

## The Fields Care Home

# The Fields Care Home

### Inspection report

123 Low Etherley  
Bishop Auckland  
County Durham  
DL14 0HA

Tel: 01388832655

Date of inspection visit:  
16 May 2018  
24 May 2018

Date of publication:  
03 July 2018

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The Fields 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 Fields accommodates up to 24 people in one building and provides accommodation over four floors which are served by a lift. At the time of the first day of our inspection 16 people were accommodated in the home; by the second day of our inspection this had increased to 19 people. These were older people who require personal care, including people who live with a dementia or sensory impairment. The home is not registered to provide nursing care.

We carried out an unannounced comprehensive inspection of this service on 27 and 29 November 2017. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We also met with the provider to confirm what they would do and by when to improve the key questions of safe, effective, caring, responsive and well-led to at least 'Good'.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Fields Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was unannounced and took place on 16 and 24 May 2018 to follow up on areas where the regulations had not been met when we inspected the home in November 2017 and following concerns raised around people's safety and the management of the service.

At our previous inspection in November 2017 the home was overall rated 'Requires Improvement'. The service remains 'Requires Improvement'.

At this inspection the registered manager was no longer working in the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run. There had been a registered manager in post when we inspected in November 2017 but this manager had since resigned, and a new manager was in post who told us it was "likely" that they would apply to be registered to manage the home.

We found that individual risks to people had not always been identified and appropriately documented and those that were in place did not always contain sufficient guidance for staff.

The premises were not always maintained to a standard that ensured people's safety and wellbeing.

Medicines records were inconsistently completed and it was not always documented that people received their medicines as prescribed. We found that the way medicines were stored had improved but this was not done safely and in-line with good practice.

We found staffing levels to be sufficient during our inspection and observed that care was offered in a timely way. Staff told us staffing levels had very recently improved.

We found that fire safety arrangements were better but still required some further detail to ensure staff knew how to keep people safe in the event of a fire.

Systems to monitor the service had been improved but were still not effective and some shortfalls found during this inspection had not been identified by either the manager or registered provider. Some of these shortfalls had also been identified at the previous inspection and the provider had been made aware of these.

We received mainly positive comments about the manager, but some people who used the service were not sure who the manager was. Most staff, people and relatives we spoke with told us they felt the culture in the home had improved and that the manager was approachable and proactive.

There were regular meetings for staff, people who use the service and their relatives. Staff received supervision and support to undertake their role and they felt well supported by the manager. We saw that the way new staff were supported when they started working at the home had improved and staff were supported during their induction period. Staff had supervision but ongoing appraisal, and assessment of their competency to undertake certain tasks where errors had been found, were not yet in place.

We saw that the provider had become more involved in the running of the service, including meeting regularly with the manager, and was committed to improving the home.

The provider, manager and staff told us that improvements were planned to the home that would address some of the concerns raised at this and at the previous inspection. However, these had not been documented so that progress towards meeting these aims could be tracked.

As a result of our findings we found there continued to be a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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.

Risk assessments did not contain sufficient detail about how to manage risks to people. There was insufficient guidance about how to support people in a safe way and not all risks within the environment had been assessed.

People could not be assured that they would receive their medicines as prescribed and in a timely way. Medicines policies and storage practice had improved.

We found some areas where the environment needed improvement for people's safety, wellbeing and comfort.

Staffing levels were sufficient and had increased to meet people's needs.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

Systems to monitor the quality of the service were not always accurate or effective. Audits were not all in place and some audits completed missed areas of concern identified at inspection.

Regular meetings were held for people who lived in the home and staff, which provided opportunities to have a say about how the service was run.

Improvements to the home were planned and ongoing, but improvement plans were not up to date so progress toward meeting these could not be assessed.

People and their relatives told us they saw improvement in the home in recent months and that there was a more positive and open culture.

**Requires Improvement** ●

# The Fields Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.

We carried out a focused inspection of this service on 16 and 24 May 2018. One adult social care inspector visited the service and the inspection was unannounced on both days. We carried out this inspection to ensure the home was meeting their regulatory requirements in the areas of safe and well-led and in response to some concerns we received about the service.

We inspected the service against two of the five questions we ask about services: 'is the service well-led' and 'is it safe'. This is because the service was not meeting some legal requirements in these areas and following concerns raised around people's safety and the management of the service.

No risks, concerns or significant improvement were identified in the remaining key questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. This included information about incidents that happen in the service which the provider or registered manager must tell us about by law.

We contacted Durham local authority contracts and commissioning team, Healthwatch, and Durham fire and rescue service. We used this feedback as part of our inspection planning process.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This document had been completed and we used this information to inform our inspection.

During our inspection visits we observed how people were being supported and how staff interacted with them. We met and spoke with six people living in the service and five relatives. We also spoke with the registered provider, manager, the deputy manager, a senior care worker, three care staff, a maintenance person and a visiting district nurse.

