Fieldway Residential Home limited

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Inspection report

5 Fieldway
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Stoke On Trent
Staffordshire
ST11 9HS

Tel: 01782388332

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This unannounced inspection took place on 3 November 2016. At our previous inspection in February 2016 we found the provider was in breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people who lacked mental capacity were not being supported to consent to their care. We also had concerns that the service was not safe, responsive or well led. At this inspection we found that the provider was no longer in breach of Regulation 11, however we found the service was still not always responsive to people's individual needs and they were in breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Fieldway Residential Home provides accommodation and personal care to up to 18 people. There were 15 people using the service at the time of this inspection, several who were living with dementia.

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 2008 and associated Regulations about how the service is run.'

People's emotional and social needs were not always recognised and responded to and complaints were not always managed sensitively. The provider did not create an open culture in which people felt able to complain.

Limited opportunities were available to people to engage in hobbies and interests of their choice. Records did not reflect the activities staff told us that people participated in.

People were safeguarded from harm and the risk of abuse as staff and the manager knew what to do if they suspected abuse had occurred.

People were supported by sufficient staff who had been employed using safe recruitment procedures. Staff had received training to be able to be effective in their role and they felt supported by the registered manager.

Risks of harm to people were assessed and minimised through the effective use of risk assessments and staff knew people's risks.

Medicines were stored and administered safely and staff were trained to administer them in a safe way. People had their prescribed medicines at the times they needed them.

The principles of The Mental Capacity Act 2005 (MCA) were being followed and people were consenting to or being supported to consent to their care.

People's health care needs were met when they became unwell or their needs changed and people were supported to eat and drink sufficient to maintain a healthy diet.

People were treated with dignity and respect and their right to privacy was upheld and they were offered choices and involved in decisions about their care.

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's medicines were stored and administered in a safe way.

People were safeguarded from abuse and the risk of abuse as staff and the manager knew what to do if they suspected abuse had occurred.

Risks to people were minimised through the effective use of risk assessments.

There were sufficient suitably trained staff, recruited through safe procedures to keep people safe.

Is the service effective?

Good

The service was effective.

The principles of The MCA were being followed and people were consenting to or being supported to consent to their care.

People were receiving care and support from staff who were effective in their role.

People's nutritional needs were being met and people were offered choices of food and drink.

People's health care needs were met when people's needs changed.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were offered choices about their care and support.

People's right to privacy was upheld.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's individual social and emotional needs and preferences were not always met.

There was a complaint procedure however complaints were not always managed sensitively.

People's care was regularly reviewed.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider was not encouraging people to complain about the quality of care at the service by creating an open and approachable culture.

People who used the service and staff liked and respected the registered manager.

There were systems in place to monitor and improve the quality of service.

Fieldway 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 2008.

This inspection took place on 3 November 2016 and was unannounced. It was undertaken by one inspector. We had not requested a provider information return for this service.

We looked at notifications sent to us by the registered manager and used the action plan they had sent us following our previous inspection to inform the inspection. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We had received information of concern which we had discussed with the registered manager. We checked to see if action had been taken following the receipt of the information.

We spoke with five people who used the service. Some people were unable to tell us about their care as they were living with dementia so we observed their care in the communal areas. We spoke with one member of care staff, the deputy manager and registered manager.

We looked at the care records for three people who used the service, three staff recruitment files, staff rosters and the systems the manager had in place to monitor the quality of service. We did this to check the management systems were effective in ensuring a continuous improvement of the service.

Good

Is the service safe?

Our findings

At our previous inspection we had concerns in the way people's medicines were being managed. At this inspection we found that improvements had been made to ensure people's medicines were managed safely. People had their medicines at the prescribed times, administered by trained staff and medicines were stored in a locked medicine trolley. We saw one person had difficulty in swallowing so the registered manager had arranged for their medicine to be in liquid form. This showed the registered manager was seeking advice and support to ensure people had their medicines safely. One person told us: "Yes, the senior staff bring my tablets to me on time, I never have to ask for them".

