Care Quality Commission

Countrywide Care Homes (2) Limited

Field View

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

This inspection took place on 10 August 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

Field View provides care and accommodation for up to 36 older people and people with a dementia type illness. On the day of our inspection there were 32 people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Field View was last inspected by CQC on 10 June 2013 and was compliant.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Summary of findings

Thorough investigations had been carried out in response to safeguarding incidents or allegations.

Medicines were administered appropriately and people received their medicines at the time they needed them.

Staff training was up to date and staff received regular supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

The home was clean, spacious and suitable for the people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager and looked at records. We found the provider was following the requirements in the DoLS.

All of the care records we looked at contained consent to people's care and treatment.

People who used the service, and family members, were complimentary about the standard of care at Field View.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

We saw that the home had a full programme of activities in place for people who used the service.

Care records showed that people's needs were assessed before they moved into Field View and care plans were written in a person centred way.

The provider had a complaints policy and procedure in place and complaints were fully investigated.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

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 was safe.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service and the provider had an effective recruitment and selection procedure in place.

Thorough investigations had been carried out in response to safeguarding incidents or allegations.

Medicines were administered appropriately and people received their medicines at the time they needed them.

Good

Is the service effective?
The service was effective.

Staff training was up to date and staff received regular supervisions and appraisals.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Consent was obtained for people's care and treatment.

Good

Is the service caring?
The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and care for themselves where possible.

People were well presented and staff talked with people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Good

Is the service responsive?
The service was responsive.

The home had a full programme of activities in place for people who used the service.

The provider had a complaints policy and complaints were fully investigated.

Good

Is the service well-led?
The service was well led.

The provider had a robust quality assurance system in place.

The provider gathered information about the quality of their service from a variety of sources.

Good

Field View

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 August 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. One Adult Social Care inspector and a specialist advisor in nursing took part in this inspection.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. No concerns were raised by any of these professionals.

Before the inspection, the provider completed 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.

During our inspection we spoke with five people who used the service and three family members. We also spoke with the registered manager, deputy manager and two care workers.

We looked at the personal care or treatment records of three people who used the service and observed how people were being cared for. We also looked at the personnel files for three members of staff.

Good

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at Field View. They told us, "Yes, very safe", "No problems at all" and "If I didn't I'd pull her out".

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing with the registered manager, who explained the staff rotas. We saw staff worked 12 hour shifts, with a minimum of five members of staff on duty during the day and three on duty at night. Staffing levels included a senior care staff member on duty at all times. The registered manager confirmed that any absences were covered by their own permanent or bank staff. We observed sufficient numbers of staff on duty and call bells were answered promptly. Staff we spoke with told us they thought there were sufficient numbers of staff on duty.

The home is a single storey building, set in it's own grounds. We saw that entry to the premises was via a locked door and all visitors were required to sign in. The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. We saw window restrictors, which looked to be in good condition, were fitted in the rooms we looked in and wardrobes were secured to the walls to prevent accidents. Each bedroom had en-suite facilities which included a toilet, sink and wall mounted dispensers.

The home was clean, spacious and suitable for the people who used the service. People we spoke with were complimentary about the home. They told us, "It's lovely" and "It's always clean". Communal bathrooms and toilets were clean and suitable for people who used the service.

We did notice an odour from the drain in the wet room. The registered manager told us the odour had been there for some time and despite having it investigated and cleaned several times it had not gone away.

We saw hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014.

The service had a 'Fire file' which contained Personal Emergency Evacuation Plans (PEEPs) for the people who used the service. These included the name of the person, bedroom number, level of risk and details of equipment required to aid evacuation. The fire file also included monthly fire drill records and details of weekly fire safety checks. We saw the last fire drill recorded was in May 2015. We discussed this with the registered manager who told us the next drill was planned for the administrator to do it as the maintenance member of staff was currently off sick.

We saw health and safety records, which included checks carried out on window restrictors, call bells, water temperatures, cleaning records, wheelchair and mattress checks. We also saw copies of the electrical wiring and safety certificate, gas safety inspection record, portable appliance testing (PAT) and Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) certificate. All of these were in order and up to date. This meant the provider had arrangements in place for managing the maintenance of the premises and for keeping people safe.

