RKS Care Limited

# The Field House Residential Home Limited

**Inspection report**

110 Harborne Park Road
Birmingham
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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

This inspection took place on 10 February 2016 and was unannounced. This was the first inspection of this home under the present ownership and management.

The Field House is a care home without nursing for up to 21 people, some of whom have dementia. The property is a large, adapted house and accommodation is on three floors with a passenger lift to facilitate access.

At the time of the visit the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe in this home. Staff were aware of the need to keep people safe and they knew how to report allegations or suspicions of poor practice.

# Summary of findings

People were protected from possible errors in relation to their medication because the arrangements for the storage, administration and recording of medication were good and there were robust systems for checking that medication had been administered in the correct way.

People who lived in this home and people's relatives, told us that they were very happy with the care provided. People had opportunities to participate in a range of activities in the home and community, but if they chose to spend time engaged in hobbies in their rooms, this choice was respected.

People's relatives and friends were made welcome by staff and there was a quiet area where people could entertain them.

People and, where appropriate, their relatives, were consulted about their preferences and people were treated with dignity and respect.

Staff working in this home understood the needs of the people who lived there. We saw that staff communicated well with each other.

Staff were appropriately trained, skilled and supervised and they received opportunities to further develop their skills.

The manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

People were supported to have their mental and physical healthcare needs met and were encouraged to maintain a healthy lifestyle. The manager sought and took advice from relevant health professionals when needed.

People were provided with a good choice of food in sufficient quantities and were supported to eat meals which met their nutritional needs and suited their preferences.

There was effective leadership from the manager and senior members of staff to ensure that staff in all roles were well motivated and enthusiastic. The manager assessed and monitored the quality of care consistently through observation and regular audits of events and practice.

The manager consulted people in the home, their relatives and visitors to find out their views on the care provided and used this information to make improvements, where possible. The manager checked to see if there had been changes to legislation or best practice guidance to make sure that the home continued to comply with the relevant legislation.

# 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?**
People told us that they felt safe in this home and they trusted the staff.

Staff demonstrated that they knew how to keep people safe and staff managed people's medicines safely.

There were enough members of suitably recruited staff to meet people's needs.

Good

**Is the service effective?**
This service was effective.

People were involved in making decisions about their care. They were asked about their preferences and choices and consented to their care.

People received care from members of staff who were well trained and supported to meet people's individual care, support and nutritional needs.

Good

**Is the service caring?**
This service was caring.

People and their relatives told us that staff were kind and treated people with dignity and respect.

Staff sought people's views about their care and took these into account when planning the care and support.

Good

**Is the service responsive?**
This service was responsive.

People were involved in planning their care and supported to pursue their interests and hobbies in the home and the community.

Staff supported people to be involved in expressing their views about their care.

The manager and staff responded appropriately to comments and complaints about the service.

Good

**Is the service well-led?**
This service was well-led.

The registered manager provided staff with appropriate leadership and support.

The manager consulted people about planned changes and had good systems to monitor the performance of the home.

People expressed confidence in the registered manager and staff enjoyed working at the service.

Good

# The Field House Residential Home Limited

**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 10 February 2016 and was unannounced.

As part of planning the inspection we asked the provider to complete a Provider Information Return (PIR). 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 and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We looked at information provided by the commissioners of the service. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we spoke with the registered manager, and six members of the staff team, four people who lived in the home and three relatives. We sampled the records, including people's care plans, staffing records, complaints, medication and quality monitoring. After the visit we spoke with three relatives of people on the telephone.

Good

# Is the service safe?

## Our findings

All of the people we spoke with told us that they felt safe in the home. We saw that people looked relaxed in the company of staff. A relative told us, "[Relative's name] is definitely safe." Another relative said, "We never have any worries on that score."

The registered manager and staff told us that all members of staff received training in recognising the possible signs of abuse and how to report any suspicions. Staff demonstrated that they were aware of the action to take should they suspect that someone was being abused and they were aware of factors which may make someone more vulnerable to abuse. They were aware of the need to pass on any possible concerns regarding the conduct of their colleagues and they knew how to do this.

People were encouraged to have as full a life as possible, whilst remaining safe. We saw that the registered manager had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment and any activities which may have posed a risk to staff or people using the service. The records which we sampled contained clear details of the nature of the risk and any measures which may have been needed in order to minimise the danger to people. There were details of when the measures had been put in place.

The registered manager had assessed the risks when taking over the home. They had made significant changes to the building and gardens, including filling in a swimming pool to create a patio area, installing ramps instead of steps, fitting radiator covers and thermostatic valves inside the home to create a safer environment for people.

Staff told us and the registered manager confirmed that checks had been carried out through the Disclosure and Barring Service (DBS) prior to staff starting work. Staff also told us that the registered manager had taken up references on them and they had been interviewed as part of the recruitment and selection process.

