If [resident] wants to walk it's their right. We can't stop [resident]. We just have to reduce the risk [of the resident falling]". Another member of staff told us people had risk assessments in their care and support plans. We saw some people who lived at the home had a falls mat in place. Staff told us this was to alert them that the person was mobilising. These examples demonstrated that these people's care and support was planned and delivered in a way that reduced the risk of harm.

In each of the care and support plans we looked at we saw risk assessments had been completed in relation to moving and handling, falls, nutrition and tissue viability. For example, where people had been assessed as being at risk of falling we saw appropriate action had been taken to reduce the risk. We saw in one person's file it was recorded they were at risk of falling out of bed. Staff had detailed that bed rails were not appropriate as the person was at risk of trying to climb over them. The document detailed the person had a falls sensor mat in place. The manager told us they provided beds which could be positioned at a very low setting. They said a crash mat was also placed at the side of the person's bed. This meant if the person rolled out of bed there was a reduced risk of them injuring themselves. They explained this action was sometimes taken if a person was assessed to be unsuitable to have bed safety rails fitted but they were at high risk of falling out of bed. This demonstrated that these people's care and support was planned and delivered in a way that ensured their safety and welfare.

We asked staff if they thought there were enough staff to meet people's needs. All the staff we spoke with told us they felt this was the case. One member of staff said they had the telephone number for a local agency and they were able to contact them if required. Another member of staff said the home had a 'good team' of staff. The registered manager told us the staffing numbers were decided by the occupancy at the home. We asked the registered manager if they had any flexibility with this, for example, in the event of peoples' needs being more complex. The registered manager assured us they were confident they would be able to adjust the staffing in the event of peoples increased dependency. This information demonstrated that the service considered the staffing numbers needed to ensure that people's needs were met.

We asked people who used the service and their relatives if they thought there were enough staff to meet people's needs. One person who lived at the home said, "There is always somebody to help me when I need it". Only one person we spoke with indicated they felt there was not enough staff. They said, "[My relative] was on the intermediate care side before and that was just brilliant but since she has moved here [residential unit] there doesn't seem to be enough staff".

We looked at the recruitment records for two members of staff. We found that recruitment practices were safe and that relevant checks had been completed prior to staff commencing employment. This included obtaining two written references and checking their professional

Is the service safe?

qualifications, where relevant. We also saw DBS (Disclosure and Barring Service) checks had been completed prior to staff commencing employment with the service. The DBS provides criminal record checking and barring functions. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

As part of our inspection we looked at how the service managed people's medicines. We saw the medicine room and the medicine trollies were kept locked when not in use. This evidence demonstrated that these medicines were stored securely with only authorised care home staff having access to them so that people were safeguarded against inappropriate access to medication.

We observed two staff administering people's medicines; the nurse on the intermediate care unit and the team leader on the residential unit. We saw that they both administered peoples medicines safely. We checked the medication administration record (MAR) chart for one person who refused their analgesic medicine. We saw staff had signed the MAR and had used appropriate codes for the medicine which had been declined. The team leader told us they always offered people their analgesia, even if they normally declined it. These demonstrated medicines were administered and recorded properly.

The registered manager told us registered nurses had their competency assessed when they commenced employment at the service. They said they had plans in place to re-assess the competency of all staff who had responsibility for administering people's medicines. They also told us they were currently arranging medicine awareness training with the local authority for all staff who had responsibility for administering medicines. We asked the team leader if they had had a competency assessment to ensure their practice was safe. They told us they had recently been promoted to team leader and they had been observed a number of times before they had administered people's medicines on their own. This example showed that people received their medicines from people who had the appropriate knowledge and skills.

Is the service effective?

Our findings

We asked staff if they received regular supervision. Each person we spoke with told us they did. We also saw documentary evidence in both of the personnel files that staff had received supervision. The registered manager told us they completed the supervisions for the unit manager and the team leaders. They explained the unit manager was then responsible for the supervision of all staff on the intermediate care unit and the team leaders completed the care staff on the residential unit. We asked the registered manager if they also received regular supervision. They told us the registered provider met with them to complete their supervision. This meant staff were receiving regular management supervision to monitor their performance and development needs.

Staff told us they updated their training regularly. One person told us when their mandatory training was due to be updated they had updated the relevant courses over two days. The administrator explained updates were scheduled throughout the year and staff were booked on the courses when they were due to refresh their training. We saw the refresher training consisted of; whistleblowing, moving and handling, infection control, fire safety, health and safety and mental capacity. We saw from the training matrix that staff were scheduled in throughout the year to attend these updates. We also saw staff were scheduled to attend a variety of other courses including pressure area care and continence care. We asked one member of staff if the training was useful, they said, "Yes, you have to participate, so it helps you remember. This meant the service provided staff with the necessary resources to ensure training, skills and knowledge were up to date and relevant.