We looked at the 'Accident and incident forms' file and saw individual reports for each accident or incident. The file also contained monthly records of accidents and injuries and analysis of the incidents, which was up to date. We saw the analysis included what type of injury, where it had occurred, whether risk assessments were in place and whether there were any trends or patterns.

We saw a copy of the provider's 'Safeguarding vulnerable adults' policy and looked at the safeguarding file, which contained the safeguarding log and records of safeguarding incidents. These included details of the incidents, what action had been taken and who had been notified. We saw that statutory notifications had been sent to CQC when required. This meant that thorough investigations had been carried out in response to accidents and safeguarding incidents or allegations.

Good

Is the service safe?

We looked at the management of medicines and found that the service's medicines management policies and procedures had last been updated in November 2014.

The registered manager told us that relevant staff had undertaken the 'NCFE' medicines training and confirmed that they undertook e-learning annually. The registered manager told us they carried out observations to assess staff's competency when dealing with medicines three to four times per year. This meant that staff consistently managed medicines in a safe way, making sure that people who used the service received their medicines as prescribed.

Staff showed us the systems in place to ensure that medicines had been ordered, stored, administered, audited and reviewed appropriately. Staff described how the home ordered people's medicines and cross-checked the medicines order with what had been supplied. Staff showed us how unwanted or out-of date medicines were disposed of and records confirmed this. However, medicines for disposal were not stored securely in a tamper-proof container within a cupboard until they were collected or taken to the pharmacy. The registered manager reassured us that they would action this.

The home operated a monitored dosage system of medicines. This is a storage device designed to simplify the administration of medicines by placing the medicines in separate compartments according to the time of day. We saw staff administered medicines appropriately and people received their medicines at the time they needed them.

Medicines requiring cool storage were kept in a fridge which was within a locked room. We saw that temperatures relating to refrigeration had been recorded daily and were between two and eight degrees centigrade. We saw that temperatures for the treatment room were recorded daily and had been recorded up to 28 degrees centigrade on most days from 12 June 2015. We also saw the following statement on the medicines audit dated 25 July 2015, "Please monitor temperature of treatment room and act accordingly". Fridge and treatment room temperatures need to be recorded to make sure medicines are stored within the recommended temperature ranges. This meant that the quality of medicines may have been compromised as they had not been stored under required conditions.

The registered manager told us that an air conditioning unit for the treatment room would be delivered on 12 August 2015 and they told us that they had discussed the raised temperatures in the treatment room with the pharmacist, however there was no documentary evidence to support this. We rang the home on 19 August 2015 to check whether the air conditioning unit had been fitted in the treatment room and was told by a member of staff it had been installed on 13 August 2015.

Good

Is the service effective?

Our findings

People who lived at Field View received effective care and support from well trained and well supported staff. Family members told us, “They are special people”, “They are brilliant from the top, the manager to the cleaner” and “They are all lovely”.

We saw a copy of the electronic staff training matrix and saw mandatory training included fire awareness, moving and handling, food safety, health and safety, first aid, safeguarding adults, infection control, dementia, medicines and mental capacity. We saw the majority of the training was up to date and saw that where there were any gaps, the training was planned. We looked in the staff files and saw copies of certificates for the training that was recorded on the matrix.

We looked at staff supervisions and appraisals. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. We saw from the records that staff had received an annual appraisal in May or June 2015 and received supervisions approximately every two months. Supervision meetings included a review of the job description, training needs, comments from the employee and supervisor and objectives. All the records were signed and dated. This meant that staff were properly supported to provide care to people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager, who was aware of their requirements with regards to DoLS and told us 17 referrals had been made to the local authority and six had so far been authorised. We saw copies of these records. We also saw that statutory notifications for the applications had been submitted to CQC. This meant the provider was following the requirements in the DoLS.

We saw records of consent to photographs and consent to care and treatment in the care records. These records were signed by the person who used the service. Records we looked at provided evidence that, where necessary, assessments had been undertaken of people’s capacity to make particular decisions. Where it had been deemed that people did have capacity, the person’s rights to make particular decisions had been protected as unnecessary restrictions had not been placed on them.

