

Farrington Care Homes Limited

Field House

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Field House is a residential care home providing personal care to up to 28 people. The service provides support to older adults. The accommodation is provided across 2 separate floors in one adapted building. At the time of our inspection visit there were 16 people using the service.

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

Improvements had been made to all aspects of the service since the last inspection. Leadership had been consistent and the management team worked well with external agencies in order to promote positive outcomes for people.

Risks to people's health, safety and welfare were identified and managed. Medicines were managed safely and staff followed infection prevention and control policies.

Improvements had been made to governance systems and action had been taken to address any shortfalls identified in audits. The provider continued to work through a programme of improvements to the environment.

Safe staff recruitment systems were in place. There were enough staff, who received up to date training, to provide safe care. Improvements had been made to the way in which staff were deployed.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 February 2023). There were continued breaches of regulations. This service has been in Special Measures since 25 August 2022. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check whether enforcement action we previously served in relation to conditions of registration and breaches of Regulations 12, 13 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to good based on the findings at this

inspection.

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 infection outbreaks effectively.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service was effective.</p> <p>Details are in our effective findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Field House

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 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 Health and Social Care Act 2008.

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

This inspection was carried out by 1 inspector.

Service and service type

Field House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Field House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

As part of this inspection, we spoke with the management team. This included the registered manager and 2 directors. We also spoke with 6 staff members and 2 visiting health professionals.

We spoke with 5 people who lived at Field House and the relatives of 4 people. We also observed care and support provided by staff.

We reviewed a range of records including 4 people's care records, staff recruitment and training records and information relating to the auditing and monitoring of service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection the provider had failed to have systems in place to assess, monitor and mitigate risks related to people's care and support needs and infection prevention and control. This was a continuing breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Risks associated with people's care needs had been identified and assessed. Plans were in place to manage identified risks and they were regularly reviewed. For example, we saw up to date management plans for risks such as falls and maintaining healthy skin.
- Environmental risks, such as the use of stairs had been assessed and actions taken to mitigate the risk.
- Risks associated with infection had been assessed and plans were in place to ensure infection outbreaks, for example COVID-19, could be effectively prevented or managed.
- We saw staff used personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

Systems and processes to safeguard people from the risk of abuse

At our last inspection systems were not in place to protect people from the risk of abuse. This was a continued breach of Regulation 13 (1)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- People told us they felt safe living at Field House. One person said, "I feel safe here; staff look out for us." A relative told us they felt their loved one was protected from the risk of abuse as staff were 'diligent'.
- Staff had received training about keeping people safe. They demonstrated their understanding of how to raise concerns for people's safety.
- The provider and registered manager had improved systems to identify and report safeguarding incidents. Reports were made to the appropriate authorities in a timely manner.

Using medicines safely

- Medicines were stored and managed in a safe way and in line with best practice guidance.
- We observed people being supported to take their medicines in a safe way. Protocols were in place to guide staff in the administration of as and when required medicines (known as PRN) such as pain relief.
- People told us they were happy with the support they received with their medicines. One person said, "I get them with a glass of water, how I like it, and they stay with me until they're all gone."

Staffing and recruitment

- Since the last inspection the provider had made improvements to the ways in which staff were deployed. Senior care staff trained in medicines management were now deployed on all night shifts.
- People told us there were enough staff to meet their needs. One person told us they never had to wait long if they used their call bell. Another person told us there was always a member of staff in communal areas to provide help if they needed it.
- Safe recruitment checks were in place for new staff. This included references from previous employment and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Visiting in care homes

- People and their relatives told us the service supported visits without restrictions in line with government guidelines. No concerns were raised about visiting during the inspection.

Learning lessons when things go wrong

- Systems were in place to identify and report accidents and incidents. Accidents and incidents were reviewed to identify any themes and trends. Action was then taken by the provider to reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- Since the last inspection the provider had continued to make environmental improvements. Redecoration of people's rooms was on-going as was the replacement of floor coverings where required. However, the provider was unable to provide details of when the required works would be completed. The provider acknowledged a clear action plan to include time scales for completion would assist with the overall monitoring of progress and would be developed.
- The home had dementia friendly signage to help people find their way around more easily. Notice boards were kept up to date with information such as how to make a complaint or contact an advocacy service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had legal authorisations in place where their liberty was restricted. No one living at Field House currently had any conditions placed on their authorisations.
- People's capacity to make decisions had been assessed. Where people did not have the capacity to make certain decisions, staff supported them in their best interests.
- Staff understood the principles of the MCA and encouraged people to make their own choices and decisions wherever they were able to.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed and regularly reviewed. This ensured planned care was up to date and

staff were aware of any changes in people's needs.