A member of staff told us:" If I saw something I thought was abuse I would report it to the manager, if they didn't do anything I would go to you (CQC)". We discussed with the registered manager a recent issue which could have been a potential safeguarding incident and they explained the action they had taken to investigate the concerns. We saw the registered manager acted appropriately to safeguard the person from the risk of abuse. We saw that they informed staff and devised a form telling them what to do if they found that a person had an unexplained injury such as a bruise. The form described how staff should try to determine how the bruise occurred or whether it was a medical issue. If staff were unable to identify how the bruise came about then it should be reported to the local safeguarding authority. The registered manager had previously made appropriate safeguarding referrals following alleged incidents of abuse. This meant that people were being safeguarded from abuse and the risk of abuse as staff and the registered manager knew what to do if they suspected abuse had occurred.

People were supported to stay safe and take risks to promote their independence through the effective use of risk assessments. One person told us: "Oh yes I feel very safe". Risk assessments were in place for each person dependent on their needs and they were kept under constant review. Some people had been assessed as requiring support with mobilising around their home. Some people required walking frames and another person required two members of staff and the use of a hoist to be able to move. One person required regular bed rest due to their frailty and we saw staff supported these people according to their assessed needs and as recorded in people's individual risk assessments.

There were sufficient numbers of suitably trained staff to meet the needs of people who used the service. We found that no one had to wait to have their care needs met and people were attended to in a timely manner. We looked at the way in which new staff were employed and found that the registered manager followed safe recruitment procedures which included carrying out pre-employment checks to ensure prospective staff were fit and of good character. We saw that staff's character was regular checked throughout their employment.

Good

Is the service effective?

Our findings

At our previous inspection we found that the provider was in breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as they were not following the principles of the Mental Capacity Act 2005 (MCA) by ensuring that people who lacked capacity were being supported to consent to their care with relatives' or their legal representatives. The 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. At this inspection we found that improvements had been made and where they had been able to the registered manager had gained evidence of people's, relative's legal powers to be able to make decisions on their relative's behalf. Where they had been unable to gain the evidence the registered manager had followed the correct procedures to ensure decisions were being made in people's best interests following the principles of the MCA.

The Deprivation of Liberty Safeguards (DoLS) is part of the Mental Capacity Act 2005. The legislation sets out requirements to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. At our previous inspection no one at the service had a DoLS authorisation in place and the registered manager told us that no one was being restricted of their liberty so no referrals had been made to the local authority. However we saw that some people who lacked mental capacity were subject to constant supervision through the use of alarmed doors and were being restricted from certain areas of the service. At this inspection we found that the registered manager had referred people who the lacked capacity to agree to remaining at the service for a DoLS authorisation. We saw that other restrictions which were in place such as bed rails had also been discussed and agreement sought following the principles of the MCA. This meant that the provider was following the MCA and ensuring people were not being unlawfully restricted of their liberty.

People were supported by staff that were supported and trained to fulfil their roles. Staff told us that they had received regular training and this was on going with regular updates. Staff had regular one to one meetings with the registered manager to discuss their performance and identify any further training they may require. We saw the registered manager provided regular training to ensure staff remained effective in their roles.

People were supported to maintain a healthy diet. No one had a special diet and we saw that people received support to eat and drink if they needed it and were offered choices to encourage them to eat food they enjoyed. At breakfast people were offered a range of cereals with hot or cold milk, porridge and toast on white bread or brown. We saw that people were offered more if they finished what they'd had. At lunch if people didn't like the main meal they were offered an alternative. One person told us: "I often choose sardines on toast as I really enjoy them". We saw this person was also supplied with a basket full of fresh fruit on a weekly basis. Where necessary people's food and fluid intake was monitored to ensure they were eating sufficient to remain healthy. We saw that drinks and snacks were offered throughout the day.

People were supported to attend health care appointments with professionals such as their GP, opticians, dentists and community nurses. On the day of the inspection we saw the registered manager speak to a GP about one person whose needs had changed. The registered manager and staff worked closely with other health agencies to ensure people's health care needs were met. We saw that people had access to a wide range of health care facilities. When people became unwell we saw that action was taken to seek the appropriate medical advice.

Good

Is the service caring?

Our findings

People who we spoke with told us that the staff treated them well. One person told us: "We couldn't be any better looked after; there is not one of them that aren't good to you". Another person told us: "I love it to bits here, the staff are very nice".

We observed that interactions between the registered manager, staff and people who used the service were respectful. At breakfast we saw that people were offered choices and encouraged to be as independent as they were able to be. The registered manager said to one person who used the service: "Would you like cereals or porridge, hot milk or cold? Do you want to put your own sugar on"? People were offered clothes protectors to keep their clothes clean, some people refused and this was respected.