We saw Do Not Attempt Resuscitation (DNAR) forms were included for people and we saw that the correct form had been used and was fully completed, recording the person’s name, an assessment of capacity, communication with relatives and the names and positions held of the health and social care professionals completing the form. However, for one person we saw that the person’s previous home address was entered on the DNAR form. Following a discussion with the registered manager they reassured us that they would discuss the aforementioned with the GP, since DNAR forms should be reviewed if the care setting changes.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GPs, community nursing teams and psychiatric nurses.

The registered manager told us that nutrition assessments were reviewed monthly and on a more regular basis, in line with any changing needs. We saw evidence of these in people’s care records however there were some inconsistencies in the completion of these assessments and of food and fluid intake monitoring charts. Malnutrition Universal Screening Tool (MUST) risk assessments were used to identify specific risks associated with people and were formally reviewed each month. Where people were identified as being at risk of malnutrition, we saw that referrals had been made to the dietitian for specialist advice.

We looked at the layout and design of the home for people with dementia and saw that on people’s bedroom doors there was the number, name and a photograph of the person who lived there. We saw that bathroom and toilet doors were painted a different colour and were appropriately signed, and walls were decorated to provide people with visual stimulation. Corridors were clear from obstructions and well lit, which helped to aid people’s orientation around the home.

Good

Is the service caring?

Our findings

People who used the service, and family members, were complimentary about the standard of care at Field View. They told us, “Very happy”, “I say as I find and it’s very nice”, “Staff are very caring”, “They are very caring” and “The care has been absolutely excellent”.

People we saw were clean and appropriately dressed. We saw staff talking to people in a polite and respectful manner and were attentive to people’s needs. We saw people’s bedroom doors were kept shut to maintain privacy and dignity. Where people’s doors were left open the registered manager told us it was the person’s choice.

We saw people’s personal choices and wishes were taken into consideration . For example, we saw the dining audit in July 2015 had advised staff regarding food, “If client has capacity to say they want it cut up at the table and not taken away that is their choice” and regarding medicines to be given with food dispensed at the dining table, “Speak to client to ensure they are ok to be given at the table or give with a small snack before lunch, tea etc”.

We asked people and family members whether staff respected the dignity and privacy of people who used the service. They told us, “They are very good at it” and “You get to love the staff because of the humility they show”.

We observed lunch and saw it was served in a calm and quiet environment. Most of the people who used the service sat at tables in the dining room but we also saw that some people had chosen to eat in their own rooms or stay in the lounge. Staff we spoke with told us it was the person’s choice and staff respected that. We saw staff offer people the use of protective bibs if required. Staff knew the people who required additional assistance and attended them in a calm and unhurried manner. People who were able were encouraged to feed themselves. This meant that staff supported people to be independent. Kitchen staff also spent time talking to people during lunch. We saw there was a choice of food offered to people and drinks were regularly topped up.

We looked at care records and saw that care plans were in place and included end of life, which meant that information was available to inform staff so that a person’s final wishes could be met.

Each care record contained evidence that people had been involved in writing their care plans and their wishes were taken into consideration, for example, we saw the care records included a section where the person could say what name they preferred to be called. We read people’s care plans and saw that the document ‘Memory Lane – Personal Life History’ had been compiled from discussions with people themselves and their relatives. We saw examples of people’s preferences in the care records, for example, “Likes to read daily paper”, “Will sit in communal lounge but prefers to sit on own” and “Very quiet person that does not like to join in activities”.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were reviewed monthly and on a more regular basis, in line with any changing needs.

From the care records we looked at, we saw people's individual needs had been assessed before they moved to the home. The assessments were used to design plans of care for people's individual daily needs such as mobility, personal hygiene, nutrition and health needs. However, we found it was sometimes difficult to gain an overview of people's needs from the care records as it was a complex system and difficult to navigate. We also saw that staff had added information onto the bottom of the care plans, which caused confusion in identifying care needs. The deputy manager acknowledged they found the care plans complex and difficult to navigate and was employing senior care staff to assist in reviewing them.

