

# Stroud Care Services Limited

## Fieldview

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

We inspected Fieldview on 6 and 8 February 2018. Fieldview provides accommodation and personal care for six people with mental health needs. Fieldview also covers two supported living houses called Pearcroft and Westend where project workers assisted people with mental health needs. Additionally the provider provided community care for 12 people living within the local area. Fieldview is located in Stonehouse and is near to a range of amenities including shops, GP practices and a train station.

We last inspected Fieldview in January 2017. At this inspection the service was rated as "Requires Improvement". At the January 2017 inspection we found improvements were being made in relation to the management of the service and maintaining people's care records, however these improvements had not been fully implemented or sustained. At this inspection we found these improvements had been fully imbedded into the service and the service was rated 'Good' overall.

There was a manager in post who was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People were happy, safe and benefitted from an active and full life. People's ability to be as independent as possible was promoted and respected by project workers. People were supported to take positive risks and to be in control of their care and support. Where possible, people understood what their medicines were for and how they assisted with their wellbeing. Project workers ensured people had their medicines administered safely. There were enough project workers deployed to meet people's individual needs.

People where possible were involved in writing and reviewing their care plans, which were tailored to their individual needs. People were at the centre of their care. Project workers knew people well and knew how to support people live a full life and achieve their goals. The manager and staff looked for opportunities to offer people that would help them develop, gain confidence and live a fulfilled life.

Project workers were well supported and trained which enabled them to ensure they could provide people with the best possible care and support. Project workers understood and worked to the values of the registered manager and the provider and put people at the heart of everything they did. Project workers were supported to develop professionally through dedicated management training programmes.

The service had a strong leadership presence. The manager and deputy manager were committed and passionate about the people they supported. Thorough and frequent quality assurance processes and audits ensured that all care and support was delivered in the safest and most effective way possible.

## 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. People told us they were safe in their respective homes. Project workers understood their responsibilities to protect people from the risk of harm and abuse. All staff ensured lessons were learnt from any incidents or accidents.

People were protected from the risks associated with their care and support. People were supported to take positive risks, including a range of social activities.

People's medicines were managed well through robust systems. Where necessary, people were protected from the risk of infection.

### Is the service effective?

Good ●

The service was effective. People were supported to make decisions in relation to their care. Where people required support to make decisions, or if they didn't have capacity to make a specific decision, the service ensured their legal rights were protected.

People's healthcare needs were met by trained and confident project workers. The service worked with and followed the guidance of healthcare professionals to ensure people's needs were maintained.

People were supported with their dietary needs and lessons were learnt to ensure people were protected from the risk of choking.

### Is the service caring?

Good ●

The service was caring. People were supported to spend their days as they choose and enjoy positive caring relationships with staff. People were given plenty of reassurance and support.

Project workers knew people well and used this knowledge to support them in achieving their individual goals. People were at the centre of their care and they were involved in planning and reviewing their own care.

Staff were considerate of people's feeling at all times and always treated people with respect and dignity.

### Is the service responsive?

Good ●

The service was responsive. People received care and support which was personalised to their individual needs and preferences.

People were supported with activities and events which were appropriate for their needs, abilities and preferences.

People and their relatives knew how to make a complaint regarding the support they received. The manager and provider ensured all complaints were dealt with immediately and effectively.

### Is the service well-led?

Good ●

The service was well led. The provider, manager and management team had effective management systems in place to monitor and improve the quality of service people received.

People's views on the service were sought and acted on. People were involved in the development and maintenance of their home.

Staff felt supported and spoke confidently about the service management.

# Fieldview

## **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 was a comprehensive and routine inspection which took place on 6 and 8 February 2018. This inspection was carried out by one inspector. At the time of the inspection there were six people living in Fieldview receiving care and support. Additionally 24 people were receiving care and support in their own homes, including Westend and Pearcroft.

