

Parkcare Homes (No.2) Limited

Fieldside View

Inspection report

Dennes Lane
Lydd
Kent
TN29 9PU

Tel: 01797321612
Website: www.craegmoor.co.uk

Date of inspection visit:
04 June 2021

Date of publication:
08 July 2021

Ratings

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

Summary of findings

Overall summary

About the service

Fieldside View is registered to provide accommodation and care for four people who have learning difficulties. The service is on the same site as another larger service run by the same registered provider.

At this inspection there were four people living in the service.

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

People told us they were safe at the service and well supported by staff. A person said, "The staff are my friends and help me lots." A relative said, "The staff do know the residents very well and stability is what my family member needs."

People were safeguarded from the risk of abuse and received the care they needed. Medicines were managed safely. There were enough staff on duty. Infection was prevented and controlled. Lessons were learned when things went wrong.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning difficulty the choices, dignity, independence and good access to local communities most people take for granted. Right support, right care, right culture is the statutory guidance that supports CQC to make assessments and judgements about services providing support to people with a learning difficulty and/or autistic people.

Right support:

- The model of care and setting maximised people's choice, control and independence. People were empowered to make day to day choices, enabled to take control of their care and enabled to be as independent as possible. This meant people were empowered in all areas of their lives and enabled to live their life to the full.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. Staff had the knowledge and skills to support people in a person-centred way. Staff understood learning difficulties and autism and how to support behaviour that challenged in a positive way. People were supported in a person-centred way and interactions were respectful.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives. There was a positive culture in the service. This promoted

people's self-esteem, confidence, human rights and quality of life.

This service was able to demonstrate how they were meeting the underpinning principles of 'right support, right care, right culture'. People lived in a domestic-style property and received person-centred care promoting their dignity, privacy and human rights. Leaders and staff understood the importance of empowering people to develop their independence.

Quality checks had been completed to ensure people received safe care and treatment. People and their relatives had been invited to contribute to the development of the service. Regulatory requirements had been met and good team-working was promoted.

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

Rating at last inspection

The last rating for this service was Good (published 25 June 2019).

The service remains rated Good.

Why we inspected

The inspection was prompted in part because of concerns received about people not receiving safe care due to the use of inappropriate restraint. A decision was made for us to inspect and examine this risk.

We undertook this focused inspection to gain an updated view of the care people received. This report only covers our findings in relation to the Key Questions Safe and Well-led. We found no evidence during this inspection people were at risk of harm from this concern. Please see the Safe and Well-Led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infectious outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained as Good. This is based on the findings at this inspection. Please see the Safe and Well-led sections of the full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fieldside View on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was Well-Led

Details are in our Well-Led findings below.

Fieldside View

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

We usually give a short period notice of our inspections to check if a service has active cases of COVID-19. However, this inspection was unannounced because we needed to check people were not being restrained unnecessarily to receive care and treatment.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the

registered provider sent us in the provider information return. This is information registered providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We inspected all areas of the accommodation and grounds used by people living in the service. This included external storerooms and workshops. We spoke with all the people living in the service and observed some of the care three people received in communal areas. We spoke with three support workers, the registered manager and the operations director.

We reviewed the support plans for four people. We also examined records relating to instances when a person had become distressed increasing the likelihood they would need to be restrained to keep themselves and other people safe. In addition, we looked at policies and procedures relating to the use of restraint, the training staff had received and their understanding of the correct use of restraint techniques. We also looked at records relating to the management of medicines, health and safety records, staffing records and quality checks.

After the inspection

We continued to seek clarification from the registered provider to validate evidence found. This included information sent to us by the registered manager describing how the service was run. We also spoke by telephone with two more members of staff and a relative who gave us their views on the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to support staff to keep people safe from harm and abuse

- There was a support plan for each person describing the support and treatment they had agreed to receive. Some people needed reassurance when they became distressed, so they were not a risk to themselves and others around them. Staff had been given guidance about providing assurance in line with the principles of positive behavioural support. This is a recognised model for helping people manage stressful situations while maximising their independence.
- People said they had received support respecting their human rights. They also said they had not been restrained in any way including confinement within the service or any of the outbuildings. Staff said they had not needed to use restraint to provide support since our last inspection. Records showed restraint had not been used even when people had become distressed. We inspected all outbuildings on the site and there was no evidence to show people had been restrained by being locked in.
- People were safeguarded from other situations in which they may be at risk of experiencing abuse. Staff had received training and knew what to do if they were concerned a person was at risk. A person said, "The staff are very nice to me. I like them."
- There were systems and processes to quickly act upon any concerns including notifying the local safeguarding of adults authority and the Care Quality Commission. This helps to ensure the right action is taken to keep people safe.

Assessing risk, safety monitoring and management

- Staff had supported people to identify and reduce potential risks to their health and safety. This included being able to work safely in the kitchen when preparing snacks and meals.
- Positive risk taking was encouraged as part of the service's commitment to promoting independence. An example was staff working with people to help them manage their own money, go shopping, do their laundry and plan their time so there were not too many late nights.
- The service was fitted with a modern fire safety system to detect and contain fire. Electrical and gas appliances had been regularly serviced.
- The service is in a rural location. External doors were locked at night and there were security lights.