Staff and the manager demonstrated patience and kindness whilst supporting people. We saw that one person was having difficulty eating their toast so the registered manager offered to fold it into a sandwich so they were able to hold it themselves and they accepted. Another person appeared disorientated due to their dementia and the registered manager helped them by putting their porridge onto their spoon and encouraging them to eat independently.

Some people chose to spend time in their rooms and this was respected. One person told us: "I stay in my room, that's my choice. I sometimes pop out into the communal areas but not often, I have all my meals brought to me". Another person enjoyed spending time in their room but joining others for meals. People appeared happy and relaxed and chatted between themselves during meal times. We saw when people were supported with their personal care needs, staff ensured that doors were shut and people's dignity was maintained.

Requires Improvement

Is the service responsive?

Our findings

The provider had a complaints procedure, however we had been made aware of an incident which had resulted in a complaint being made by one person's long term friend and acquaintance. This resulted in the person having been stopped by the provider from visiting the person. We discussed this with the person who told us that they had now accepted the situation, however this meant that this person was not able to see a person whom they had known for many years. The registered manager told us that they recognised the complaint could have been handled more sensitively so that the person was able to maintain their long term relationship. This showed that complaints were not being managed and responded to in a way which supported and advocated for people who used the service.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection we had concerns that people had limited opportunities to engage in hobbies and activities of their choice. At this inspection although we saw that there were some limited activities available not everyone's individual needs and preferences were being met. Two people told us they would like to go out into the community. One person said: "I just like a walk to the local shop or something". The registered manager and staff told us that this person did get to go out but it was too cold at the moment to facilitate this, however people could have been dressed for the colder weather or transport accessed to ensure that people could access the community all year round. Another person said: "I would like a trip out to Trentham gardens for a coffee in the warmer weather, but we don't have any transport". A member of staff told us: "We could do more with people".

One person who liked to walk about the service was encouraged to be able to help the cook with the washing up. We saw they enjoyed partaking in this as it was a meaningful activity for them. However we saw another person who was also walking around was asked to 'sit down' in the lounge and was not offered an alternative activity. We discussed this with the registered manager and deputy manager who told us that they recognised that some staff regularly asked the person to sit down when actually the exercise was good for them. This meant that people's preferences were not always respected in maintaining their relationships and engagement in meaningful activities.

People's care was regularly reviewed to ensure that it was relevant to their current care needs. We saw people and their representatives were involved in the reviewing of their care where they were able to be. One person told us and we saw they had their own washing powder as they were allergic to other powders. This had been requested by the person and responded to by the registered manager.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post. We discussed with the registered manager our concerns about people's individual needs and personal preferences not always being met and the incident which had led to one person losing a long term relationship. The registered manager told us that they had told the provider that it should have been handled better, however they told us that the provider felt they were protecting them and the staff. This did not promote an open and transparent culture in the service and could potentially discourage people who used the service, visitors and staff from complaining about the quality of care.

Although staff and the registered manager told us that regular activities took place, records did not always reflect this. Only a few people who used the service were able to tell us whether they were offered any hobbies or activities, other people who were living with dementia were unable to remember. Records would evidence the activities and hobbies which had been made available to people and would ensure that people were being offered activities that interested them.

Since our previous inspection the registered manager had worked towards making improvements by following the principles of The MCA to ensure people were not being unlawfully restricted of their liberty. Allegations of poor staff practise were investigated by the registered manager who sought support from human resources when necessary. Staff were supervised and received regular training and updates to ensure they were effective and knowledgeable in their roles.

There were systems in place to monitor the service. The registered manager completed several quality audits and made improvements when issues arose. For example, following a health and safety audit a new door alarm had been fitted as it had fused during a power outage. We saw that an annual quality survey had recently been completed and the results had been analysed. There were no actions identified following the survey.

The registered manager knew their responsibilities in relation to notifying us of significant events. We had received the relevant required notifications.

People we spoke with told us they liked the registered manager and we observed that people were relaxed in her company. Staff we spoke with told us that the manager was approachable and that they had been made aware of the whistleblowing procedure if they felt that issues were not being acted upon by the management.

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This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Complaints were not managed according to the providers complaints procedure.