We requested and reviewed a Provider Information Return (PIR) for Fieldview prior to this inspection. 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. We reviewed the information we held about the service which included notifications about important events which the service is required to send us by law. We received feedback from one health care professional and one commissioner regarding the service.

We spoke with eight people who were using the service and one person's relative. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with six project workers, the manager, the deputy manager and the providers. We reviewed seven people's care records and associated files. We also reviewed staff training and recruitment records and records relating to the general management of the service.

# Is the service safe?

## Our findings

People felt safe living at Fieldview, Pearcroft and Westend and were confident they could discuss any concerns with the manager, deputy manager, service co-ordinators or project workers. Comments included: "I am safe here"; "I am safe and happy here" and "I am safe here, I haven't been at other places."

People were protected from the risk of abuse. Project workers had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Project workers told us they would document concerns and report them to a team leader or the manager. One project worker explained how they had used the provider's safeguarding procedure to ensure a person was protected from the risk of abuse, they told us "We make sure people are protected. Any concerns and we let the manager know." Another project worker added that, if they were unhappy with the manager's or provider's response they would speak to the local authority safeguarding team or CQC. They said, "We know how to whistle blow, if we don't feel action has been taken." If staff felt someone was at immediate risk of harm or abuse, they told us they would take immediate action to ensure people were kept safe, including calling the emergency services if required.

Project workers and managers reflected on incidents and any behaviour which challenge to improve how they cared and supported people and protected them from future events. For example, project workers talked about how they reflected on incidents within the service and the proactive approach they could implement as a team. Project workers told us this reflection had been helpful and had fostered a consistent team approach, which had helped reduce incidents with the service. One project worker told us, "We have a consistent approach. We found it tough to begin with, however we know what we need to do and this has helped (person) and reduced incidents."

The manager and project workers took effective action to protect people from risks. One person living at Fieldview suffered a choking incident in the summer of 2017 which was unpreventable and unfortunately led to their death. The manager ensured people's risks around choking had been assessed and reviewed, as well as ensuring all project workers had the training and emotional support they required. Project workers understood people's needs and at the time of our inspection and had the information they needed to support people with these risks.

People's care plans contained risk assessments which were personalised to their individual support and development needs. Where a risk had been identified, where possible this had been discussed with the person and a clear and comprehensive assessment had been documented. For example, one person had a self-perceived risk of choking. This had been respected and there were clear plans in place to ensure the person was protected from this risk. Project workers understood the person's view and ensured this need was met, however expressed there was no current risk of them choking.

People were supported to manage their anxieties and frustrations. For example, some people could exhibit behaviours that challenged staff when they became frustrated or anxious. Project workers understood the triggers of people's frustrations and how to assist people when they became agitated and knew how to

protect the person and others from any harm. For example, one person had incidents where they displayed behaviours of physical aggression against project workers or other people. Project workers had implemented a clear positive behaviour management plan, which looked at the proactive and reacting approaches they could take. Project workers discussed that they had implemented a consistent approach which had helped significantly reduce the times the person became anxious. Additionally project workers had a clear protocol to follow to assist the person, had clearly identified triggers the person may become agitated.

People understood the reasons for some restrictions within the home. For example, the registered manager and project workers discussed restrictions with each person where appropriate. For example, people were unable to access certain areas of the home independently, for example the staff office, medicine storage and cupboards where harmful cleaning materials were stored.

People could be assured Fieldview, Westend and Pearcroft were safe, clean and secure. People living in Fieldview and Pearcroft had access to a secure back garden which they could enjoy and had plenty of communal spaces they could enjoy. The provider and manager ensured that checks had been made throughout the service to ensure the premises were safe, well maintained and free from infection. Where project workers assisted people with personal care they told us they had access to personal protective equipment and knew how to protect people from the risk of infection. One project worker told us, "We use equipment like gloves and aprons, they are one time use. If there are soiled clothes or materials then they get washed separately, we have systems in place to protect people from infection."

