

Bupa Care Homes (BNH) Limited

Field House Care Home

Inspection report

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Harpenden
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Field House Care Home is a residential care home providing personal and nursing care to up to 35 people. The service predominantly provides support to older people, some of whom may be living with dementia but could also support younger people with medical conditions. At the time of our inspection there were 27 people using the service.

People's experience of using this service and what we found

Staff did not always provide respectful, dignified care. We have issued a breach related to this.

People's end of life care plans were not personalised. We have made a recommendation related to this. We observed a lack of meaningful activity during both our visits. Discussion with staff, people and relatives suggested people were either happy with what was available or chose not to participate. However, we were concerned the limited options meant people lacked motivation to become involved.

The provider had not ensured there were enough staff for people to receive good quality care. People were supported by trained staff to take their medicines. However, there were issues with stock level recording. Risks to people's safety were assessed and monitored and there were systems to safeguard people from the risk of abuse. The service's infection prevention control measures were effective.

The provider had made some changes to the environment and further improvements were in progress. However, the home lacked atmosphere with few homely features throughout.

People were supported by trained, competent staff and supported to access other healthcare services when needed. People gave positive feedback about the food.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Managers had not identified the issues we found in the quality of care provided. The provider had not ensured there were sufficient staffing levels and meaningful activities available. People, relatives and staff felt comfortable raising any concerns and giving feedback. Staff felt supported by their managers and colleagues. The provider had systems to monitor the quality and safety of the service and staff worked effectively with other health professionals to support people's health and wellbeing.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 October 2019).

At our last inspection, we recommended staffing levels were adapted when needed based upon people's changing needs. Although some changes had been made, we found there were not enough staff to meet people's needs.

We recommended the provider ensured the environment was suitable for people living with a sensory or cognitive impairment and that individual preferences, cultural and support needs were reflected in how premises are adapted or decorated. Some improvements had been made; LED lighting and signage had been added.

In addition, we recommended the provider review the activity provision to ensure they were person-centred and encouraged people to maintain hobbies and interests. We found this had not improved.

The last rating for this service was requires improvement (published 22 October 2019). The service remains rated requires improvement. This service has been rated requires improvement for 2 consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified a breach in relation to staff not always treating people with dignity and respect.

We have made a recommendation for the provider to ensure people's end of life care plans are personalised.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Field House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors 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.

Service and service type

Field House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Field House Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider

information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 10 relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, regional manager, deputy manager, nurses, care staff, activities and catering staff. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 5 people's care files and 2 staff personnel files. We also reviewed records relating to managing the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection, we recommended staffing levels were adapted when needed based upon people's changing needs. Although some changes had been made, we found there were not enough staff to meet people's needs; we comment on the impact of this in the caring section of this report.

- People were not always supported by enough staff to meet their needs. An inspector spent 50 minutes in the lounge with 3 people and no staff entered during this time to check on people. We observed a person being verbally aggressive to another person and had to report this to the registered manager as there were no staff around to address it.
- Staff told us shifts were cancelled when the number of residents reduced. They said they did not have enough time to care for people and felt they were rushing personal care. A member of staff said, "We're short staffed. Some of the rooms are empty but people still have high needs. I feel we do not have long enough to spend with the residents because we are so busy all the time. So, they just get a quick wash and then we go on to the next person." Another staff member said, "We are 2 residents down, so we are not meeting occupancy. Rotas are arranged based on numbers, not needs."
- Staff confirmed the shortage of staff did not lead to unsafe practice, but they felt frustrated at not having more time for social interactions with people. They told us, "Hoisting is never done alone. Repositioning is always done with 2 people."
- Staff were recruited safely. We saw the provider carried out checks as part of their recruitment process. This included disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff had not always recorded medicine stock levels correctly in the system. We found 2 records showed less tablets than were in the boxes. The service had recently implemented an electronic medication administration record (EMAR); managers were aware there was an issue with the system balances showing less and working towards correcting these.
- People received their medicines as prescribed. A person told us, "My medicines are on time all through the day."
- Staff had completed training and managers assessed their competency to ensure they understood how to support people safely. Staff were able to describe action they would take if a person refused their medicines, or if an error had been made.