We asked the registered manager how new staff were supported in their role. They said new staff completed a three day induction which addressed the subjects detailed earlier. They also completed training in first aid, food hygiene, dementia awareness and role of the support worker. One member of staff told they had shadowed a more experienced member of staff when they had commenced employment to help them learn about their role. We reviewed the personnel file of one member of staff who had been employed for less than a year. We saw this contained an induction workbook. We saw this workbook had been signed as completed by both the mentor and the new employee. This demonstrated that new employees were supported in their role.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We saw from the training matrix that staff had completed MCA training. The registered manager told us they had attended role specific training with the local authority. They said no one at the service was subject to a DoLS. Staff told us they were aware of the MCA and DoLS. One member of staff told us "If a person lacked capacity we may need external professionals to be involved in the decision making process." This showed that staff were aware of their responsibilities under this legislation.

We looked at people's care plans to see if the registered provider assessed and recorded people's consent to the care and support they received. In one person's record we saw documented consent to nursing assessments and records. We saw the document had been signed and dated by the team leader, who had written 'explained to [resident]'. In another person's records we saw the same document which had been signed by the resident. This showed that people had made an informed decision to consent to the care they were receiving.

As part of our inspection we observed lunch time on both units. On the intermediate care unit we observed staff taking lunch into people's rooms for them to eat. The food was covered and there was a drink with each meal. In the communal lounge, we observed two members of staff serving food to people who were sat at individual small tables. The food was appetising and plentiful. Staff did not rush people and gave them time to eat. We observed one member of staff pass a jug of gravy for one gentleman to put on his food. We also heard staff ask people, would they prefer a cup or a mug for their drink.

We also observed lunch on the residential unit. The dining tables were nicely presented with clean table cloths, crockery and cutlery. We observed staff supporting people to sit at the table to eat. We also saw staff offer each person the option of wearing clothes protection if they preferred.

Is the service effective?

Staff offered people a drink when everyone was seated; this included a glass of sherry if they wished. Lunch was a choice of curry with rice or steak pie with vegetables. Food was served individually from a bain-marie and portions were appropriate and well presented. This demonstrated to us people were provided with a choice of suitable and nutritious food and drink.

We asked a number of people about the food and everyone told us that it was excellent. One person said, "I don't like anything with fat on and I'm not keen on too much meat but they always give me something else if I tell them." Another person who was eating lunch in their room told us, "I do like to be here and have my meals in here. Nobody makes me feel awkward for not wanting to go in the dining room and they always come back to make sure I'm alright".

We spoke to the cook who was on duty; they told us they provided a number of options for all the meals. They said people chose what they wanted to eat from the menu on a daily basis. They said there were always alternatives available if someone did not like the menu that particular day. The cook told us they did a lot of home baking. On the day of our inspection the cook was cooking homemade crumble. We asked the cook how they knew about the dietary needs of individual people. They showed us a white board in the kitchen. We saw this listed each bedroom, the name of the person whose room it was and any particular dietary needs. This included people who required a diabetic diet and people who were at high risk of weight loss. This ensured staff were aware of people's individual dietary requirements.

We saw evidence in one person's record they were at risk of weight loss and therefore needed their weight to be monitored regularly. We saw documented evidence they had been weighed monthly and their weight was stable. This meant this person was supported to eat and drink sufficient amounts to meet their needs.

We saw evidence in peoples care records that they had access to other healthcare professional including G.P, district nurse, optician and chiropodist. This showed people using the service received additional support when required for meeting their care and treatment needs.

Is the service caring?

Our findings

While we were speaking with one person who lived at the home they became upset. A member of staff saw this and came over immediately and provided appropriate support to them the member of staff demonstrated tact, understanding and knowledge of this person's needs. This example demonstrated that this person was supported and cared for by staff who knew them well.

One person who used the service said, "It's fine here, the staff are nice". Another person told us, "They're very nice girls, you haven't got any bossy ones, I don't think you'd get a better place than this, there's nothing too much trouble."

A relative we spoke with told us, "This is a brilliant place. I'm made ever so welcome and the staff keep in touch with me. On the days when I can't visit, I only have to ring up and they will tell me how [my relative] is. If there are any worries about him, they contact me straight away. It's very reassuring."

