

Advent Estates Limited

# Field Farm House Residential Home

## Inspection report

Hampton Bishop  
Hereford  
Herefordshire  
HR1 4JP

Tel: 01432273064  
Website: [www.fieldfarmhouse.net](http://www.fieldfarmhouse.net)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was carried out on 12 October 2016 and was unannounced.

Field Farm House provides accommodation and personal care for up to 65 people. At the time of our inspection there were 60 people living at the home.

There was a registered manager in post. 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 in the Health and Social Care Act and associated regulations about how the service is run.

People were kept safe by staff that knew how to recognise and report any concerns about people's safety. Staff understood people's needs and about risks and how to keep people safe. There were enough staff on duty to make sure that people got the right support at the right time. The provider completed checks to ensure staff were suitable and safe to work at the home.

People were positive about the support and care that they received. People were treated with dignity and respect and staff were kind and caring in their approach with people. People's care and support was centred on their individual needs.

People had their health needs responded to effectively. People were supported to access doctors and other health professionals when required. People were supported to have their medicines when needed. Medicines were stored and administered appropriately.

People were asked and gave staff permission before any care or support was given. Time was taken to make sure that people could make choices and decisions about the care and support they received.

People were supported by staff that had the skills and knowledge to understand and meet their health needs. Staff had access to on-going training and support to meet people's specific health and wellbeing needs. Staff felt that they were able to contact the registered manager at any time if they needed support or guidance.

People and their relatives found the staff and management approachable and willing to listen to their views and opinions. People knew how to complain and who to complain to.

Audits and checks were completed regularly to ensure that good standards were maintained. There were established links with organisations relevant to the care and support provided.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were kept safe because there were sufficient staff to meet people's assessed needs and keep people safe.

Staff knew what to do if they suspected that any type of abuse had taken place.

People were involved in managing the risks around their care and treatment.

People received their medicines safely and medicines were stored securely.

### Is the service effective?

Good ●

The service was effective.

People had support from staff that had the knowledge, skills and support to meet their health needs effectively.

Staff understood the principles of the Mental Capacity Act and the importance of ensuring people were able to make choices and consent to their care.

Staff felt well supported and had regular access to training and supervision.

### Is the service caring?

Good ●

The service was caring.

People said staff were kind and caring and treated them with dignity and respect.

People's views and input into their care was promoted and supported. People felt they could make suggestions about their care at any time to the staff, the registered manager or the provider.

People were involved in planning and reviewing their care and

support. They were supported to have choice and to be involved in all aspects of their care.

### **Is the service responsive?**

**Good** ●

The service is responsive.

People had care and support that responded to their individual needs effectively. If staff had any concerns about people's health needs other health professionals became involved quickly.

People knew how to complain and felt any concerns they had would be listened and responded to.

### **Is the service well-led?**

**Good** ●

The service was well led.

People and staff felt that the manager and the provider were approachable and supportive. People said they could talk to the manager at any time and they would be listened to.

The registered manager monitored the quality of the service by a variety of methods including audits and feedback from people and their families and used the information to make improvements

# Field Farm House Residential Home

## **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 unannounced inspection took place on 12 October 2016 and was conducted by three inspectors.

As part of the inspection we reviewed the information we held about the provider including, such as statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We also asked the local authority for any information relating to Field Farm House. We did not receive any information of concern.

We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used this information to plan the inspection.

During the visit we spoke with ten people who lived at the home, three relatives and nine members of staff who consisted of three care assistants, the activities co-ordinator, the safeguarding lead, two chefs, the deputy manager and the registered manager. We also spoke with a social worker who contacted the registered manager during our inspection. We observed staff supporting people throughout the home. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at a care plan for medicines, one for anxiety management and one for a person's dietary requirements.

We reviewed records relating to the management of the service, this included the quality checks made by the provider and the registered manager.

# Is the service safe?

## Our findings

People told us they felt staff kept them safe. One person said, "Staff respond if ever there is a worry." A relative said, "Staff are always looking out for people and the doors are locked. I've always felt they were safe here." People felt they could raise any concerns about their own or other people's safety and staff would listen and take action if it was needed.

We spoke with the service's safeguarding lead. This staff member told us that their role was to make any safeguarding referrals, co-ordinate with the local authority and where needed to conduct investigations into any alleged abuse. We were shown some recent referrals that had been made. We were not assured that the Care Quality Commission were being notified at the time concerns were being first identified. The safeguarding lead assured us that they would make sure that we were notified at the point a safeguarding concern was raised. Staff told us what action they would take if they became aware of or observed abuse taking place. Staff had completed training on how to keep people safe and when we spoke with them they were able to tell us about their understanding of the different types of abuse. They understood the role of the safeguarding lead and told us they would make sure that swift action was taken to keep people safe.

People had individual risk assessments which included falls risk assessments, nutrition, and moving and handling. Where risks were identified plans were in place to identify how risks would be managed. For example, there had been changes to one person's condition that had resulted in an increased risk of pressure ulcers. The registered manager together with the person and other health professionals had looked at how the risks could be minimised. As a result the person's risk assessment had been updated and this person had not developed a pressure ulcer. We saw also people had their fall risk assessments updated if they had an increase in falls.

