

Advent Estates Limited

Field Farm House Residential Home

Inspection report

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23 January 2020

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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 Farm House is a residential care home providing personal and nursing care to 49 people aged 65 and over at the time of the inspection. The service can support up to 69 people.

Field Farm House accommodates 69 people across four separate wings, each of which has separate adapted facilities providing care to people living with dementia.

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

The provider and the registered manager had worked together to make improvements since our last inspection. Work was continuing to drive through further improvements identified at this inspection. The registered manager understood time was needed to embed improvements and sustain these.

Although improvements since our last inspection had been made in the environment to assist people living with dementia, further work was required to ensure activities were more suited to each person living with dementia.

People were cared for by staff who were kind. Staff were considerate towards people they cared for. People and relatives felt involved and supported in decision making. People's privacy was respected, and their dignity maintained, although there were still occasions where this could be improved especially at lunchtimes.

Staff practices to manage the risks associated with infection prevention and control had been strengthened. Staff told us they had access to enough equipment to support their practices in reducing the risks of cross infections and this was used.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. People received their medicines regularly and systems were in place for the safe management and supply of medicines.

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.

Enough, knowledgeable staff were available to meet people's needs and the registered manager understood when more people move into the home staffing arrangements will need to be reviewed.

People's needs were assessed, and care was planned and provided to meet people's needs. A new electronic care planning process had been introduced. Care was provided by staff with training and the

registered manager understood this needed to be provided on a regular basis. People had a nutritious diet, and they enjoyed the food offered. Staff ensured people had enough to drink to meet their individual needs.

People felt their concerns or complaints would be listened to and action taken to improve the service as a result.

The registered manager and provider were following an action improvement plan to drive through further improvements and strengthen the effectiveness of quality monitoring systems.

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 Inadequate [published 10 October 2019]. There were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. This service has been in Special Measures since October 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the service's previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any information of concern is received, we may inspect sooner.

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 safe 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 Farm House Residential 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 Care Act 2014.

Inspection team

The inspection team included two inspectors a specialist advisor [a registered nurse] and an Expert by Experience on the 16 January 2020. The two inspectors continued with the inspection on the 23 January 2020.

Service and service type

Field Farm House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission who is also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with 11 members of staff including the provider, registered manager, assistant manager, senior care workers, care workers and the chef. We 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 reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated Inadequate. At this inspection this key question has now improved to Requires Improvement. This was because although we saw the provider had started to make some improvements, however, not enough time had passed to evidence the sustainability of the improvements made.

At our last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. This was because of the storage and the administration of people's medicines was not always done correctly. People's care needs were not adequately recorded in handovers and their care plans, so staff could not be assured they were meeting people's current care needs. Communication between staff and visiting health professionals had resulted in people not always being referred for medical attention. There were poor infection control measures in place which could put people at risk of cross infection.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- At this inspection we found medicines were received, stored, administered and disposed of safely. The provider had ensured the appropriate staff were trained and assessed as competent to support people with their medicines.

Preventing and controlling infection

- The home was clean, and staff had been provided with guidance they needed to promote good infection control.
- Staff gave us examples of actions they took to reduce the likelihood of the spread of infections and told us they had the equipment they needed to do this. This included gloves, for use when providing people's personal care, and equipment to maintain a clean environment.
- The registered manager was continuing to implement improvements to infection prevention and control practices. For example they had recruited an infection control champion to support staff with their practice.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood how to recognise signs of abuse and knew how raise any concerns, should they occur.
- Staff were confident the registered manager would act to promote people's safety, should any concerns be identified.
- The registered manager understood their duty to notify the CQC and other organisations of any concerns about people's safety

Assessing risk, safety monitoring and management

- People said they felt safe living at the home.
- Staff explained they read people's risk assessments and followed their care plans to keep people safe. They told us they were kept up to date with any changes in the risks to people through daily handovers between shifts, use of the staff communication book and regular updates from management.
- The risks to people's health, safety and welfare had been assessed, kept under review and measures put in place to manage these. This included consideration of people's risk of falls, malnutrition and pressure sores.

Staffing and recruitment

- At our last inspection people felt there was not enough staff to support them and this was a breach of regulation 18 Staffing. Since taking over, the new registered manager had increased the staffing levels based on a people's dependency rating scale. We found there had been enough improvement at this inspection and the provider was no longer in breach of regulation 18
- The registered manager checked the suitability of staff before they employed them.

Learning lessons when things go wrong

- Staff had regular opportunities to reflect on people's changing safety needs and to adjust the care planned and provided.
- Systems were in place to take any learning from incidents and accidents, when required.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved 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

- At our last inspection environmental hazards were identified around the home so the provider was found to be in breach of regulation 15 Premises and Equipment. Since our last inspection the provider had made improvements to the environment. The grounds had been cleared of hazards, rooms had been decorated and new flooring had been laid. As enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed before moving into the home, to ensure effective care could be planned and provided.
- The provider had now introduced a new electronic care planning system to ensure people's care needs were current and up-to date for staff to use.
- The views of other health and social care professionals were also considered when people's needs were assessed.

Staff support: induction, training, skills and experience

- Staff told us they had received the training they required to fulfil their role. One staff member told us "The training is good, and we are now up-to date."
- The registered manager had sought further training from community healthcare professionals such as skin integrity and end of life training.
- When new staff were employed they followed an induction programme, which included the opportunity to shadow experienced staff, so people consistently received care from staff who knew their care needs and preferences. Staff had completed the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff.

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

- People told us they enjoyed the food served at the home. One person described the food as, "Very nice". "Another person said, "It's plain ordinary food."