There were enough project workers deployed throughout the service to ensure people were safe and their well-being needs were met. People told us project workers were available to support them. Comments included: "I am happy here, I always get support from staff"; "The staff are great I can always ask for their assistance" and "The staff are really supportive." People living at Fieldview were supported to access the community daily, including going to activities, to medical appointments, going for coffee or going to the cinema. People enjoyed spending time with project workers within Fieldview or their own homes, such as enjoying lunch together. On the second day of our inspection, three people were supported to attend the funeral of one of their housemates; they were supported by a number of project workers.

Project workers felt there were enough staff deployed across all elements of the service provided to meet people's day to day needs and enable them to access the local community. Project workers who worked in Fieldview felt there was a dedicated and skilled team. One project worker told us: "We have a good, dedicated and skilled team here; we ensure people are supported to get out and about". Comments from project workers who worked in the supported living homes and providing care and support in the community included: "We work well as a team and we meet people's needs"; "We are never rushed. The manager is aware of our workload. I had a busy schedule on Saturday, the manager saw this and is helping" and "There are enough staff to get all the work done". The manager and project workers explained that those project workers who worked in the community had the skills to meet people's needs in relation to their care and support. This enabled them to have a dedicated team which could cover sickness and annual leave. The manager and deputy manager also explained how they provided people's care when necessary and to ensure that they maintained their own skills and built positive relationships with people living in the community.

Records relating to the recruitment of new project workers showed relevant checks had been completed before staff worked unsupervised at the home or in people's own homes. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. The manager had full control of this process, which enabled them to ensure that project workers

who came to work at Fieldview or in the community had the skills, experience and the character required to meet people's needs.

People received their medicines as prescribed. Project workers kept an accurate record of when they had assisted people with their prescribed medicines. For example, project workers signed to say when they had administered people's prescribed medicines and kept a record of prescribed medicine stocks and when they had opened people's prescribed medicines. Project workers ensured a clear and constant record the support they provided people with their medicines were maintained.

People's prescribed medicines were kept secure. The temperature of areas where people's prescribed medicines were stored were recorded and monitored to ensure people's medicines were kept as per manufacturer guidelines. Where people had medicines which were prescribed 'as required' (such as pain relief or to help people with their anxieties. there were clear protocols in place for project workers to assist people. These protocols documented when medicines should be used, for example, only used as a last resort when managing people's anxieties.

# Is the service effective?

## Our findings

People felt project workers were skilled and knew how to meet their daily needs. Comments included: "The staff are really supportive"; "I have a great time with the staff, I really do like them and they know how to support me" and "the staff know how to support me." One relative told us, "The staff are excellent."

Project workers told us they had access to the training they required to meet people's needs. Comments included: "I have all the support and training I need"; "We all have the training we need. We are experienced to meet people's needs" and "I have all the skills I need. There is a lot of training for us."

Project workers received a comprehensive and structured induction. One project worker talked positively about the induction and support they received from the provider. They told us, "I received a lot of support. Got time to know people, how they are and what's important to them. I'm doing the care certificate. The support from other staff and the manager has been great."

Project workers were supported to progress and develop by the provider. Where possible staff were able to undertake qualifications in health and social care. One project worker told us how they were put forward to complete a diploma in health and social care. They said, "I've received a lot of support to development. I've worked with (manager) and (deputy manager) and I'm doing a level 3 diploma."

Project workers had a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and knew to promote choice when supporting people. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Project workers understood and respected people's rights to make a decision. Staff explained how they embedded the principles of the MCA into their practice. Comments included: "We never assume or exclude/ We give people options, explain and discuss choices with them "and "We want to support them to be as independent as possible and have as much control as possible". People were supported to have as much choice and control as possible regarding their daily life.