People said that there were enough staff to respond to their needs and to keep them safe. What we saw confirmed this; we saw that staff responded as soon as people asked for assistance. We saw that call bells were answered promptly and staff were quick to respond and offer support. Relatives told us that staff were always around to offer support to people when it was needed. The registered manager told us that staff had worked hard as a team to cover unexpected staff absence to ensure consistent support for people and as a result they had not used any agency cover.

Staff members told us before they were allowed to start work, checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses, they could start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The registered manager told us the importance of checking the suitability of potential new staff before they commenced delivering care and support.

People told us that they had the support they needed to take their medicines safely. For some people they needed prompting and observing to make sure they were taken safely, whilst other people needed more support in taking their medicines, for example the medicines needed to administered directly to them. We

saw that staff knew what support to give to make sure people received their medicines safely. We observed how medicines were administered and found staff to be organised and focused on giving the right medicines at the right time to the right person. Only staff that had received training in the safe management of medicines were able to administer medicine. Medicines were stored safely and appropriate systems were in place for the ordering and disposal of medicines.

## Is the service effective?

### Our findings

People said that they enjoyed the food and that they were given choice over what they wanted to eat. There was a choice of hot and cold food and a varied nutritious menu. Where people needed extra support with their meals this was offered. For example some people needed staff to sit with them so that they could be prompted and supported to eat their food safely. We found that mealtimes were a social time with lots of chatter and laughter between staff and the people they supported. Staff were attentive to people and where requests for additional food or drinks were made staff were quick to respond. Where people needed the amount of food and drink that they had monitored this information was recorded in people's care records.

People and relatives told us that staff had the knowledge, skills and experience to meet people's needs. One person said, "They know what they are doing." A relative said, "Staff are well trained and good at what they do." The social worker told us that they felt staff had a good level of skill and knowledge about people's needs. They told us that they were impressed by the level of care and support that people had.

Staff told us that they had good levels of support and training. They felt that the on-going training they had was relevant to their roles. For example staff told us that they had training around, the Mental Capacity Act, safeguarding people and medicines. Staff we spoke with demonstrated good knowledge of people's individual care and support needs.

Staff told us that when they started work there was an induction period which provided them with training in their roles and also a period of working alongside more experienced staff until they and the registered manager were confident they had sufficient knowledge to carry out their roles safely and effectively.

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.

People said that they could make choices and what they chose was always respected by staff. One person said, "If you want anything, you only have to ask. Nothing is too much trouble." Relatives told us that people had choice and that staff promoted inclusion for people in what they did. All the relatives we spoke with told us that they felt that staff gave people time to make sure their wishes were respected. We saw examples where people were involved in day to day decision making where they chose what they wanted to eat and drink and when they wanted it. One relative said, "They [staff] always ask the person before they do things. They seem very caring." The staff we spoke with told us that they would not carry out any care or support without the agreement of the person first.

People were able to say what they wanted to do and staff provided the support people needed to enable them to do it. For example one person had chosen to go out, so a staff member then supported them to go out. Another person told staff that they didn't want to participate in a planned activity that was taking place.



At their request, the person was supported to another area of the home. Staff were quick to provide support so they could do this. This person told us that all they needed to do was ask and staff were quick to make sure it happened. We discussed with staff what needed to happen if people could not make certain decisions for themselves. What they told us demonstrated that they had knowledge of the principles of the MCA. All staff told us that they had received training about the MCA and were confident in their knowledge of its principles and use.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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.

We found that people's mental capacity to make decisions had been assessed and appropriate DoLS applications had been made. The service had invited appropriate people for example social workers and family members to be involved with best interest meetings which had been documented including the involvement of the person themselves in this process. At the time of inspection four people were subject to a DoLS authorisation. Staff knew what the DoLS meant for each person and told us that they always worked in a way that was least restrictive for the people they supported.

People told us that they were supported to access other health professionals when needed. We could see that where needed referrals had been made to relevant health professionals. For example, a person told us their health condition had changed and staff had involved and supported them with health appointments. They told us that staff always looked after them well they were unwell.

People told us that if their needs changed staff were quick to respond and involve other professionals. We heard examples from people where the doctor had been called following them saying that they felt unwell. We could see where additional reviews with other health professionals had happened as a result of changes in people's health.

## Is the service caring?

### Our findings

People that we spoke with told us that the care and support they received was kind and caring. They told us that their care and support was always carried out with dignity and respect. For example one person told us, "I've been treated so well. They [staff] try to do everything possible for you. They are really lovely people." We saw that people's privacy and dignity was respected by staff. For example we saw where people requested help with personal care staff were discreet and maintained people's dignity and privacy. Staff knocked on people's doors before entering their room. We also saw that staff made sure people were happy with their care and support by maintaining conversation through any care tasks. Staff told us that they had training on dignity and respect and there was always an emphasis on dignity and respect through all of the care and support that staff provided. The registered manager told us that staff were always encouraged to think about treating people with dignity and respect.

