

Park House Care Limited

# The Field House Residential Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced which means that we did not tell the provider beforehand that we were coming to inspect the home. At the last inspection in August 2013 the provider was meeting the requirements of the Regulations we looked at.

The Field House Residential Care Home is an adapted residential house. It provides accommodation for up to 21 older adults some of whom have dementia. At the

# Summary of findings

time of our inspection 19 people were using the service. There was a registered manager at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People who lived in the home, their relatives and health professionals who visited told us they felt that people at the home were safe. We saw there were systems and processes in place to protect people from the risk of harm. During our visit we found staff were caring and kept asking people if they needed anything. People told us that staff were nice to them. We saw that people were treated with dignity and respect.

Staff received appropriate training and were knowledgeable about the needs of people living in the home. They provided effective care and support that met

people's individual needs. We found that staff worked flexibly to ensure there were enough staff on duty to meet people's needs and to enable people to participate in interests which they liked.

People were able to make choices about what they did and what they ate. People were supported to express their views and engage in hobbies and interests they wanted to do. Staff were able to explain how people liked to be supported.

Management systems were well established to monitor and learn from incidents and concerns. There were also systems to ensure the quality of the service was regularly reviewed against national standards of good practice. This meant that people received a service which constantly sought to improve and achieve compliance against national health and social care regulations.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service is safe. People at the home told us they felt safe and relatives and other health providers who visited the home also told us they felt the provider kept people safe.

We saw staff deliver care safely in accordance with people's care plans.

The service was meeting the requirements of the Mental Capacity Act 2005 Code of Practice.

Good



### Is the service effective?

The service is effective. People received care which met their needs and staff consistently followed guidelines.

The provider supported people to comment on the care and treatment they received so staff could deliver care which respected people's views.

People were supported to be independent as much as possible and engage in what they liked to do.

Good



### Is the service caring?

The service is caring. People's privacy and dignity was respected. People were positive about the care they received and this was supported by our observations.

People were supported to express their views on the care they received and we saw that staff delivered care in accordance with people's wishes.

Good



### Is the service responsive?

The service is responsive. Records showed people received care when they needed it and care plans were updated when people's care needs changed. The provider made appropriate referrals to other health care professionals when necessary.

We saw evidence that people were regularly supported to comment about the service they received and that the provider made changes to the service in response to feedback.

Good



### Is the service well-led?

The service is well led. People received support which met their care needs and kept them safe because the provider had effective systems for monitoring the quality of the service.

The provider actively sought and reviewed comments from residents, their families and other health care providers to identify how the service could be improved.

The provider had regard for reports from other agencies in order to improve the quality of the service they provided.

Good



# The Field House Residential Home

## Detailed findings

### Background to this inspection

This inspection was undertaken by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. We visited the home on 29 July 2014 and spoke with eight people living at the home, the registered manager, deputy manager, three care staff and a community nurse who was visiting a person who lived at the home. After our inspection we also spoke with the relatives of two people from the home, two GPs and a practice nurse who supported several people living at the home.

Before our inspection we reviewed the notifications the provider had sent us since our last visit. These are details of events and incidents the provider is required to notify us about, including unexpected deaths and injuries to people receiving care. The provider had submitted 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. We used this information to plan what areas we were going to focus on during our inspection.

We observed how care was delivered by care staff during the day including lunch time. We spent time observing care and support in a lounge area and a dining room.

We looked at records including five people's care plans and the staff files for three members of staff. We also looked at records of staff meetings, best interest decisions, staff supervisions, residents meetings and accidents and incidents. We reviewed several of the provider's policies including privacy and dignity, safeguarding, whistleblowing and complaints. We looked at the provider's records for monitoring the quality of the service. These included how the provider responded to issues raised, audits, action plans and annual service reviews.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

The people who lived at the home, their relatives, staff and visiting health care professionals who we spoke with, all told us that they felt people living at the home were safe. A person who used the service told us, “They are always asking if I’m OK, you can’t be too careful.” We saw that people were supported by relatives, staff and other health care professionals such as speech and language therapists when necessary to express their views about their safety.