We saw that there were enough staff on each shift. Care staff were supported by two housekeepers and a cook. A member of staff told us, "It is brilliant. We don't feel under pressure." We saw staff in communal areas at all times, either reassuring people or engaged in activities with them. The registered manager told us that there was a core group of staff who had worked in the home for several years. At times of shortage due to illness or sickness, the gaps were filled by staff from the home and no use was made of agency staff. This ensured that people were cared for by staff who knew them and their needs.

People received their medicines safely and when they needed them. We saw that medicines were kept in a suitably safe location. The medicines were administered by staff who were trained to do so and had undertaken competency checks. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and conditions which would mean that they should be administered. Staff had signed to indicate that they had read these. We sampled the Medication Administration Records (MARs) and found that they had been had been correctly completed. There were regular audits of the medication, including checks by a pharmacist.

Good

# Is the service effective?

## Our findings

The people and relatives who we spoke with told us that the staff were good at meeting their needs. People told us, "It's very good. It's very homely – not like a hotel. Here they do treat you individually" and,"They will do anything for you but they do expect me to do the things I can do like getting myself dressed as I need to stay as independent as I can."

Staff told us, and the records confirmed that all staff had received induction training when they first started to work in the home. This covered the necessary areas of basic skills. Staff then received annual updates in relation to basic areas such as safeguarding, medication, health & safety and first aid. Staff had received additional training when necessary to meet people's particular medical conditions. Staff demonstrated that they knew and understood the implications of people's mental and physical health conditions on how they needed care and support. There were details of people's specific needs in relation to their health in their care plans which staff could consult when necessary. All members of the staff team were encouraged and enabled to obtain nationally recognised qualifications. The registered manager told us that staff's training was being matched against the recently introduced 'care certificate' to see if they had received all of the necessary introductory training.

Staff confirmed that they received informal and formal supervision from the registered manager on a regular basis. They felt well supported by the registered manager and other team members. One member of staff said, "When [manager's name] started, she sat down individually with every member of staff to get to know you better. You could always speak to her." There were staff meetings to provide staff with opportunities to reflect on their practice and agree on plans and activities.

Staff communicated well with each other. Staff reported good relationships between themselves and demonstrated how they worked well as a team.

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 Act 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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and the staff demonstrated that they were aware of the requirements in relation to the Mental Capacity Act, (MCA), and the Deprivation of Liberty Safeguards, (DoLS). We saw that the manager had sought and taken appropriate advice in relation to people in the home. No people in the home were subject to restrictions at the time of our visit.

We saw that staff had carried out nutritional assessments in relation to people. They had sought and taken the advice of relevant health professionals, including speech and language practitioners in relation to people's diets. Where people had been transferred from other settings with instructions, for example, in relation to the consistency of their food, the registered manager had sought further advice from healthcare professionals to make sure that the advice was still relevant.

People told us that they enjoyed their meals. One person told us, "I always enjoy the meals" and another person said, "It must be difficult to try to please us all but they really do well." We saw that the registered manager had consulted people about their preferences in terms of the menu and made relevant changes. People had then requested further changes, which she made. The registered manager told us that the menus included meals which were popular with most people and over a four week period, everyone's favourite meal was included in the choices. Staff offered people a choice of meals shortly before the meals were served.

The records of what people had eaten showed that the food was varied and met people's needs in terms of culture and preference. We ate a meal with people and found that it was well presented and appeared well balanced in terms of nutrition. Meals were served in two dining rooms at tables for four. The lunchtime which we observed was a sociable occasion, with plenty of discussion. The registered manager explained that those people who were more independent were encouraged to remain so by pouring drinks and helping themselves to condiments. Those people who required assistance were helped by staff.

Good

# Is the service effective?

The registered manager and staff told us how they helped to keep people healthy, for example, by encouraging people to eat a healthy diet and to take exercise by walking or participating in regular exercise sessions. The registered manager had made use of the services of an independent pharmacist to review the medication taken by people in the home and liaise with other health professionals so that some people had been able to reduce or change their medication. People in the home were supported to make use of the services of a variety of mental and physical health professionals including opticians and chiropodists. People in the home were registered with several different GPs, according to their preference and where they had been registered prior to coming to the home.

Good

# Is the service caring?

## Our findings

People who used the service and relatives told us that the registered manager and staff were caring. One relative told us, “They do everything they can to make [person’s name]’s life the best it can be.”

Relatives of people living in the home told us that the staff had not only showed kindness towards the person in the home but they had supported them when they had needed reassurance.

We were shown a ‘welcome’ card which had been sent to a person in the home by the registered manager and staff. They had moved from another area and not been able to meet the staff prior to moving in, so they had been sent a card with photographs of the staff and welcoming messages prior to moving.

We saw that there were clear records of how people wanted to be addressed by staff and heard staff addressing people by their preferred names. For example, in one person’s records, we saw, “Person’s name is [name] – do not call him [short version of name].” We noted that staff always used the long version when referring to the person.