We reviewed six people's care records. We reviewed the induction, supervision and training records of three new staff and training and supervision tracking and planning documents for all staff. We also reviewed records relating to the day to day running of the service. These included records relating to the management of medicines, meeting minutes and audits that had been carried out to check the quality of the service being provided. We looked around the home, the gardens and the grounds.

# Is the service safe?

## Our findings

At our last inspection in November 2017, we found the service was not always safe and it was rated 'Requires Improvement' in this area. During this inspection we identified that some of the shortfalls identified at the last inspection had not been addressed and this area is again rated as 'Requires Improvement'. We did, however, see that actions had been taken to improve people's safety in certain areas.

People who used the service told us, "I feel safe as houses. Anything, at any time, they [staff] are there. Press the button and they are there straight away" and "Yes, I feel safe. The simple answer is I feel safe because staff are there". Relatives told us, "They are safe, yes. They have fire practices every week and the fire doors are all tested" and "They keep my [relative] safe the best they can". Staff told us they felt people were safe. One staff member said, "I've seen improvements in the paperwork, the way the home is run, things are done properly so it's a lot safer."

Prior to our inspection we had received information that the premises might not be safe because they were not secure and not maintained safely. We looked around the home and found that on both days of the inspection the building was secure and that people could only leave the building independently into a secure courtyard. We found that some benches in the gardens were not appropriately maintained and not fit for purpose. The maintenance person told us that these had been identified for replacement but this had not been a priority. We did not see that there was a written plan in place identifying which maintenance jobs were being prioritised. We told the manager about the condition of the benches and these were removed the same day. The manager also told us they had considered having the whole garden enclosed to make it a safer and more usable space. They were in discussion with the provider about this and other planned improvements to the environment.

Concerns were also raised that people did not have access to hot water in all the bedrooms, meaning that people could not attend to their personal care in their rooms in safety and comfort. On the second day of the inspection we found that hot water was not available in all the bedrooms, however, we saw that the provider had taken some actions to address this and had identified that this was an issue with the water the day prior to our inspection. The person residing in this room told us, "There's been no hot. The plumber has been in, he's put it right." However, the deputy manager tested the water temperature and confirmed that the water temperature was "not ideal" and still not sufficiently hot. Hot water was available in all the bathrooms and a record was being kept of water temperatures when baths were run to ensure people were bathing at a safe and comfortable temperature. This meant that although improvement was needed to the hot water system in the home, people could bathe and attend to their personal care in the communal bathrooms to maintain safe hygiene and minimise the risk of the spread of infections.

People, relatives and staff we spoke with on both inspection days told us they did not have any concerns about safety or about the upkeep of the premises. Everyone we asked told us that if they noticed anything was not working they would report it and it would be addressed. We saw how maintenance issues were logged with the handyman and signed off once completed. One relative told us, "It's an old building so it needs updating, they are doing the windows next."

Previously identified risks about the safe storage of records and hazardous chemicals had been addressed. Offices, the laundry and store cupboards were all kept locked when not in use.

New policies and procedures were in place for medicines. These were detailed and covered areas such as administration, ordering and disposal. We saw that procedures covered the safe storage of medicines, which had not been done safely at the previous inspection, but safe practices were seen at this inspection. For example, medicines trollies were locked when not in use. The policies included assessments for people who chose to manage their own medicines, however, no one in the home currently chose to do this. Staff had been trained in the safe administration of medicines and had their competency to give medicines safely checked.

We checked four people's medicines administration records and found three of these had been completed fully. The fourth record had gaps on two days for several different medicines, so we were not able to evidence that the medicine had been given as prescribed. The deputy manager told us that they had checked the gaps and the medicines counts were accurate, indicating that medicines had been given but not recorded as administered. The deputy manager assured us that this person was well and no ill effects had been noted to suggest they had not received their medicines.

The deputy manager told us that where gaps were identified, these errors were being addressed with staff. We saw that staff supervision and team meeting records contained reference to the need for staff to complete documentation fully and correctly. No medicines audits were being completed and we could not see written evidence of how specific errors were being checked.

We identified at the previous inspection that some people's risk assessments did not provide detailed guidance to enable staff to minimise risks to people. Whilst risk assessments were in place and were reviewed regularly, the risk assessments identified as being of concern at the last inspection had not been updated. We discussed these with the manager and the deputy manager who explained that, for example, although a risk assessment for a person with epilepsy had not been updated, additional training had been given to staff in first aid following a seizure which made the existing risk assessment appropriate. Another example was for a person who had a visual impairment and that their risk assessment did not describe how this person would orientate themselves around the home. The manager told us this person now rarely left their bedroom and if they did they were always assisted by staff. We found the risk assessment had not been updated to reflect this.