Using medicines safely

- Staff supported the one person who used medicines to ensure there were enough medicines available for use stored in hygienic conditions.
- Staff had received training and written guidance about how to safely manage medicines while enabling people to be as independent as possible. Staff gently reminded the person when a medicine needed to be used. Staff also jointly created a record with the person showing which medicine had been taken, when and how much.

- Staff had also consulted the person about how they wanted to be supported to use a medicine their doctor said could be taken as and when needed if they became unwell. Staff knew the doctor's guidance and were correctly supporting the person when considering if they wanted to use the medicine.
- The registered manager regularly checked how the person was being assisted to manage medicines safety. This included making sure sufficient medicines were in stock and records showed they had been used in the right way.

Staffing and recruitment

- Records showed shifts were being reliably filled. A person said, "The staff are always around and we do stuff together." There were enough staff on duty to provide people with the individual support they needed. This included both completing household tasks and enjoying social and occupational activities in the community.
- There was a stable staff team enabling people to get to know who was in their home and be comfortable in their company. New staff only started work after the people living in the service had agreed to them providing their support.
- Three people had been assessed to need one to one support from staff for differing periods and for different reasons. This additional staffing was reliably being provided.
- Safe recruitment practices were followed. Applicants were required to complete a full account of their previous employment and references had been obtained. Checks had been made with the Disclosure and Barring Service to confirm applicants did not have a relevant criminal conviction and had not been placed on the list of people barred from working in health and social care settings.

Learning lessons when things go wrong

- Accidents and near misses were analysed to see what had gone wrong and what needed to be done about it. An example was ensuring a member of staff was present in the kitchen when a person boiled the kettle so there was less risk of spills and scalds.
- Occasional incidents had occurred when people living in the service had become involved in arguments with each other. Staff had established what events had led to each incident, what action had been taken and what had been helpful in reassuring the people concerned. An example was helping a person move away from another person when they became upset so there was less risk of them being injured.
- When incidents had occurred advice had been obtained from healthcare professionals. These included doctors, specialist nurses and care managers (social workers). This helped to ensure a wide range of possible responses were considered including establishing if a person would benefit from using different medicines and changing staffing levels to provide additional support.
- The operations director examined the records staff created of each accident, near miss and incident. This was so lessons could be learned and good practice shared across services.

Preventing and controlling infection

- We were assured the registered provider was preventing visitors from catching and spreading infections.
- We were assured the registered provider was meeting shielding and social distancing rules.
- We were assured the registered provider was admitting people safely to the service.
- We were assured the registered provider was using personal protective equipment (PPE) effectively and safely.
- We were assured the registered provider was accessing testing for people using the service and staff.
- We were assured the registered provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the registered provider was making sure infection outbreaks can be effectively prevented

or managed.

- We were assured the registered provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People had been supported to contribute to the development of the service. There was a keyworker for each person. They spent extra time with the person to find out what they liked about their home and what they thought could be done better. Suggested improvements had been acted upon an example including a person being provided with their own garden shed.
- Staff were flexible in their approach and understood each person had their own way of expressing themselves. Some people were happy to sit and chat with staff about their experience of living in the service. Others preferred to rely on staff noticing things they valued about the service such as freedom to go out in the garden whenever they wished.
- A relative said staff regularly contacted them when there was a change in their family member's wellbeing or if a decision about their care needed to be made. They also said they were free to give more general feedback about the service and that staff were receptive and not at all defensive.
- Health and social care professionals had been invited to comment on the service by speaking with the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and operations director regularly completed quality checks to make sure people received the support they needed. These included checking support plans were accurate. It also included observing the delivery of support to make sure it was being provided in a safe way and promoted people's dignity.
- Staff had been helped to understand their responsibilities to meet regulatory requirements. They had been provided with up-to-date written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.
- There was a member of the management team on call during out-of-office hours to give advice and assistance to support staff. There were handover meetings between shifts to update staff about developments in the support each person needed. Staff also attended regular staff meetings to help them work together as a team.
- Staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. They were confident the registered manager would quickly address any 'whistle-blowing' concerns about a person not receiving safe care and treatment.

- Services providing people with health and social care are required to inform the Care Quality Commission of important events happening in the service. This is so we can check appropriate action has been taken. The registered manager had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff said they were committed to providing people with person-centred care. People considered the service to be well run. A person said, "I live here and it's home. Staff are helping me to move to my own flat. They're going to help me with the move so I'm not worried about it." A relative said, "I know my family member is safe in the home."
- The law requires registered providers to follow a duty of candour. This means after a significant unexpected or unintended untoward incident occurs in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered provider understood their responsibility and had responded appropriately to one duty of candour incident since our last inspection.
- It is a legal requirement a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered provider had conspicuously displayed their rating both in the service and on their website.

Working in partnership with others

- The service worked in partnership with other agencies to enable people to receive 'joined-up' support. Staff liaised with doctors and other healthcare professionals to ensure people promptly received any medical attention they needed.
- The registered manager had used learning and development opportunities to keep up to date with changes in health and social care. They received newsletters from the Care Quality Commission knew about important changes being made to protecting the legal rights of people who may need to be deprived of their liberty to receive care and treatment.