Project workers told us how people could make unwise decisions and that they would provide them with as much support as possible. One project worker told us how they supported one person to make choices when in the community around their finances. They said, "(person) can and will make unwise decisions. They will put excess money in charity boxes. We don't stop, however we advise them, Give them the information to make an informed choice. If you put that much money in you will not have money later in the week. If they choose to put money in, that's their choice. They understand."

People's mental capacity assessments to make specific decisions regarding had been clearly documented. People were involved in these decisions. For example, one person had been involved with discussions on

the support they required accessing the community independently. Project workers and the person reviewed the support the person required and were supporting them to meet their personal needs as well as respecting their decisions.

The manager was aware of their responsibilities to ensure where people were being deprived of their liberties that an application would be made to the supervisory body. Where people were living under DoLS this was reflected in their care plans. Care plans also documented how staff should support people in the least restrictive manner.

People's needs were assessed before moving to the service. Pre-assessments that were detailed and showed that people's physical and mental health needs had been assessed. Assessments included information in relation to people's health and wellbeing needs. People's care and support plans provided clear guidance in line with guidance from healthcare professionals. For example, project workers were working with healthcare professionals with one person who had refused any support to manage their care needs. The person was assessed as being at risk of self-neglect and isolation. The person did not have capacity to make an informed decision about their care and support. A best interest decision was held and a clear plan was implemented by the service and external healthcare professionals. Project workers told us this plan had had a significant positive impact on the person. The person now came out of their room, engaged with project workers and was receptive to the support of project workers.

People's care and support plans reflected their diversity and protected characteristics under the Equality Act. For example, one person (with support from their family) wished to follow aspects of their cultural beliefs. Their care and support plan documented what was important to them as part of their belief and the support they required. For example, one person had expressed their belief as being Christian. They liked to talk about their faith, sometime in an offensive way. Project workers told us they are happy to talk when about the person's faith, whilst respecting their views. The person had been offered to attend religious services, however they had declined.

People spoke positively about the food and drink they received at Fieldview and Westend. In Fieldview, there was a clear menu which provided people with clear choice. Comments included: "I get everything I need to eat and drink"; "The food is good, and we also eat out, I had a (meal) it was good" and "I like the meals we get."

People's dietary needs and preferences were documented and known by project workers. Project workers knew what food people liked and which foods people needed to meet their nutritional needs. For example, project workers recorded the daily food intake of one person who was at high risk of self-neglect. Project workers told us how they supported and prompted this person with their dietary needs.

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, psychiatrists and dentists. Where guidance had been sought from healthcare professionals this was clearly recorded on people's care records. For example project workers worked alongside healthcare professionals, to meet people's needs.

People were comfortable in their environment and had the spaces which met their individual needs. People were able to personalise their bedrooms in Fieldview. For example, one person explained that they had the "best" room in the home. They explained how the room met their needs and said, "I've got my own kettle and my own mini fridge. It's like a little bedsit. I'm happy."

# Is the service caring?

## Our findings

People had positive views on the caring nature of the service they received in Fieldview, Pearcroft and Westend. Comments included: "I am happy being here, it's right for me, I get the support I need"; "It's nice here, it's what I need. I love them (staff)" and "We get a lot of support from good staff."

People enjoyed positive relationships with project workers, the deputy manager and the manager. The atmosphere was calm in Fieldview. We observed people and project workers in both Fieldview and Westend enjoying talking with each other. One person from Pearcroft enjoyed going to Westend to spend time with staff and other people. For example, two people were reassured and supported to discuss and attend a funeral. Project workers took time to see if they were okay and acknowledge how they were feeling. People enjoyed talking and treated each other as equals. Project workers supported and encouraged people to speak to the inspector to make their views on the care they received known.

Project workers engaged with people in Fieldview, Pearcroft and Westend in a respectful manner. Additionally people living within the community had used surveys to express their positive views about the care and support they received and how project workers respected them. We observed warm and friendly interactions. People were informed about the purpose of our visit by project workers who asked them if they would like to talk to us. Project workers encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. For example, one person wanted to go out into the community, which staff encouraged. Another person was reassured as they became upset following talking about their relationships and family. A project worker sat with them and gave them the time and support they required.