We checked the files that were reviewed at the previous inspection to make sure that these had been updated to address the issues identified. Although these files had been reviewed we found four people who used the service had the same risk assessments in place which were generic and not personalised. These included risk assessments for creams and toiletries. Other generic risk assessments had been removed from the files.

We saw that a new file was in use which contained a personal evacuation plan (PEEP) for each person who used the service. These contained information about people's sensory impairments and actions staff should take in the event of a fire, however, these were not always very detailed. For example, these did not explain how staff would ensure a person with a hearing impairment would be made aware of the fire alarm sounding or whose responsibility it was to ensure this person knew what to do in the event of a fire.

This meant that although some improvements had been made to risk assessments, people could not be assured that all risks associated with their care and support would be managed safely because staff did not have accurate, person-centred and detailed risk assessments to follow. 'Person-centred' is about ensuring

the person is at the centre of everything and their individual wishes, needs, and choices are considered. We found, however, that staff had a good understanding of people's current support needs and that some additional training, such as risk assessment, epilepsy and person-centred care, had been arranged for staff to lessen some of the risks we found at the previous inspection.

We saw that overall there were sufficient numbers of staff to meet the needs of people they supported. Call bells heard on the days of the inspections were answered promptly. Several staff told us that although staffing levels were generally appropriate they had felt "rushed" and "under pressure" because of the staffing levels in recent weeks. One staff member told us, "If you've got a problem with something or someone [manager] sorts it straight away. We were too rushed, so [manager] has been interviewing." We saw that staffing had increased so that there was an extra care worker on duty in response to an increase in people being admitted to the home. Staff told us that agency staff were not used and that cover was provided by existing staff. We saw that more staff were being recruited to cover the additional resources needed. A relative told us, "There is always someone there, if she's fallen they've notified me straight away."

Safeguarding policies and procedures were in place and staff told us they felt confident reporting any suspected abuse. One staff member said, "Yes I know what to do. If I had any concerns I'd go and tell the senior or the manager." Staff told us they know how and when to refer to outside agencies such as the local authority and the police.

We observed the home to be clean and tidy. Relatives told us, "It never smells, it feels like it is a clean home." Another relative said, "Everything is clean."

# Is the service well-led?

## Our findings

At our last inspection in November 2017 we found the service was not well-led and was rated 'Inadequate' in this area. During this inspection we found that it had improved to 'Requires Improvement' as some progress was being made, but further improvements were needed.

The service did not have a registered manager working in the home, this person had left the provider's employment following the previous inspection. 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. A new manager had been appointed in January 2018; a new deputy manager had also been appointed. The manager had not yet applied to be registered. The manager told us, "I feel we've moved forwards a lot and that's down to all of us." The provider also told us, "I feel it's a lot better, the atmosphere is much more relaxed. Relatives and staff have said that to me."

After the previous inspection we issued the provider with a 'Warning Notice' stating why the home had failed to meet the requirements of Regulation 17, Good governance, of the Health and Social Care Act 2008, and giving a date by which the home must meet these. The manager told us they had not seen this. The provider confirmed that they had received it but stated it was an "oversight" that this had not been passed to the manager. We found that the manager had therefore not been aware of all the requirements detailed within this letter and had not addressed these in full. We discussed this with the manager who stated they had focused their attentions on recruiting new staff and implementing a new quality assurance system, they were not aware of all the specific concerns raised in the 'Warning Notice' and therefore had not focused on ensuring these were all met.

The manager had introduced a new quality assurance system which included daily, weekly and monthly audits. Some of these had been delegated to care staff or the deputy manager to complete. We found although these were being completed regularly they failed to identify some of the concerns seen at the last inspection and that were still seen at this inspection.

Care file audits had been completed in the care files we reviewed but these failed to identify that some plans were generic and not person-centred. For example, we found the same plans for oral care in three files so these did not give staff details of the level of support people needed with this element of their care. Audits also failed to identify where plans lacked detail or were out of date. For example, it had been identified at the previous inspection that a care plan around communication for someone who used flash cards (pictures used to help explain a choice or action) needed review as there was no guidance on how staff used these or if they were still relevant. This plan remained unaltered. When we asked staff about this care plan they confirmed that these cards were not being used and they could not be located by staff on the day of the inspection. Herbert protocols had not been updated with photographs and personal details. (The Herbert protocol is a record of useful information about a person living with a dementia which can be used if they go missing.) These were not detailed on the audits as being checked. We discussed these areas of concern with

the manager, deputy manager and registered provider. The manager told us that further training was required to give staff the skills they needed to ensure care files were person centred and appropriate. Further person-centred care training was arranged for 19 June 2018, the manager amended audit templates to include more checks and confirmed these changes would be communicated to staff.