Learning lessons when things go wrong

- Staff were unable to give examples of recent incidents but told us they would be informed at handover if something had happened or if there was a change in a person's needs. A staff member said, "In the mornings we have a handover meeting so if there were any changes over night, we are always made aware. Night staff do a handover on our devices too on [system]. I read the handover for changes before coming on to the floor and they can tell it has been read."
- We saw action taken in response to an incident which involved a member of staff administering CPR to a person who had a DNACPR. Staff's electronic devices have the DNACPR clearly visible on people's records and the paper copies are at the front of people's files in the nurses' station.

Preventing and controlling infection

- We were not assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- The service supported visits from people's relatives and professionals in line with current guidance.

Systems and processes to safeguard people from the risk of abuse

- The registered manager was aware of their responsibility to raise safeguarding concerns to the local authority. They made referrals as required and there were 2 open safeguarding concerns at the time of the inspection. These related to concerns the registered manager had raised about other services.
- Staff were able to describe types of abuse and told us they would report any concerns to their manager. A member of staff said, "I would report any new bruising, unexplained bruising, if they become withdrawn or had finger marks to arms. If I thought they were not taking it seriously I'd go to the regional manager and follow the speak up policy."

Assessing risk, safety monitoring and management

- People's care records included information on risks such as choking and pressure injury.
- Staff were aware of risks to people and able to describe how these were managed. A member of staff told us, "For example, I make sure they are re-positioned at least 4 hourly and always check skin, document issues and speak to the nurse in charge."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection we recommended the provider ensured the environment was suitable for people living with a sensory or cognitive impairment and that individual preferences, cultural and support needs were reflected in how premises are adapted or decorated. Some improvements had been made.

- The provider had added LED lighting and some signage throughout the home. Whilst some of the issues for people with certain needs remained such as a lack of sensory or reminiscence items, managers considered the suitability of people when admitting them to the service.
- During our visit we found some carpets in need of replacing; 1 due to odour and 1 was a trip hazard. At our second visit, the trip hazard had been repaired and the other carpet was being replaced the following week.
- There was a lack of homely features throughout the home. There were very few pictures or photographs and there were limited books or games available for people.
- The registered manager or deputy manager completed the initial assessment of people's needs. This included their physical and mental health needs and considered their suitability for the home; if they were living with dementia but had no behavioural issues or tendency to walk around a lot they could be admitted. However, if their needs changed, they would be reassessed with a view to transferring to a more suitable home.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, gender, religion, and ethnicity were identified as part of the assessment.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant induction and training. They felt confident in staff abilities. A person said, "I would say they all do their job properly."
- Managers completed staff competency assessments for moving and handling and administering of medicines.
- Staff received regular supervision. They told us they found these useful. A member of staff said, "If I have concerns, they can be raised." Staff also described being supported to develop within the service.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff completed nutritional and choking risk assessments for people as required. These included details of any support people needed to eat as well as dietary requirements such as food and drink prepared to

specific textures. People's weights were monitored and for those at risk of weight loss there was guidance for staff to encourage high calorie meals, nourishing drinks and snacks.