- Nationally recognised tools were used to assess and monitor needs such as pain management and the risk of developing pressure ulcers.
- A staff member told us the systems for reviewing and updating planned care had improved. They said there was more involvement from the person, their relatives and staff who supported them. A relative agreed with this saying, "We feel included in [loved one's] care."

Staff support: induction, training, skills and experience

- Staff received a programme of induction and on-going training relevant to their role. This ensured they had the right skills and knowledge to support people.
- A staff member said, "The training is good; we can request non mandatory training as well. I've just started an extra dementia course."
- Staff told us they received regular supervision and an annual appraisal which they found useful in developing their skills and knowledge. They said they felt well supported in their work by senior staff and the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. Staff were aware of any dietary supplements or individual requirements people had.
- Drinks were readily available and staff encouraged people to drink enough to stay healthy.
- Staff knew people's preferences well and ensured menus reflected those preferences.
- Staff encouraged people to try different food options. For example, on the day of inspection a staff member had organised a tasting activity in which people could try out different sandwich fillings. One person told us they enjoyed these activities because they could experience new flavours and therefore had more options to choose from.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services whenever they required, such as audiology and chiropody.
- Weekly meetings were held at the home with a range of healthcare professionals including GP's and community nurses to ensure people received timely, effective and personalised support.
- Staff demonstrated a clear understanding of people's health needs and how they effected their day to day lives.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, systems and processes were not established and operated effectively to ensure good governance. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Since the last inspection new admissions to the home had been managed in line with conditions on the provider's registration and local authority contractual agreements.
- The registered manager ensured care plans and risk assessments for new admissions were developed in a timely manner in line with the provider's admission policy.
- Improvements to risk identification and management processes had been made and sustained. A member of staff said risk management processes had, "greatly improved." They added that regular reviews meant staff had up to date information to ensure people were supported safely.
- Further improvements to governance systems had been made and sustained. We found, where audits had identified shortfalls, actions had been taken to resolve issues and improve practice.
- As noted in the safe section of this report, the provider and registered manager had made improvements to the way in which staff were deployed. We also found the staffing dependency tool was reviewed when new people were admitted to the home or people's needs changed.
- Systems for monitoring compliance with the provider's policies had improved since the last inspection. For example, the registered manager had carried out checks of staff compliance and competence with infection prevention and control policies.
- Incidents were reported to the Care Quality Commission (CQC) in a timely manner as legally required.
- The provider and registered manager continued to work with an external care consultant to ensure continuous development of the services provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Since the last inspection leadership within the home had been consistent and the manager had registered

with CQC. Staff told us the culture within the home had improved under the leadership of the registered manager. One staff member said, "[The registered manager] understands all our roles; she keeps us involved. She listens and resolves issues quickly."

- People told us the registered manager and staff spoke with them about how they wanted things done and encouraged them to make choices and decisions. One person said, "[The registered manager] and all the staff are lovely people. I came here for a short rest but decided to stay. They listen to me and I do what I want. Its lovely."
- Where people needed help to make choices and decisions staff took the time to help them find different ways to express themselves. For example, we saw a staff member showing a person different types of food so they could make an informed choice. A staff member told us, "People need to be involved however they can be; it's important for their wellbeing."
- Feedback from relatives was positive about the culture within the home. A relative told us they had noticed a, "marked change" in the home under the leadership of the registered manager. They went on to say they felt included in their loved one's care "100%" now.
- Records showed people's protected characteristics as defined by the Equality Act, 2010 were considered as part of needs assessments. This was to ensure there was no discrimination and people's needs were met.

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; Working in partnership with others

- Since the last inspection the provider and registered manager had maintained good working relationships with other agencies, such as healthcare teams and the local authority to ensure positive outcomes for people.
- Care records showed people's needs were regularly reviewed with relevant agencies and staff followed the advice given to them.
- Records showed the provider understood and acted on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.