Throughout our visit we observed staff providing care and support in a sensitive way. We heard staff explaining things clearly and asking people about what they would like. For example, what they would like to drink or where they would like to sit. People looked clean, appropriately dressed and well cared for. For example ladies had their hair done and quite a number had had manicures and their nails were nicely polished. This indicated that staff had taken the time to support people with their personal care in a way which would promote their dignity.

We asked the registered manager how they gained the views and opinions of people who lived at the home. They told us it had been some time since they had last held a meeting for residents and relatives but they planned to set a date for another meeting shortly. We looked at the meeting minutes for meetings which had been held in January and April 2014. We saw the minutes included the names of people who attended and the topics discussed. Holding meetings with people who use the service enables people to express their views and be involved in making decisions about the day to day management of the service.

The registered manager also told us quality surveys had been issued in September 2014 to people who lived at the home and relatives. They told us 24 relatives and 24 residents received the feedback forms. We saw that 22 people who lived at the home and ten relatives had responded. We saw the questions for people who lived at the home included; 'I get enough privacy when I need it', 'The staff are prompt in answering my call' and 'The staff are nice to me'. We saw the feedback from the questionnaires was positive. The registered manager told us they planned to provide feedback to people during the next residents and relatives. This showed people living at the home, and their relatives, were satisfied with their care.

We asked the registered manager if anyone at the home required an advocate. They told us they did not have anyone at present who required this service but they said they were aware of how they could access this service if it was required. An advocate is a person who is able to speak on people's behalf, when they may not be able to do so for themselves.

We asked staff how they maintained people's privacy and dignity. One member of staff said they ensured they closed bedroom and toilet doors. Another member of staff told us when they washed a person they ensured they were appropriately covered with a towel so they were not exposed. We spoke with one person at the home who told us they liked to spend time with their spouse. They said, 'We sometimes like to be on our own together and staff know that so they take us to our room and leave us in peace which is nice". This demonstrated people's privacy, dignity and independence were respected.

Is the service responsive?

Our findings

Each of the care records we looked at were detailed and person centred. For example, one person's sleep care plan detailed 'goes to bed when ready, TV off and low light on'. Another person's care plan detailed '[resident] takes pride in their appearance, likes to have accessories like handbag and jewellery'. This helped care staff to know what was important to the people they cared for and helped them take account of this information when delivering their care.

We spoke with staff about people who lived at the home. Staff were able to tell us about people's individual care and support needs and what their preferences were. For example, one staff member we spoke with told us about the routine for one person before they went to bed. When we looked at this person care record we saw this information was reflected in their records. This demonstrated people were cared for by staff who clearly knew them well.

We saw evidence in four of the five records we looked at that people's care plans and risk assessments were reviewed and updated on a regular basis. In one of the records we saw a number of the persons care plans and risk assessments had been updated in May 2014 to reflect a change in the persons care and support needs. However, we noted the record had not been reviewed since August 2014. We discussed this with the registered manager on the day of our inspection. Reviewing and updating people's care records ensures the records reflect people's current needs so that any necessary actions can be identified at an early stage.

In one person's record, we saw a letter inviting the person's relative to an annual review of their relative's care plan. The team leader we spoke with told us a review had been held that morning for another person who lived at the home. This showed that people who lived at the home and, where appropriate, their relatives were consulted about the care and support provided for them.

In the intermediate care unit the television was on in the communal lounge and people in their bedrooms also had access to individual televisions. However, we found one person had the television on in their bedroom but they were unable to turn it off or on or switch channels as there was no remote control. Staff told us they had ordered some new remote control's as others had gone missing. Staff told us there were no formal social activities on this unit but that people could access activities provided in the residential unit. They also told us the activities coordinator visited this unit and asked people if they would like to join in. We saw one person was knitting and reading and newspapers were available.

On the residential unit, people told us about the range of activities available. The registered manager told us the activity organiser was running a week long 'virtual safari'. They explained this involved people finding model animals hidden around the home. One person who lived at the home said, "Its lovely (the quiz) because it keeps me using my brain and also I go for a walk around to look for the animals. I'd probably just be watching TV otherwise". People told us about a number of day trips. The activity organiser told us all residents were given an opportunity to go on a seaside trip at least once a year. They also said there were trips shopping, to the pub and on a canal boat. One person said, "I'd never been on a canal before and I got frightened when the boat stopped and started to drop down but [staff member] told me about locks so we ended up having a good laugh. I'd like to do it again sometime".

