

Barchester Healthcare Homes Limited

Field House

Inspection report

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Shropshire
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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

Field House provides accommodation for up to 20 older people who may need support with their personal care. There were 19 people living in the home at the time of our inspection. This was an unannounced inspection, carried out over one day on 8 April 2015. The home was last inspected on 12 September 2014. We asked the provider to make improvements to how they supported staff. We found at this inspection that this had been done and good support systems were in place.

A registered manager was 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.

The provider had policies and procedures to ensure that people who could not make decisions for themselves were protected. People's human rights were protected because staff understood the policies and legislation and how to apply them.

Summary of findings

Good systems were in place to protect people from harm. All staff had been given training in keeping people safe. Staff were clear about their responsibilities to be aware of and report any incidents of abuse or suspected abuse immediately. People told us they felt safe living in the home and believed staff would do everything necessary to keep them safe. No-one shared any issues of concern. Accidents and incidents were monitored and reviewed to identify any issues or concerns. People were assessed against a range of potential risks such as poor nutrition, falls, skin damage and mobility.

The registered manager assessed people for their level of dependency and this information was used to determine the minimum staff number needed to run the home. In addition to this system they monitored people's needs and staff feedback on the number of staff needed. The registered manager had increased the number of staff to cover events as necessary. Suitable recruitment procedures and checks were in place to ensure staff had the right skills to support people at the home. Medicines were handled safely and stored securely.

People told us they were happy with the standard and range of food and drink provided at the home. People were given a choice about what they wanted to eat at each meal. Kitchen staff kept records regarding people's individual dietary requirements and preferences.

People told us they felt the staff had the right skills and experience to look after them. Staff confirmed they had access to training and development. Regular supervision took place and staff received annual appraisals.

People told us they were very well cared for and spoke highly of the kindness and attention of the registered manager and staff in the home. Staff knew people well and used their knowledge of people's families and life histories to engage with them.

Staff were able to tell us about people's particular needs and how best to support them. People's health and wellbeing was monitored and staff regularly referred people to GPs and district nurses.

People and their families were encouraged to express their views and be actively involved in their own care and in the running of the home. There were frequent residents' meetings and the registered manager made time to speak with people directly. Good information was displayed about the services and activities on offer. Important contact details, such as advocacy services, were made available to people and their visitors to help them maintain their independence.

People told us they rarely had to formally complain about the service. Only one formal complaint had been raised in the previous 12 months and this had been resolved quickly.

The provider had a wide range of activities and opportunities for social stimulation, both in the home and in the local community. People told us they were happy with the social activities available to them and said that staff made every attempt to meet individual preferences, as well as providing group activities.

The registered manager provided clear leadership and ensured there was an open and positive culture in the home. Staff told us they were clear about their roles and responsibilities and were proud of the quality of care they provided and were happy working in the home. They said they felt supported and respected by the registered manager.

People living in the home spoke very highly of the registered manager and said she was always approachable, positive and responsive. They said they felt listened to by the registered manager and her staff and were encouraged to express themselves freely. We were told the home had a happy and relaxed atmosphere and our observations confirmed this.

Health professionals who supported the home commented very positively on the ability and quality of the management of the home.

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?

This service was safe. Any risks to people living in the home were fully assessed and appropriate steps had been taken to minimise such risks.

Staff had been given training to enable them to identify any actual or suspected harm to people and to take the necessary steps to report any harm or abuse.

Careful checks were carried out to make sure new staff members posed no risk to people's safety.

There were sufficient staff to meet people's needs in a timely way.

People's medicines were administered and stored safely.

Good



Is the service effective?

This service was effective. Staff provided care that met people's assessed needs. There was a skilled staff team who knew the people well and provided care in ways each individual person preferred.

People were asked to give their consent and agreement to the plans drawn up for their care. The registered manager was aware of people's rights to live their lives with minimal restriction.

People living in the home were offered a varied and nutritious diet with plenty of choice. People told us they were very happy with their meals.

People had access to the full range of community and specialist healthcare services and had their health closely monitored by the staff.