People told us that the managers and staff asked them about how they wanted to be cared for and supported when they first started to use the service. They said that staff checked with them before providing physical care and respected their choices. We saw staff checking and asking people

what they wanted them to do or where they wanted to be in the home.

People told us that the members of staff respected their privacy and took care to ask permission before entering their rooms. Some people liked to spend time on their rooms watching their televisions, reading or engaging in hobbies and they said that they did not feel lonely or neglected as staff would check to make sure that they were comfortable.

The registered manager and staff demonstrated that they had a good knowledge of people’s preferences in terms of their care and support.

Good

# Is the service responsive?

## Our findings

Staff and the people we spoke with told us about the activities that people enjoyed and we saw that staff supported people to choose what they did each day.

When we arrived at the home most of the people who lived there were participating in an exercise session with a visiting worker. Some people were in their rooms undertaking various activities including knitting and one person was out with a relative. In the afternoon some people chose to watch a film in the living room and others had visitors or went to their rooms. Staff told us how they did quizzes or sat talking to people while they reminisced. They also helped people to use IT equipment, including tablets. People were encouraged and helped to maintain contact with friends and family members, where possible.

People were encouraged to participate in the wider community and to contribute to society where possible. People had been involved in fundraising efforts at a fete and coffee morning for charity and knitting items for premature babies at a local hospital. One person told us, "It is good to feel that I am doing something useful." People from the community were involved in the home. For example, volunteers came to play musical instruments, provide companionship, pet therapy and activities for people and children had visited to sing in the home. People told us that they had enjoyed a carol service and a pantomime in the home at Christmas time.

The registered manager told us how she received information from people's previous placements before they moved into the home and this was used to create care plans, but these were developed further as staff got to know the person and saw how they behaved in this home. We saw that plans had been updated in response to changes in people's needs and behaviour and on a regular basis. Plans contained instructions for staff about how people needed and preferred to be supported in ways which would enable them to be as independent as possible. For example, in one plan we saw in relation to dressing, "Staff only need to support [person's name] with fastening buttons."

The registered manager had considered the needs of people in the home with visual impairment and people who may develop dementia and was making changes to the building in line with good practice, including using contrasting colours for fittings in WCs and movement sensors to turn lights on automatically in some areas. Staff demonstrated a good level of understanding in relation to how best to meet the need of people with dementia.

People in the home and relatives told us that the registered manager and staff were approachable and they would tell them if they were not happy or had a complaint. They were confident that the manager would make any necessary changes. One relative told us that if they had any problems, "We would have a quiet word with [manager's name], but I can't see that happening."

The registered manager had introduced regular meetings with people living in the home to provide an opportunity for them to raise issues and discuss plans such as changes to the menus. These meetings were held without other members of staff so that people could, if necessary, discuss staffing issues. People had made suggestions such as regular talks from people who had spent their lives in interesting careers and the manager had arranged visitors from Birmingham Women's Hospital and the RAF.

The home had clear policies and procedures for dealing with complaints. The registered manager said that she welcomed feedback from people about the performance of the home. We saw the records of one complaint and saw that there was a clear record of the action which had been taken. There was evidence that the registered manager had communicated with the person making the complaint. The feedback which we saw and received from visitors and people in the home was all positive.

Good

# Is the service well-led?

## Our findings

People living in the home and relatives told us that they felt that the home was well run. One person said, “It is lovely – a nice, family run business. We couldn’t hope for anything better.” A relative told us, “We are thankful every day that we found this home.” Another relative said, “The staff all seem to work together.”

Members of staff told us that the registered manager was supportive and led the staff team well. One member of staff told us, “[Manager’s name] is very particular in how she wants things done but that is so the home stays clean and calm and people are treated well. She makes our lives easier by giving us the right equipment and training and gives us a lot of praise. It’s nice to be recognised in your job.” Another member of staff said of the manager, “She pulls the team together” and “You can tell her anything and she would never disclose it to other staff.”

A relative told us, “[Manager’s name] always listens and takes out opinion. If she is thinking of changing something she asks us what we think. “

Staff described an open culture, where they communicated well with each other and had confidence in their colleagues and in their manager.

The registered manager had systems for monitoring incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. Following incidents she had made changes to minimise the chance of the incident happening again.

There was a rota of management/provider cover for the periods when the manager was not at the home and staff knew who to contact in an emergency. Staff also had the numbers of people’s relatives on speed dial on the telephone so that they did not have to spend time looking them up.

The records at the home which we sampled showed that the registered manager and provider made checks that the standard of care was maintained and improved on where possible. Where there were instructions for staff, staff had signed to indicate that they had read and understood them. The manager demonstrated that she was aware of the requirements of the Regulations in relation to the running of the home and of her responsibilities and she had sought and received relevant training in areas including the Duty of Candour. The registered manager demonstrated that there were systems to make sure that relevant checks had been made on services and equipment in the home.

The registered manager had developed links with various health professionals.