We asked if any of the activities were orientated to the gentlemen who lived at the home. Staff told us they had recently had a 'boys' trip which included a visit to Leeds Armouries. One person said, "'We had a great day out at the Armouries. I'd not been before and the armour was really interesting". Another person said, "I liked the elephant armour. I'd never seen anything like it before". Another person who lived at the home told us, "We did an afternoon about the war for Remembrance Day and I'd been in the Air Force so the staff brought in Air Force things like flying gauntlets. We had a sing song with all the old songs and we passed round a microphone. Some people were a bit shy but I didn't care. I sang at the top of my voice. It was lovely". This demonstrated the service supported people with their social and emotional needs as well as carrying out physical care tasks.

We looked at how the registered manager dealt with complaints. We saw the complaints file detailed six complaints from January 2014 to October 2014. Each entry evidenced the details of the complaint, the investigation which had been carried out and the outcome. Following the inspection we spoke with one of the complainants. They told us the registered manager had listened to their concerns and had addressed some of the issues they had

Is the service responsive?

raised. They added they were generally happy, however, they said they still had a 'niggle' that one of their concerns had not been fully addressed. We have requested the registered manager provide us with further information so that we can be assured the complaint was fully investigated and resolved, where possible, to the complainants satisfaction.

We asked people who lived at the home if they felt confident to complain. They all told us they were either happy or very happy but would have no concerns about complaining. One person who lived at the home told us, 'I had to complain about one person some time ago" They told us about the nature of their complaint and the action the registered manager had taken to address the issue.

Is the service well-led?

Our findings

The registered manager of the service had been in post for a year. Staff that we conversed with all spoke very highly of the registered manager. One member of staff said, "I love working here. The manager is great and I can ask them anything. They never make me feel stupid". Another member of staff said, "I've only been here a few months but it's the best place I've worked. I've worked in other care homes but none as good as this. I feel supported and part of a real team". The registered manager also told us they felt supported by the registered provider. They said they felt confident to speak openly and that their comments would be listened to. This demonstrated there was an open and transparent culture at the service for employees.

Staff we spoke to told us there were regular staff meetings held. We saw minutes from meetings held in February, March, May and August 2014. We also saw minutes from a meeting for a housekeeping meeting held in September 2014 and a catering team meeting held in November 2014. We looked at the minutes from a nurse meeting held on 14 August 2014. We saw a range of topics were covered which included; handover, communication, staff training and supervision. Staff meetings are an important part of the provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and treatment for people living at the home.

The registered manager told us staff worked on a dedicated unit within the service. However, they said they were planning to introduce a degree of staff rotation between both the units. The registered manager explained the focus of each unit was not the same and therefore some of the skills required by staff were different in order to meet the differing requirements of the two units. They told us that, not only would staff learn new skills by working across both units but they felt staff skills could be beneficial to all people who used the service. We spoke with one member of staff from the intermediate care unit who said they had worked across both the units. They said they thought this would be positive for staff. They said staff would be better able to understand how they might support people on the residential unit to be more independent. The staff member said the input of health care professionals from occupational therapy and physiotherapy would assist in their understanding of how to achieve this. This demonstrated the manager was focused on continually striving to improve the service they offered to people.

We asked the registered manager how they ensured their practices and those of their staff were in line with current good practice guidelines. They told us they regularly attended 'good practice' events held by the local authority. They said they also ensured that both their own and their staffs training was up to date. This demonstrated the registered manager worked towards maintaining and improving high standards of care.

We asked the registered manager how the registered provider supported them in their role. They told us the registered provider employed an area manager, commercial manager and human resources manager. They said they all visited the home on a regular basis and completed audits as required. The registered manager said the human resources manager visited monthly and checked peoples recruitment records were compliant with the registered provider's policies and ensured staff were receiving regular supervision. We looked at the hand written record detailing visits by the commercial manager. We saw issues raised included; refurbishment of the service, catering and Christmas menu's. We also saw the record for the area managers visit in May 2014 evidenced they had visited the service at night time. This shows the registered provider had people in place to support the registered manager and monitor the day to day operations of the service.

We asked the registered manager if the managing director of the registered provider visited the service. They told us they did and that they also completed their own checks as to the management of the service. However, the last recorded visit by the registered provider was May 2014. We saw the topics looked at included; staffing, staff training and complaints.

The registered manager showed us their audit file. We saw the manager completed a number of audits each month. For example, we saw each month contained audits on pressure area management, accident analysis, care records audit and an audit of the environment. We saw the audit completed of peoples care records highlighted the actions required and evidenced the action had been completed. We also saw the nurse in charge of the intermediate care unit had undertaken regular monthly audits and these

Is the service well-led?

were recorded in a file. These included audits for medication, mattress care, care plans, incidents. This demonstrated the service had a structure in place to assess the quality of the service delivered and a system to drive continuous improvement.