The wishes and choices that people made were respected by staff. People felt that staff gave them the time to express what they wanted. They told us that they could ask for anything and nothing was too much trouble, this was further reinforced by what we saw and what relatives told us. We saw a person ask to go to their own room and staff were quick to support this person.

People told us they felt able to give their views and were involved in shaping the care and support that they received. People told us that they felt included and listened to. One person said, "They [management] will tell you about anything that's going on and any alterations to the home. We're not kept in the dark." Another person told us how they wanted a particular dessert to be added to the menu. They told us that the registered manager had listened and this was now a regular option on the menu. They said, "They accommodate what you want as much as possible." The registered manager told us that it was important to make sure that people were heard and involved in shaping their care and support.

People told us that they maintained contact with their families and friends. They told us that they could have visitors at any time and that staff were always welcoming to people, and respected people's relationships and privacy. Staff told us that it was important for people to maintain contact and maintain relationships with people that are important to them.

## Is the service responsive?

### Our findings

People told us that staff knew about their health needs. One person told us how being supported to see the doctor and dentist had kept them healthy. They said, "I don't have to say anything they [staff] just know if I'm feeling unwell." Staff were able to tell us about this person and what they looked out for that would indicate the person was unwell. Staff felt that if people's needs changed they were quick to involve other professionals.

Staff were able to tell us about people's specific health needs and how these were responded to. For example staff told us about a person's dementia care needs, how this had changed and what new approaches to treatment and medicines were being tried. Staff told us about the additional monitoring that this involved. Staff could tell us about this and what they needed to monitor regarding the changes. Staff were able to discuss people's needs and demonstrated knowledge of the approaches used to support people with those needs.

People told us that they knew how to complain. One person said, "I would tell the manager." Relatives told us that they knew about the complaints policy and were confident that the registered manager would listen to and deal with any concerns or complaints. There had not been any complaints but we could see that there was a system in place to investigate and respond to any concerns appropriately.

People told us that there were regular meetings with staff and the registered manager to discuss their support. They told us that they discussed menus, activities and planning of any celebrations, as well as having the opportunity to raise any concerns. Staff said some people needed some extra time and support to have a voice in the meeting, but they always made sure that people had the time and support they needed to be able to have input into the meeting.

People were also supported to have their own hobbies and interests. People told us that they had a choice of what they would like to do, and where they would like to spend their time. We spoke with the activity coordinator and they told us that they offered a range of opportunities for people individually as well as a group. We saw examples where some people were being supported with craft activities while other people were sat quietly reading. Staff were able to tell us about people's individual preferences and what they did and did not like to do.

People's personal history and interests were taken into account in the activities on offer. For example one person was supported to maintain links with their own cultural heritage and attended a local club where they met regularly with people from their past. This person told us that this was important to them and that they felt recognised as an individual. Another person told us how their faith was important to them and how they were supported to regularly attend a local church. Staff told us that they always tried to reflect what people liked and who they were through what they did. Some people who had interest in gardening attended a gardening club. The registered manager told us that care reflected and responded to people's own individual needs.

## Is the service well-led?

### Our findings

People told us that the registered manager was approachable and that the home was well run. This was a view shared by the relatives and staff that we spoke with. Staff told us that it was an open culture where they could approach the registered manager with any ideas or concerns and they would be listened to. Staff said that they did not know of any staff concerns at present but knew that if they did the registered manager would be supportive and listen.

The registered manager told us that the vision of the home was, "To provide quality accommodation in a home type environment giving the people who live here the best that they can have." This was a view shared by the staff. Staff were motivated to do the best that they could and we found that staff had good morale and spoke positively about their experiences of working for the provider and the registered manager. The registered manager told us that they felt well supported by the provider and had a clear management structure to support them with their role.

The registered manager told us how they had established links with the local community. These included a local school, a local theatre, local gardening projects and also local churches. The registered manager told us that it was important for people to not become isolated and for the home to be part of local community life. There were also established links with local advocacy services.

We saw there were systems in place to check the quality of the care given by staff. This included regular checks and audits carried out by the registered manager on areas such as medicines, staff training and any falls or incidents. We could see where actions had been taken as a result of the checks and audits. For example, we could see that by monitoring the falls people had, the need to make changes to the home's lighting had been identified, resulting in a reduction in falls." Feedback was gathered on a regular basis from the people that lived there, relatives and also from staff. We could see that there was a system for capturing comments and concerns and identifying relevant actions to be taken to improve the quality of the service.

People and the staff told us that the registered manager was visible in the home spending time throughout the day with the people that lived there and with staff. Staff told us that this gave them confidence that the registered manager knew what was going on.

All staff told us about the whistle blowing policy and said that they would feel comfortable to whistle blow if they felt that this was needed to ensure people's safety. One staff member said, "I would not hesitate to report anything."

We spoke with staff about the support they had to do their job. Staff told us that the provider and registered manager were supportive and approachable. Staff told us that they had access to regular supervision, training and staff meetings. They all felt that the registered manager listened and took action when necessary. The registered manager told us that they felt well supported by the provider and had a clear management structure to support them with their role.

The provider had, when appropriate, submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes involving the service within a required timescale. This means that we are able to monitor any trends or concerns.