The provider assessed people’s care needs so they could protect people from the potential risks associated with their conditions. For example, we looked at the care records of a person with a specific condition. We saw that there were assessments in place and guidance for staff so they knew how to keep the person safe from the risks associated with their condition. Staff were able to explain to us how they would support the person in line with their care plan and a community nurse who was visiting the home to support this person told us that they were confident staff delivered care which kept the person safe. Therefore staff had access to information and guidance which helped them to support people safely.

Staff told us that they felt confident that they could raise concerns about people’s safety with the registered manager and deputy manager and they would be acted upon. We saw that people who used the service had access to information in formats which met their communication needs about how to raise concerns and relatives told us that they had also received this information.

A member of staff told us that when they started at the service, they were not allowed to work unsupervised until their Disclosing and Barring Services (DBS) check had been received by the provider. A DBS check identifies if a person has any criminal convictions or has been banned from working with people and therefore supports the provider to assess if the person is suitable to support people who use the service.

The provider followed the principles of the Mental Capacity Act 2005 (MCA) including Deprivation of Liberty Safeguards (DoLS). Records showed that staff had received training in how to safeguard adults from abuse all the staff we spoke with understood their responsibilities in relation to the MCA. Staff also received regular refresher training so they

were aware of any changes in safeguarding practices. Staff were able to explain the various forms of abuse that people were at risk of, and which external agencies they could escalate their concerns to if they felt it necessary. Staff told us that they felt confident they would be supported by the registered manager and provider if they were concerned that people’s safety was not being addressed appropriately. The registered manager told us that no one living at the home was subject to a DoLS and saw no evidence to suggest that anyone was being restricted inappropriately or deprived of their liberty. Therefore people were safe from having their rights restricted inappropriately.

The provider had a safe system to assess how many staff were required to meet people’s needs. The registered manager told us they regularly assessed people’s care needs and daily appointments to ensure there were enough staff on duty to meet people’s care needs. People who used the service told us that they felt staff were attentive and they did not have to wait to have their personal needs met. The staff we spoke to also stated they felt there were enough staff however one person said it could be busy if a person became unwell unexpectedly. We saw that the provider had made suitable arrangements to ensure that there were enough staff on duty during our visit to support a person to attend a doctor’s appointment and to meet friends in the community.

Staff told us that they received training in the skills and knowledge they needed to meet people’s care needs. People told us that they felt the staff were knowledgeable about their care needs and preferences. One person told us, “They’ve got to know me very well. They know all my little quirks.” Records showed that the provider held regular training sessions for all staff to ensure they were aware of the latest best practices and guidance.

The provider had suitable arrangements in place to respond to emergencies. These included a management on-call rota, individual evacuation plans which were personalised to reflect the specific needs of each person in the home, first aid boxes and up to date first aid training for all staff. We spoke to three members of staff about these arrangements. They confirmed they had received first aid training and could explain the individual support each person at the home would need in an emergency.

# Is the service effective?

## Our findings

All the people who used the service we spoke with told us that they felt the service was very good and enjoyed living at the home. One person told us, "It's lovely here, they treat you very well." Another person said, "I can have breakfast when I like." Relatives we spoke with expressed confidence that the provider supported people appropriately. One person said, "They always tell me what's going on, [Person's name] is very happy there."

Staff had the skills and knowledge they required to meet people's care needs. Staff told us that they received regular training and were confident this had given them the ability to meet the care needs of the people who used the service. Staff told us that when a person's condition changed, they received training in order to support them with their new condition. The provider's training records showed that staff had received training in the skills required to meet people's care needs and received regular refresher training in order to develop their knowledge and awareness of good practice in social care.

Staff spoken with told us and we saw that they had meetings with the registered manager or deputy managers. A member of staff told us, "We can raise anything we want" and another person told us that, "They [The registered manager] are very approachable, they want to know what I think". Staff told us that meetings with the registered manager reviewed their performance and identified what support they required in order to meet people's specific needs. The registered manager and staff told us that they also used supervision meetings to discuss specific topics such as the provider's whistleblowing policy. Therefore people received care which met their individual needs because the provider and staff regularly reviewed the care provided.