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

- People's GPs visited the home on a regular basis to monitor and respond to people's current health needs.
- Staff helped people to access community healthcare services or, where appropriate, emergency medical

services in the event they became unwell.

- People's health needs were assessed, and care plans developed to help them manage any long-term medical conditions, such as diabetes.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff showed understanding about the legislation and guidance around consent and they supported people to make choices and decisions about their care.
- Consent to care was sought and people's capacity to make decisions was assessed.
- People were supported in the least restrictive way possible.
- Systems for ensuring DoLS were in place and the registered manager had oversight of DoLS which had expired and were requiring approval.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This was because the provider had started to make some improvements; however, not enough time had passed to evidence the sustainability of the improvements made.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider did not ensure people were treated with dignity and their privacy and right to confidentiality respected.

This was a breach of Regulation 10 Health and Social Care Act 2005 (Regulated Activities) Regulations 2014 (Dignity and Respect).

At this inspection we found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10. However, we did see one instance at lunchtime where two people were sharing a small table. This meant one person was sharing their food onto the other person's plate. When we discussed this with the registered manager they assured us they would speak to the staff to ensure it didn't happen again.

Another incident that demonstrated people's dignity was not always reacted to promptly was one person needed their personal care attended to. Inspectors has to ask a staff member to assist them.

- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy for example by always knocking people's door before they entered even when people choose to have their doors open

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt they were well treated and supported. One person told us, "Yes they do treat me with dignity and respect. Another person said, "They [staff] are very respectful to me."
- A relative was complimentary about staff stating, "[Relative's name] has a number of favourites [staff]."

Supporting people to express their views and be involved in making decisions about their care

- People said they felt listened to and made choices about their day-to-day care and support. We saw staff asked people for their permission before performing any aspects of their care.
- Advocacy services were advertised if people required support to express their views.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This was because the provider had started to make some improvements, however, not enough time had passed to evidence the sustainability of the improvements made.

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

- Prior to our inspection one of the activities coordinators had left the provider's employment and the provider was in the process of recruiting a replacement. This had impacted on the activities programme on offer to people living at the home. Although there were activities on offer they were not always to ensure activities were more suited to each person living with dementia. The registered manager had recognised this deficit and told us they were actively trying to make a new activity programme that was more person centred. The provider had invested in an interactive screen for people to be able to do puzzles and other activities of their choice although not all staff knew how to use it.
- Visitors were welcomed. We saw when visitors arrived they were greeted by their name and shown empathy and concern about their family member.
- A relative told us they were encouraged to join in the activities at the home and had been invited into the home for a "sing song" at Christmas.

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

- People and their relatives told us there had been improvements made at the home and people's needs were now being met.
- The registered manager showed us the new electronic care planning system, which was more person centred. This allowed staff to record people's choices and preferences instantly and therefore more responsive to people's needs by constantly keeping their support under review.
- Staff showed through discussion, and conversations they had with people who lived at the home, they knew people's current needs. Regular agency staff were employed when required to promote people's continuity of care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People told us, and we saw, they were able to effectively communicate their needs and wishes to a staff team who had taken the time to get to know them well.
- The provider had procedures in place to enable them to produce information in alternative, accessible

formats when required.

- People's communication needs were assessed and recorded in care plans. These provided staff with guidance on the most effective ways to support each person to communicate.

Improving care quality in response to complaints or concerns

- Systems were in place to promote, manage and respond to any complaints or any concerns raised. We saw any complaints had been dealt with according to the provider's policy.
- We saw information about how to raise a complaint or give feedback was advertised in the foyer of the home for people and their relatives to use.
- Staff could tell us how they would know if a person was unhappy and what they would do to try and identify their concerns.

End of life care and support

- At the time of our inspection the registered manager told us nobody was being provided with end of life care. However, care records documented people's wishes at this important time in their lives so people's preferences were known to staff.
- Staff worked in partnership with other healthcare professionals such as, district nurses to ensure people had a comfortable and pain free death.

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 the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This was because the provider had started to make some improvements, however, not enough time had passed to evidence the sustainability of the improvements made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found there was a lack of robust quality assurance meant people were at risk of receiving poor quality care. This demonstrated a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found there had been a change in registered manager and now quality assurance processes were in place. Therefore, the provider was no longer in breach of regulation 17.

- The registered manager showed an open and responsive management style. They told us they were committed to drive through further improvements and continue to make improvements to the home. They had recruited staff to become "champions" in areas such as infection control and dignity to help lead and educate staff further to improve the quality of care delivered.

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

- Staff told us they thought the registered manager was "Approachable and very caring."
- The registered manager was passionate about providing the best care possible for people who lived at the home. They told us, they were personally going to train and work alongside staff on care shifts to "lead by example" to improve the quality of care provided.

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

- The registered manager understood their responsibility to be open and honest with people in event things went wrong in the delivery of their care. They had sent in statutory notifications as required to the Care Quality Commission.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Continuous learning and improving care

- People told us, they were encouraged to attend residents' meetings, [which were chaired by an independent committee member] to express their opinions.

- A relative told us they had been invited to a relative meeting to meet the new registered manager and discuss the improvements to the home they had planned.
- The registered manager and staff were continuously driving forward improvements and opportunities to provide fun and interesting things for people who lived at the home to take part in.
- Annual surveys had been used to seek the views and opinions of people who lived at the home and relatives to influence improvements. People who lived at the home and relatives told us how well the registered manager consulted with them.

Working in partnership with others

- Since our last inspection the Local Authority had reported the registered manager had worked in partnership with their quality team to bring about the necessary improvements.
- The community nursing team had supported staff with training to continue to improve the service provided.
- The registered manager maintained an improvement action plan which was under constant review and had been sent to CQC monthly as required.