There was a calm, pleasant and homely atmosphere in Fieldview, Pearcroft and Westend during our inspection. Project workers were not rushed and had time to assist people in a calm and dignified way. They had time to spend talking and engaging with people throughout the day. For example, two people, a project worker and the inspector discussed music and everyday living.

People were cared for by project workers who were attentive to their needs and wishes. For example, project workers knew what was important to people and supported them with their day to day needs and goals. Project workers spoke positively about managing people's needs. Project workers had been given time to observe people and identify triggers which may lead to behaviours which challenge.

Project workers were supported to spend time with people and they spoke positively about this. Project workers working across the service spoke positively about developing strong caring relationships with people to help promote their independence and well-being. Comments included: "I get time to spend with people when I am assisting them (in their own homes). If we finish the care early, we take time to sit with them, it's important I may be the only person they see that day" and "It's important that we provide people with the time and reassurance they need. We ensure people have the support that is tailored to them."

People were treated with dignity and respect. We observed Project workers assisting people throughout our inspection of Fieldview, Percroft and Westend. Project workers respected people's personal rooms,

knocking on their doors and asking if they could come in. Where they supported people they told us they ensured people's dignity was respected and that people were kept comfortable.

# Is the service responsive?

## Our findings

At our last inspection in January 2017, we rated responsive as "requires improvement". At the January 2017 inspection improvements were being made to ensure people's care and support records were current and reflective of people's needs; however these improvements had not been fully implemented or sustained. At this inspection we found that people's care and support records were current and reflective of their needs and the support they received.

People's care plans and risk assessments reflected people's current needs. These assessments documented the support people required with their personal needs, such as mental health needs, personal hygiene and medicines. People's assessments were personalised to their current needs and were clearly understood by project workers. Project workers spoke positively about people's care and support plans. One project worker told us, "They have all the details we need; we have worked hard on these plans."

People's care plans reflected their care and support needs. For example, one person required the support of project workers to access the community. Clear guidance was in place regarding the support this person needed, including a graded programme to support them to access the community independently. One person was being supported with a graded exposure plan to develop their independence. Recently the person was being supported with accessing the community following an incident which left them feeling vulnerable. The person and project workers had agreed in hindsight that it was too much, too quickly. The person said, "I was going out, it was a bit too much for me. We're going slower now." Project workers talked confidently about how they were support this person with this development and reflecting with the person what was going well and what could be done differently.

Where people's needs had changed, care and support documents were updated to ensure project workers had the information they required to meet the person's needs. For example, there was clear guidance on how the person's needs had changed and the day to day support and encouragement they required to meet their needs. The person's support plans showed project workers had encouraged them to become more active in their homes and helping them access the community with support.

A key worker system had been implemented and sustained. This system allocated a project worker to a person. The key workers responsibility was to carry out a monthly review meeting with the person and support them with their individual goals and objectives. Records of recent key worker meetings showed the discussions project workers. For example, one person used their key worker meeting to discuss their ambitions that they were happy with the support they received and did not wish to do any training." Where actions had been identified in keyworker meetings, there was a clear record that these were followed up.

People were supported to access the community and live as independently as possible with the support of project workers. On both of the days we inspected, some people from Fieldview, Pearcroft and Westend enjoyed accessing the local town independently or with the support from project workers and also enjoyed their time spent with other people. One person spoke positively about living near Stonehouse and enjoyed buying their own lunch and accessing local services. Project workers told us how they used people's likes

and dislikes to help them plan and attended activities. For example, one project worker told us how they were supporting one person to access the local community with support, and enjoyed going to the cinema. Some people who lived at Pearcroft and Westend accessed clubs and activities independently, with encouragement from project workers if required.