Good



Is the service caring?

The service was caring.

People were treated with kindness and dignity.

People were encouraged to be involved in the planning and reviewing of their care by staff who knew them well.

Privacy was promoted throughout the home.

Good



Is the service responsive?

This service was responsive. People and their families were fully involved in deciding their care needs and how those needs were to be met by the staff. People told us they received their care in the ways they wanted and that staff were flexible and responded well to any requests.

The registered manager and staff took any complaints or expressions of concern very seriously and resolved issues promptly.

The service had a wide range of activities and opportunities for social stimulation.

Good



Is the service well-led?

The service was well-led. The registered manager provided clear leadership and ensured there was an open and positive culture in the home.

Good



Summary of findings

People said they felt listened to by the manager and her staff and were encouraged to express themselves freely.

Systems were in place to check the quality of care and to promote best practice.

Field House

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating. This visit was carried out by one inspector on 8 April 2015 and was unannounced.

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. We reviewed information held about the service

including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We contacted health care professionals and commissioners of care for their views.

During the inspection we spoke with 12 people who lived at the home, two members of care staff, the activity co-ordinator, the cook, the maintenance person, the Barchester young talent recruitment officer and the registered manager. We viewed two people's care files, two staff files, duty rota, management quality reports and medication records. We observed the starting session of a moving and handling training day taking place in the home. We observed care and support in the communal areas.

Is the service safe?

Our findings

People we spoke with told us they felt safe and protected in the home and had confidence in the staff that cared for them. Comments included, “I feel really content and safer than when living alone” and “We have everything to hand, we don’t have to worry about all the things when you run your own home. We sit back and relax.”

We asked commissioners of care if they had any concerns for the safety and welfare of people using the service. No concerns were expressed. One professional, who had looked into how the service managed falls in the home told us, “The registered manager was very helpful and enthusiastic giving a lot of information on what Barchester are rolling out re falls training and recording.”

We saw the service had appropriate policies and systems in place for protecting people from harm or abuse which were in line with government guidance and with local authority advice.

Staff were clear on how to manage accidents and incidents. The registered manager told us the process to review incidents. We saw records that confirmed events were monitored to identify any trends and action plans were developed to reduce risks.

Staff we spoke with were very clear about how to keep people safe. They knew of the whistleblowing processes in place to highlight poor practice. They said they had frequent training to remind them of their responsibilities. Staff members, of all levels, were alert to the more subtle forms of harm that might affect people, such as emotional and psychological abuse. All said they would report it if they witnessed anything.

People told us that there were enough staff to meet their needs. One person said, “I think there are enough staff here, they always seem to manage.” Another said, “There are enough staff here for me. I don’t need a lot of help, but they are always walking around and if you press the bell they are straight to you.” Staff told us, “I think it’s good here for staffing. We are never short on care numbers but we are for senior care staff. They are recruiting so this should get better.” Staff told us that there was a recent outbreak of illness and the registered manager got another person in to make sure people had enough support.

Staff recruitment records showed that only appropriate applicants for posts were employed. We saw that checks required by law had been carried out and staff were not allowed to start without them in place. This included criminal record checks, references and a full employment history review.

We looked at people’s records that showed the risks to them using the service were assessed individually on admission and regularly thereafter. We saw appropriate actions were taken to minimise any risk identified. For example, staff had assessed one person was at risk of falling and were proactive in measuring them for a sling for the hoist in case this occurred. Another person was assessed to be at risk of choking. We saw that staff discreetly observed them at lunchtime to maintain their safety and respond quickly if this happened.

Environmental risks around the home had also been assessed, for example, the use of cleaning chemicals and electrical and gas appliances. We saw action had been taken to minimise these risks, such as keeping chemicals locked away. Records showed that servicing and maintenance contracts were in place and carried out for all necessary areas, including annual portable electrical equipment testing, assisted bathing and other specialist equipment and testing of water supplies to prevent Legionella contamination.