Daily 'walk around' checks completed by staff noted that there were gaps on recording charts but there were no actions recorded on these audits and these were not signed off to show that the management were being made aware of any concerns and actions taken. The manager was doing a weekly 'walk around' and making observations of the home and grounds. Even though these included observations of the home and gardens, they failed to identify that some of the benches were not fit for purpose and that there was not sufficient hot water throughout the home. These also failed to identify that charts were not being completed fully and actions taken to address this.

We saw audits still did not identify gaps in records and where recording charts did not give clear or current guidance to staff. For example, fluid charts were not all totalled and target amounts people should be drinking were not always clear. Staff understanding of actions to take when people were at risk of dehydration was still mixed and not always in-line with their current care needs. Audits did not identify gaps on medicines administration records as there were no audits in place specifically to look at medicines management. Turn charts were put in place when there was a risk that a person's skin could be damaged by them staying in the same position for too long. These were being completed regularly but the manager was not aware that guidance for staff was not detailed and therefore there was no evidence of how or why people should be repositioned. In these instance staff could assure us that the care being given was appropriate to people's needs but the records in place did not reflect this.

It was identified at the last inspection that not enough had been done to ensure that equality and diversity was embedded into practices at the home. The manager told us that there was no update on this but this would be a focus for future staff meetings.

A new suite of policies and procedure had been purchased from an external company. We saw that policies that previously lacked the necessary detail had been updated, however not all of these policies were available to staff at the time of our inspection meaning this still required improvement.

After the previous inspection we asked the provider to submit an action plan to us on a weekly basis to show what progress was being made in the home. This was last submitted dated 26 March 2018. The manager explained that they did not realise the action plan was still required. The action plan was updated and sent to us immediately after it was requested on the second day of the inspection.

We concluded that systems and processes used for the monitoring the quality of the service were ineffective. This was because the numerous shortfalls and concerns we found during this inspection had not been identified and improvements had not been sustained.

These concerns constituted a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was working with the manager, however, to improve the quality assurance systems in the home. They had regular supervision with the manager, completed monthly audits and attended meetings with people who used the service and their relatives. Relatives we spoke with confirmed that they had met the provider and one relative told us, "Yes I know the owners. They are nice people." Another said, "There were rumours about what was happening, so we met with [provider]." We saw there was a clear

management structure in place and lines of accountability.

We received mainly positive feedback about the new manager, although some people who used the service were still unsure who the manager was. A person who used the service told us, "The manager is in every day, I was talking to them yesterday. They are very good." Another told us, "I haven't seen the manager yet, I haven't met her yet but I should. I know [name of deputy manager]." A relative told us, "[Manager] is approachable and professional, door is always open." Another relative told us "I think it's better now, the atmosphere is better. Until you compare it you couldn't see a problem before. It's much more relaxed, staff are happier and there is laughter around the place" and "It's definitely on the up". A visiting district nurse told us, "The new manager is very nice, organised and friendly" and "[Deputy manager] is fabulous, they know people really well".

The manager had introduced 'champions' for areas such as dignity, infection control and nutrition. These were staff that had taken the lead on good practice in these areas and supported other staff to improve their practices. A 'learning from good practice' file was also shared with staff that contained guidance and good practice documents such as those from NICE and the Department of Health. Signage in the home had improved and we saw that pictorial menu boards had been introduced. This meant good practice was being considered and steps had been taken to make the home more suitable for the needs of the people who used the service.

Staff told us they felt supported by the manager. One staff member told us, "I had supervision a few weeks ago... if you need any help the manager or deputy? help you." The manager had begun supervising staff and a supervision tracker showed all staff had received at least one supervision. Appraisals had not yet been completed because the manager stated they wanted to get to know staff before they appraised their performance; these were scheduled to take place over the coming months. As highlighted at the previous inspection the manager still needed to check staff's competency in areas such as nutrition and hydration, where errors were identified. Staff meetings were held regularly and gave staff the chance to put forward suggestions about improvements to the service. New staff were being supported and mentored through inductions and the policy reflected that support would be given to new staff until they were assessed as competent in their roles.

Two relatives told us the manager had been very effective in dealing with some concerns they had for a long time that had not been addressed under the previous management. One relative told us, "I took it to [manager]. I put it in writing and they dealt with it quickly. The way they dealt with it was no hassle whatsoever." Another relative told us, "[Manager] said, 'yes we can do that' and it was sorted in a day... they'll look in to anything for you. Nothing is a problem."

The manager worked in partnership with other organisations to make sure they were following current practice. These included social services, district nurses, GPs and other healthcare professionals. None of the agencies we contacted prior to the inspection raised any concerns. The district nurse we spoke with told us the home was good at communication and they had no concerns about the home's management of medicines or people's nutritional 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 17 HSCA RA Regulations 2014 Good governance  (1) The provider continued to have insufficient oversight of the service. Ineffective quality assurance procedures were in place.