We saw that risk assessments were in place and included measures to be taken to reduce the risk of falls whilst encouraging people to walk independently, moving and handling, measures to reduce the risk of pressure ulcers developing and measures to be taken to ensure people were eating and drinking. Standard supporting tools such as the Waterlow Pressure Ulcer Risk Assessment and Malnutrition Universal Screening Tool (MUST) were used to help staff in assessing people's care needs however we saw some of these were not consistently updated.

Daily accountability notes were concise and information was recorded regarding basic care, hygiene, continence, mobility and nutrition. The daily notes were dated and signed and were completed by the staff providing care and support. Comments included, "Refused to participate in activities", "Ate good diet and fluid intake", "Assisted to re-position in chair" and "Assisted with personal care".

We saw there were many activities available to people who used the service. We saw the activities board, which include photographs of people carrying out activities at the home and a four week planner and calendar of events. Activities included skittles, dominoes, music, baking, singing and quizzes. The registered manager told us one of the people was a keen gardner who used the enclosed garden area and grew tomato plants. There was a coffee shop in the home, which people who used the service, visitors and family members could use. We saw coffee, tea and biscuits were available.

We saw the complaints file, which included a copy of the provider's complaints policy and procedure. We saw there had only been three complaints made to the service in the previous seven months. We saw copies of the complaints forms, which included the date, who was informed of the complaint, details of the complainant and nature of the complaint, what action was taken and what the outcome was. We saw each complaint had been dealt with appropriately.

We saw the complaints procedure was displayed on the notice board and provided people with the procedure to follow if they wished to make a complaint and details of how their complaint would be investigated, including timescales and contact details for other organisations if people were unhappy with how their complaint had been dealt with. This meant that comments and complaints were listened to and acted on effectively.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service.

The service had a positive culture that was person-centred, open and inclusive. People who used the service, and their family members, told us, "The manager is great" and "They have an open door". Staff we spoke with felt supported by the manager and told us they were comfortable raising any concerns.

We saw staff were regularly consulted and kept up to date with information about the home and the provider. We saw records of staff and senior staff meetings held between April and August 2015. Staff meeting agenda items included e-learning, room checks, laundry, key workers, uniforms, privacy and dignity, dementia and kitchen. Senior staff meeting agenda items included care issues, safeguarding, duty of candour, health and safety, staff issues and policies.

The service had links with the community. Coffee mornings were held every Wednesday and the registered manager told us about a "wedding box" event that was taking place at the home. Beamish Museum had agreed to lend the home some old wedding outfits and items for a wedding box and people from the local bungalows and staff at the home had volunteered to model the outfits at an upcoming event. We saw this was advertised on the notice board.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. We saw records of monthly visits carried out on behalf of the provider. These included discussions with people who used the service, visitors and staff, notifiable events, premises and environment checks, complaints, records and documentation, actions carried forward from the last report, actions completed since the last report and actions required from this visit.

We saw monthly audits were carried out for medicines, care records, dining and home presentation . All of these were up to date. Where issues were identified, actions had been put in place. For example, the medicines audit had identified the treatment room temperature to be too warm and an order had been placed for a fan.

We saw the 'Field View Care Home quality assurance survey' results for July 2015. 15 out of 32 surveys had been returned and for each question people were asked to grade the service from one to five, five being excellent. Most of the answers we saw graded the home excellent. These included family member's being offered the opportunity to be involved in planning their relative's care, privacy, dignity and independence, food, cleanliness, complaints and whether the home was well led.

Some of the comments from the quality assurance survey included, "Nice and brilliant staff, they are all very good and nothing is too much trouble", "I am very impressed with the home, it's the best I've seen" and "All round care is excellent".

The survey results were made available to people who used the service and visitors and information was provided regarding what was done following the survey. For example, "We will speak with individuals who have requested follow up on their comments or concerns raised. This confidential information will not be shared with anyone but the individual and family" and "We will discuss the general responses with you at residents' and relatives' meetings".

We saw on the notice board that residents' and relatives' meetings were taking place in the main lounge with the registered manager on 12 August, 23 September, 4 November and 16 December 2015. We also saw a comments and suggestions box in the entrance to the home, with forms for people to complete.

This meant that the provider gathered information about the quality of their service from a variety of sources.