We observed the registered manager administering people’s medicines. People were given the time to take their medicines comfortably. People were given their medicine appropriately; told what their medication was and given a drink to take their medicines with. We looked at the medicine administration record sheets for two people and found they were fully completed where staff had signed to say they had administered their medication. Where medication had not been given, for example, if the person refused or if they were asleep then codes had been used to record the reason the medication was not administered. We saw a care worker went to a folder and signed for some topical cream she had just put on a person’s legs. Medicines were stored safely and securely in locked cupboards or a locked cabinet. If a person wished to take responsibility for their own prescribed medicines, a risk assessment was carried out to ensure their safety could

Is the service safe?

be maintained. For example, we saw, in the records for one person using the service, evidence that they took responsibility for their own medicines, and had been assessed as being safe to do this.

Is the service effective?

Our findings

People told us they had confidence in the staff that cared for them. They told us the staff were good at their jobs and supported them well. One person said, “The staff are so nice. I’ve been very impressed. All of the staff seem so willing to help and they know what they are doing.”

Staff told us they had been given adequate training to equip them with the skills to do their job. We spoke with a member of staff about the induction training they had undertaken and that it had been thorough. They had been supported and prepared for their role. We saw that four new staff on the moving and handling training day at the home had each been given an induction folder, worksheets and handout materials. The introduction to the day was thorough ensuring that staff were aware of what was to be covered. As part of the induction period, new starters shadowed experienced staff members until they were comfortable to do care on their own. The registered manager explained how the provider had mapped their current induction to the new care certificate that builds on and has now replaced the common induction standards.

One staff member told us, “We get loads of training; there is always some training to be done, either online or on courses. If you mention in supervisions that you’re interested in something then they’ll try and get you on it. I would like to train to administer medications and they will consider it.” A system was in place to ensure that required training was kept up to date. We saw that staff had a range of training including dementia care, equality, diversity, human rights and moving and handling.

Staff told us they regularly met with the registered manager in supervision sessions to discuss their performance, role and the needs of people they supported. We saw that supervisions and appraisal documents were maintained. The sessions were used as a two-way feedback tool through which staff members discussed work related issues, training needs and personal matters if necessary.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and followed the requirements of the MCA. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves and to ensure that decisions are made in their ‘best interests.’ Staff were aware of the principles of seeking authorisation if they needed to lawfully deprive someone of their freedom. The registered manager had reviewed people’s capacity to make the choice to live at the home and then the level of support needed to keep them safe. No one had needed to be deprived of their liberty but staff were pro active in recognising when needs changed due to fluctuating capacity.

People were encouraged to give their consent and agreement to care being delivered. Nine people had legal power of attorneys acting on their behalf in decisions. Discussions were recorded in the person’s care file, for example, regarding resuscitation and advanced care planning.

People spoke very highly about the food available at the home. We spent time outside the dining room observing lunch and saw there was a good range of food available and it was presented very well. People were served quickly and no one needed support to eat but staff were on hand if anything was needed. We spoke with the cook who told us how menus were made up and the information about dietary preferences and allergies. Staff offered people hot and cold drinks frequently throughout the day with a biscuit or a piece of fruit.

People had regular access to health and social care services when required. We saw that people had visits from GP’s, a memory nurse, the specialist mental health team and were supported to attend hospital where necessary. Social workers, opticians, GP’s and chiropodists were involved making sure that people’s needs were regularly reviewed and met.

Is the service caring?

Our findings

People told us they were well looked after by the staff. One person said, “This is a very happy home I think I have chosen well.” Another person said, “We are all very content here. Staff are always looking out for us. They enjoy being with us and we enjoy their company too.”

We saw that there was a good staff presence around the home. Staff were patient and spent time with people in the communal areas, chatting with people and taking part in a quiz. People were happy to join in and started a conversation about each of the answers to the questions. They said they found this stimulating as it brought back memories for them to share with each other. Staff knew people well and used their knowledge of people’s backgrounds to engage with people.

We observed lunch and saw people did not require any assistance but staff gave people their full attention if they needed anything. We saw as people were eating they engaged in conversation and enjoyed the social aspect of dining together.