People we spoke with told us that staff knew how to support them with their care needs. One person told us, "They will do anything we want". Another person who lived at the home told us, "They understand resident's needs." Staff were able to tell us about people's life histories and how people like to be supported at the home. We observed staff deliver care in line with people's choices. For example we saw staff support a person to have their breakfast at a

time they preferred and ensured they had a daily paper of their choice. People were supported by staff who knew their preferences and how they wanted their care to be provided.

We observed how people were supported at lunch time. All the people at the home had a choice of meals and had a choice of sitting with other residents to promote their social interaction or to sit on their own. A person told us, "The food is very good", and other person told us, "I can take my time, they don't hurry you". People had nutritional assessments to identify what food and drink they needed to keep them well and what they liked to eat. Records of people's weights were maintained and we saw that people's care plans were updated as their nutritional needs changed. Staff were knowledgeable about the support each person required and we saw that people were supported in line with their care plan. This included preparing puréed foods and providing crockery and cutlery which enabled people to eat independently. We observed staff deliver care to a person who required support with eating. The person was supported by a member of staff and provided with equipment in line with their care plan. Staff were patient, treated the person with respect and regularly provided verbal prompts to ensure they ate a sufficient quantity to maintain their wellbeing.

People were able to comment on the care and treatment they received because they were given information about their care plans in a way they could understand. We saw evidence that people were supported by relatives and other health professionals such as speech and language therapists in order to comment on their care when necessary. Therefore people were able to comment if their personal care was being delivered as they wanted.

We spoke with two GPs and a practice nurse after our inspection and a psychologist who regularly supported people at the home. They told us that staff would always seek their support promptly when they felt people were unwell or required guidance. They also said that they were confident that any instructions they provided to support people would be followed. The provider had a summary of each person's care plans which they could take with them if they were admitted to hospital to support the person to receive continuity of care from other health care professionals. This showed that people at the home would receive timely support from other health services when necessary.

# Is the service caring?

## Our findings

A person who lived at the home told us, “This is the best place for me now since I could not manage at home”. Another person said, “Everything is perfect”. People were relaxed with staff and confident to approach them throughout the day. Staff interacted positively with people, showing them kindness and respect and we saw members of staff help people to paint their nails. A member of staff was able to explain the specific support a person living with dementia needed to choose which clothes they wanted to wear.

There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people living there. We found that there was a low staff turnover at the home which enabled people who lived there to build meaningful and caring relationships with the staff. A person who had been talking to a member of staff told us, “She is like a daughter to me”.

Staff were able to demonstrate that they knew people’s personal preferences and supported them to engage in interests they wanted to pursue such as expressing their

religious beliefs. We saw that when a person was unable to go to attend a place of worship the provider had arranged for representatives to visit the person in the home so they could continue to practice their spiritual beliefs.

The provider had a policy to protect people’s independence and dignity. We saw that people were provided with suitable equipment in order to maintain their dignity. These included mobility aids, crockery and cutlery which enabled them to be as independent as possible. Staff told us that they liked to promote people’s independence and a person we spoke to told us that they occasionally liked to go to a local pub and that they, “Could go any time I like”. We concluded that people were supported with their independence.

Staff were able to explain to us the provider’s policy and the actions they take to protect people’s privacy when delivering personal care. For example, staff told us that they would not enter people’s rooms without knocking and introducing themselves first and we observed that staff asked permission from people before they entered their bedrooms. People had their own bedrooms with en suite showers and toilet so they could engage in personal care in private. This respected people’s privacy.



# Is the service responsive?

## Our findings

People we spoke with all told us that the staff respected their wishes and responded to their requests for help and assistance. The relatives of people who used the service we spoke with were all complimentary about the service and felt that the staff responded well to people's care needs.

We found that the provider did an initial assessment of people's care and welfare needs before they joined the service. We saw evidence that relatives were also included with these assessments to ensure that people were supported to express their views. These assessments identified people's individual preferences and how they wanted their care to be provided when they lived at the home. This ensured that people were supported to take part in tasks they liked and maintain relationships which were important to them. For example, during our visit one person had been supported to meet with friends for tea and records showed that people were also supported to attend social events such as visiting restaurants and shopping. The provider ensured that they provided care which reflected people's choices and wishes.