- People could choose what they ate and drank; dietary requirements were accommodated, including for people's religious or cultural reasons. Kitchen staff told us, "There is a meat and vegetarian option, and people are also given the opportunity of an alternative choice."
- People gave positive feedback about food at the service. A person told us, "Oh that's very good actually. They take a great deal of notice of what you like or don't like, I've always been very impressed with that." A relative said, "The food is good; they take care in presentation and it's always hot and [person] enjoys it. They make sure they have plenty to drink during the day."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when needed. People's needs were reviewed at weekly clinical risk meetings. Staff made referrals to other services such as tissue viability or dieticians as required.
- The registered manager described a good working relationship with GP services. They said, "They have a care coordinator who we send information to on a weekly basis and have weekly ward round with their physician associate who reviews each person."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had submitted DoLS applications to the appropriate authorities when necessary. They kept a tracker to ensure applications were re-submitted when due.
- Staff had received training in understanding the principles of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People's distress or discomfort was not always responded to promptly or appropriately. We saw a member of staff recognise a person was cold, but they went on their break before bringing them a jumper. A member of staff told us, "Some of the carers ignore buzzers to certain residents and refuse to take certain residents to the toilet saying, 'it's OK they have a pad on'."
- Staff told us staffing levels meant they did not have enough time to give people good quality care. A member of staff said, "The resident isn't given quality time, you are rushing from 1 to the other if they are ringing." Another staff member described their frustration at not having more time for social interactions with people. They said, "We don't really talk to them about their day, sit and have a chat with them which we would all love to do but are so busy we don't have much time to do that."
- People were not always treated respectfully. We heard a member of staff refer to a person by their room number. We observed staff coming up behind people and pushing their wheelchairs without asking or acknowledging them.
- Staff were more focused on tasks than people and their wellbeing. We observed staff supporting people to eat in silence; they did not describe the food or make conversation with people. We fed this back to managers and at our second visit found there was an improvement; staff were making more effort to interact with people during lunch.
- Staff did not always recognise when people needed or wanted help. We observed people offered tea when they were trying to talk to staff; 1 person already had tea, but staff brought another cup instead of spending time with the person who appeared to need reassurance.

The provider had not ensured there were suitable staffing levels to deliver respectful, dignified care. This was a breach of Regulation 10 [Dignity and respect] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- People and their relatives gave mostly positive feedback about staff. A relative said, "The staff seem caring and very attentive." Another relative told us, "The nursing and care staff are excellent, very proactive, polite and respectful. They seem to like [relative] and they spend time and talk with them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement: This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection, we recommended the provider review the activity provision to ensure they were person-centred and encouraged people to maintain hobbies and interests. We found this had not improved.

- During both our visits, a lot of people were in their rooms with many in bed. We were concerned there was not enough meaningful activity to motivate people to get up. However, feedback from relatives suggested staff encouraged people to become involved and those who chose not to were happy. A relative told us, "[Person] doesn't want to get involved in the activities and just seems content watching TV and listening to CDs." Another relative said, "They try and get [person] to join in the activities, but [person] prefers their own company in their own room." We were also told, "They do pop by and have a chat and a bit of banter with [person] in their room."
- The activities planner showed 'what the papers say' every morning. We did not see anyone doing this and it seemed to coincide with when the activity staff were busy taking the drinks trolley to people's rooms. There was 1 group activity per day before lunch; after lunch was for 1-1 sessions but with 1 activity co-ordinator on shift at a time and numerous people choosing to stay in their rooms it seemed unlikely many people would benefit from this. The registered manager told us they had a 10 hour vacancy for activity staff to recruit to.
- The registered manager told us they tried to involve people but found their needs made participation in activities difficult. People and relatives we spoke with confirmed this. A person said, "There is plenty going on, but I do not join in, my hearing is not very good. I can't join in really, I'm quite happy with my books, TV and I have quite a few visitors. They ask me all the time, but it is my choice."
- Staff had tried to find activities of interest to people. A staff member said, "We regularly speak to everyone, what they like/dislike, they are good at telling us. Every few weeks we ask if there is anything they want/don't want on the planner." In October an 'autumn day' was planned which included art and food related activities with hot chocolate. They had opted for this rather than Halloween as some residents did not like Halloween.

End of life care and support

- Staff did not receive training in end-of-life care. The registered manager told us the nursing staff were experienced in caring for people at the end of their life and care staff were supported in group supervisions where those people approaching end of life were discussed.
- People's care records had limited information related to their wishes at the end of their life. We found care plans included discussions but tended to be generic, such as 'for health to be maintained and medical conditions to be cared for and controlled effectively' rather than personalised.