Staff told us there was no one living at the home who had any particular cultural or religious requirements. We saw in the activity log that people had enjoyed visits from roman catholic church parishioners. People told us that their privacy and dignity was respected. We saw one staff knock on a bedroom door and waited for an answer. The staff then asked, “Would you like to get up now?” The person answered, “No, not yet”, so the staff said, “Ok, I’ll come back later.” People we spoke with confirmed this, one person said, “The staff are very polite, they’ll knock before they come in and if I don’t answer straight away, they’ll knock again. They don’t just come straight in.”

Is the service responsive?

Our findings

A pre-admission assessment was carried out before people moved into the home to determine people's needs and to ensure that the service could support them. Care records were clear and detailed with comprehensive information about people's needs, life histories and preferences. Where needs had been identified, care plans were in place with specific information detailed about how best to support the person. We saw people's assessments and care plans were evaluated every month, with families or power of attorneys, to make sure they were kept up to date and continued to meet their needs.

People told us they were able to choose how and where they spent their time. The home had various communal areas, including a library area with a large range of books and newspapers. During our visit we saw some people enjoyed their time in the communal areas and others spent time in their bedrooms. One person said, "There is always lots of things going on. We'll have a singer today and we have just enjoyed a lovely Easter making bonnets and doing an Easter egg hunt."

The provider employed an activities coordinator who planned group and individual activities inside and outside of the home. The monthly plan displayed on the notice board the wide range of activities held in the home. A

pictorial plan was hung on the wall leading into the communal room. A log was kept of what people attended and how they enjoyed the activity and the impact it had on their well being.

The registered manager told us that many of the activities planned were to promote engagement with the community and to reduce the risk of social isolation. The registered manager told us they held regular meetings for people to try and get their views and opinions. People we spoke with were aware of the meetings and liked to attend them. One person said "They take our points raised seriously and if there is anything we need to talk about we can do it freely. It's often just our grumbles, talking about the food and activities and that kind of thing but they'll make any changes that they can."

The provider information return told us that there had been one formal complaint within the last 12 months. We saw the complaints policy had been followed, an investigation carried out and a response given. People we spoke with told us that they knew how to make a complaint, but that they had never needed to. One person said, "I've no complaints, everyone is friendly." Another said, "I've never made a complaint, but would have no concerns doing so. The staff are always around to talk to or if I had a more serious concern I would go straight to the manager."

Is the service well-led?

Our findings

People told us they felt the home was well run. One person said, “It works like clockwork here, I can’t fault it. It’s very professional and that’s how it should be done.” We observed that the culture in the home was person-centred and inclusive. Everyone we spoke with told us they felt able to express their views openly and without fear. They were confident that they could ask to speak with the registered manager at any time and would always be listened to with respect.

We noted that a range of relevant information for people was displayed on the main notice board in the reception area. This included the minutes of resident meetings, details of social activities, trips out and information to inform people of how to make a complaint.

There was a staffing structure which included the registered manager, who was supported by a regional manager. The provider was seeking to employ a deputy manager and senior care workers and housekeeping staff. Although there were various vacancies the registered manager presence was very strong and there had been no detrimental impact on people who lived there.

The provider had a system in place to assess the quality of service provision. The system included resident and staff meetings, visits from the regional manager and regular internal audits. Where areas for improvement had been identified, an action plan was created and monitored to ensure improvements were carried out. Systems were in place for the maintenance and servicing of equipment and the building. Any faults identified were seen to be addressed promptly and effectively.

The registered manager recognised the importance of valuing staff to make sure that they provided the best care. They were keen on training and personal development. Staff told us there were regular staff meetings at which they said their views and feedback were valued. One member of staff said, “They are recruiting more senior staff so we can have someone working with us to guide and support us.”

Staff told us that there was a good team within the home. One staff member said, “This a really good home. There is a really good atmosphere, and we work really well as a team.” Another said the registered manager was lovely, very approachable, and they could talk to her about anything.