The provider was responsive when people's care needs changed. For example, when a person was approaching their end of life the provider took prompt action to agree a care plan with the person's relatives to ensure they were supported in accordance with their wishes. We saw that the plan was also agreed with the person's GP and the person was regularly visited by a community nurse to ensure care was being delivered in line with the plan. The registered manager and staff we spoke to were able to explain how they supported the person in line with their care plan. People received continuity of care because care plans were updated so they contained guidance for staff about how to meet people's care needs when they changed.

We saw evidence that people were regularly supported to comment about the service they received. A person who lived at the home told us, "I'm not frightened to ask for anything."

The registered manager told us that they would meet with people to get their opinion about the care they received and if they were happy with the staff who supported them. This included supporting people to review their care plans so that they recorded their preferences and what was important to them and where possible people had signed their updated plans to say they agreed to how their care would be delivered. The registered manager told us that three of the people who lived at the home also helped them to interview care staff applicants in order to ensure that staff employed at the home were liked by the people who lived there. This allowed people who used the service to express their opinions and give consent to how care was delivered.

We saw that the provider regularly contacted people's relatives for their views about the care people received. All the comments were positive. A relative of a person at the home stated, "I am more than happy with the care mum has received. I would not want her anywhere else." The provider had a complaints policy which had recently been updated and staff were able to explain how people could access the complaints process if necessary. The provider told us that they had not received any written complaints since our last inspection however staff, relatives and health professionals we spoke with told us they would feel confident to raise matters of concern. The provider maintained a 'Grumbles Book' which allowed staff to record any informal complaints or comments they received about the service. For example, we saw that a member of staff had recorded a person at the home had asked for an item which had not been available on a lunch time menu and consequently the registered manager had taken steps to ensure that this item would always be available when requested. People's needs and wishes were responded to because the provider had a process to ensure that feedback or comments about the service would be captured and acted upon.



# Is the service well-led?

## Our findings

People who used the service and their relatives told us that they thought the service was well led. They were all complimentary about the quality and style of the registered manager and a person told us that staff, “Knew what they were doing.”

We found that people living at the home had several ways of expressing their views so they could influence how the service was delivered. People were supported to express their thoughts of the service at regular meetings. People had access to information in a variety of formats to help them express what they liked about the service.

The provider regularly sent questionnaires to relatives of people at the home to identify how the service could be improved and most responses were positive. We saw that when a person had made an adverse comment the provider had investigated it and provided a response which was to the person's satisfaction. People received a service which was continually improving because the provider took people's comments into account to assess the quality of the service people received.

Staff told us and records showed that staff were asked for their views of the service by the registered manager and deputy managers at regular supervisions. Staff said that they felt the registered manager was approachable and they were encouraged to express their views. A member of staff told us, “They [The registered manager] always listen. There's no problem speaking up, and I will.” At these meetings we saw the registered manager had reviewed people's care plans with staff and identified additional training they required when the needs of the people in the home changed. Both the managers and staff understood key challenges and how the service needed to be developed in order to meet people's care needs.

The provider had a clear leadership structure which staff understood. The deputy managers were dedicated link workers to people in the home to help ensure they received continuity of care. Deputy managers also conducted a monthly review of each person's care needs with other members of staff so they would also know people's individual care needs if a deputy manager was unavailable. Each shift was led by the registered manager or a deputy manager and there was an on call rota so that a senior member of staff from within the organisation would always be available. People would receive the care they required because the provider had developed a system to ensure staff could always receive advice and guidance in the event of a difficult situation occurring.

The registered manager told us that they had an “open door” policy and all the people we spoke with confirmed this. Staff told us that they were aware of the provider's whistleblowing policy and they felt confident they could raise concerns without recrimination. People who used the service, their relatives and staff told us that they were able to state their views so they could influence how the service was delivered and discuss what was happening at the home. There were systems in place to capture the views of relatives and visitors about the quality of the care being provided.

The provider monitored the quality of the service to ensure people received support which met their care needs and kept them safe. This included recording accidents and incidents. We saw evidence that the registered manager conducted monthly reviews of each incident and accident to identify if people were at risk of harm and if appropriate how to stop similar incidents from happening again.