People were engaged in a meaningful way by project workers. All project workers felt that they worked as a team to meet people's needs and provide effective support and communication. We observed project workers clearly engaging people with conversations around their days, such as discussing if one person enjoyed going to buy their glasses. Project workers were also responsive to people's needs. For example, where people requested support or pain relief, project workers provided this quickly. All project workers spoke positively and confidently about providing person centred care and felt this was an area that the team had worked on and significantly improved at Fieldview. One person told us, "They do make sure I am happy and this is the perfect place for me."

In Pearcroft and Westend, people were encouraged to do keep their environment clean and look after their individual homes. People told us they were supported with tasks such as cleaning and cooking. Project workers spoke positively about supporting people with these tasks, as it promoted their independence and maintained their personal skills. One person told us, "They do give us assistance, they ask us about things. They won't just do it for us."

People knew the process if they wished to complain about the service. The provider had a complaints policy which was available for people to access. The manager and provider kept a record of complaints and the response and actions they had taken in relation to these complaints. For example a member of the public had made a complaint regarding noise from Fieldview. The provider had responded to this concern, acknowledging the complaint and clearly stating the actions they could and couldn't take.

# Is the service well-led?

## Our findings

When we last inspected the service in January 2017 we found the manager had implemented new quality assurance systems to monitor the quality of care provided across their service. These systems had only just started to be used in January 2017 and we were unable to see how these systems had improved the service. We rated the service as "requires improvement". At this inspection we found these systems had been embedded and enabled the manager to effectively monitor the quality of care and support people received.

The manager had implemented an audit programme which covered Fieldview, Pearcroft, Westend and community services. These audits focused on the regulations to assist the manager, deputy managers and provider to identify concerns which would inform an improvement plan for the homes. For example, the manager had used audits to identify where improvements were required regarding people's care and risk assessments. Where concerns had been identified, clear actions were implemented, with a responsible member of staff and timeframe for completion.

The management carried out regular audits in relation to health and safety and the management of medicines. These audits had identified concerns with medicine administration and the recording of when people had received support with their prescribed medicines. Where actions have been identified these informed an action plan for the service. Where actions had been completed these were signed off as completed.

Where health and safety audits identified shortfalls or area of work, these were clearly identified and acted upon. A representative of the provider carried out maintenance work at the property and was responsible for actions regarding maintenance tasks. This included actions around the environment and ensuring fire safety equipment was safely maintained.

People's views were sought at Fieldview, Pearcroft and Westend through regular tenancy meetings. These meetings discussed people's views regarding the service and any improvements or changes they wished to suggest to the service. At Pearcroft and Westend, people were supported to discuss what they wished to change in their environment and were supported to understand any changes in the service. Meetings covered topics such as recycling, fire evacuations and discussed people's concerns such as heating. One person told us, "We have meetings to discuss things, we've discussed cleaning and any group activities we would like to do."

The views of people living in the community had been sought through a survey carried out in 2017. The outcome of this service was positive; however the manager had identified some areas of improvement which could be addressed. This included ensuring people received a rota of their planned care visits every two weeks. It also discussed that staff would inform people if they were going to be more than 10 minutes late taking into consideration the significant roadworks being carried out in Stonehouse. A letter detailing the outcome of the survey and the actions the manager was taken had been sent to all people living in the community. This was to ensure that they understood that their comments were being listened to and addressed.

Project workers were complimentary about the manager and provider. Comments included: "(manager) is very good, definitely supportive"; "The management are really good" and "We have a tremendous amount of support from (manager and deputy manager) it's really good." Project workers received information on the service and people's needs through team meetings. Project workers spoke positively about how they received the information they required to carry out their roles. For example, during our inspection the manager ensured information was provided on road closures in the surrounding area and disturbances which could affect people and staff due to a large roads works project.

Project workers were supported to take on responsibilities and involved in the development of the home. For example, project workers told us their ideas for improvements to the service were listened to and acted upon by the manager. One project worker told us, "Our views are listened to and supported."