We recommend the registered manager reviews end of life care planning to ensure they include people's personalised preferences.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans identified their physical, sensory and mental health needs. These were reviewed each month by a nurse with each resident having a 'resident of the day'. Feedback was sought from other departments within the home, activities, catering etc.
- People's families were contacted for input when care plans were being reviewed. They were also able to access their relative's record via an app. A relative told us, "The online portal has been very helpful, and they have regular meetings on zoom for relatives which I think has been a very good way of keeping us in touch."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were gathered at the initial assessment. Care plans stated whether people were able to communicate verbally and any sensory needs, such as wearing hearing aids or glasses.
- A person whose verbal communication was not always clear had a chart. Staff told us, "If [person] struggles they point to their chart, it has the alphabet and yes or no. You can understand what [person] says sometimes but not always."

Improving care quality in response to complaints or concerns

- People felt able to raise concerns. A person said, "I had an issue recently. It was dealt with immediately by [registered manager]. A relative told us, "The new manager has told me to let them know if there is any problem; they are approachable and easy to get hold of."
- At the time of our inspection there had been 7 complaints and 2 compliments. These had been investigated and responded to.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had not ensured there were enough staff for people to receive quality care. Our observations suggested the dependency tool was not effective in assuring staffing levels in the home were sufficient. We fed this back to managers and were told the provider was implementing a new dependency tool. The registered manager said, "If required we will make any adjustments needed in line with any future changing resident's needs."
- The provider had not ensured there were enough resources for people to carry out activities. Staff described having to pay for things out of their own money and claim it back. We discussed this with the provider and were told there was an online facility for staff to use.
- People and relatives we spoke with were mostly complimentary of the service and staff. A person said, "It's clean, its comfortable, the staff are very proficient, and they seem to get on together which is a good thing, I can't fault it at all."
- Staff spoke positively about working relationships among the team, and they felt supported by the managers. They were aware of the whistle blowing procedures. A member of staff said, "I could go to the nurses/managers otherwise would speak to head office or the area manager."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managers had not identified the issues we found in the quality of care provided by some staff. They completed surveys and received positive feedback from people and relatives. However, following what we observed we were not assured this was sufficient to be confident in the care people received.
- The registered manager's systems to monitor the quality of the service had not identified some of the issues we found. For example, a person's care record had been audited but not picked up the re-positioning chart had not been completed. Following our visit, the registered manager completed a training session with staff to ensure they selected the correct option in the system to reflect re-positioning.
- The registered manager had trackers to monitor incidents, safeguarding concerns and DoLS applications as well as staff training, competencies and supervisions. A member of staff told us, "My training is all up to date and I'm notified by management if any training is needed to be updated."
- The registered manager was aware of their responsibilities to submit relevant notifications appropriately to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were invited to quarterly resident and relative meetings. We reviewed minutes and saw updates were given on recruitment, survey results, meals, activities and housekeeping. People made requests for pets to be brought into the home, a singer and for outings. A dog has since been brought into the home, but no outings have occurred.
- People's families were happy with how the home was managed and felt communication was good. A relative told us, "I get on well with the manager and I think the management is good."
- Staff attended team meetings quarterly. Minutes we reviewed showed they included reminders to complete training, read policies and book annual leave as well as updates on people. A member of staff told us, "They are quarterly over zoom. All staff can raise concerns and they can be addressed. We have a meeting usually anyway around 10.30 am to go over any changes."

Continuous learning and improving care

- The registered manager had plans to improve the service. They told us their priority was to address issues with the environment; some work was being done during our visit and a carpet was being replaced the week after. There were plans for the garden which included extending the patio area and increasing the seating spaces.
- The service had recently implemented electronic medication administration records. They were aware there were some errors with the system, and this was another priority the registered manager was aiming to resolve with staff.
- Staff were encouraged to attend training courses; they were advised of what was available at the daily huddles and on the staff noticeboard. 5 staff were completing a care qualification and 2 kitchen staff were completing a food production qualification.
- The registered manager was responsive to the concerns we raised. Following the inspection, they added an activity to the planner on the days the hairdresser visits and made amendments to people's records to address some of the discrepancies we found.

Working in partnership with others

- The service worked with other professionals. We were told, "Field House are very good at sharing information with us regarding their residents' needs."

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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	The provider had not ensured there were suitable staffing levels to deliver respectful, dignified care.