The Fields Care Home

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Inspection report

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Date of inspection visit: 12-13 October 2015
Date of publication: 02/12/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 12 and 13 October 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

The Fields Care Home provides care and accommodation for up to 24 older people and people with a dementia type illness. On the day of our inspection there were 22 people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Fields Care Home was last inspected by CQC on 10 October 2013 and was compliant.

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

Summary of findings

Accidents and incidents were recorded and monthly analysis was carried out.

People were protected against the risks associated with the unsafe use and management of medicines.

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

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

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

People had given written consent to their care and treatment.

People who used the service, and family members, were complimentary about the standard of care at The Fields Care Home.

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

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

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

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

The service had a positive culture that was person-centred, open and inclusive.

The service had links with the local community.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

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

Accidents and incidents were recorded and monthly analysis was carried out.

People were protected against the risks associated with the unsafe use and management of medicines.

Good

Is the service effective?
The service was effective.

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

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

People had given written consent to their care and treatment.

Good

Is the service caring?
The service was caring.

Staff treated people with dignity and respect.

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

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

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

Good

Is the service responsive?
The service was responsive.

Risk assessments were in place where required.

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

The provider had a complaints policy and complaints were fully investigated. People who used the service knew how to make a complaint.

Good

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

The service had a positive culture that was person-centred, open and inclusive.

The service had links with the local community.

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

Good

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 service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 and 13 October 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. One Adult Social Care inspector took part in this inspection.

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

For this inspection the provider was not asked to complete 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 discussed future improvements to the home with the registered manager.

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

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

Good

Is the service safe?

Our findings

Family members we spoke with told us they thought their relatives were safe at The Fields Care Home. They told us, “Oh yes, she’s safe”, “You know they are safe, you never worry” and “She wasn’t safe at home but she is here”.

We looked at the recruitment records for three members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

Disclosure and Barring Service (DBS) checks had been carried out on all members of staff however we saw some of these checks were over three years old. We saw where this was the case, self declaration forms had been completed by members of staff to say they had not had any cautions or convictions. We discussed this with the registered manager who was looking into having DBS checks renewed for those members of staff whose checks were over three years old. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing with the registered manager and looked at the staff rotas. We saw there was always one senior care staff member and up to three care staff on duty. We saw that from the 2015 quality assurance questionnaire a respondent had said, “Maybe the home is a little understaffed.” In response to this, the registered manager had added an extra member of staff between the hours of 8am-12pm and 5pm-9pm to cover busy periods.

We observed there were sufficient numbers of staff on duty to care for the people at the home and call bells, and shouts for assistance from people who used the service, were answered promptly. The registered manager told us that staff absences were covered by the home’s permanent staff and they had never needed to use agency staff. Staff, people who used the service and family members told us there were sufficient numbers of staff on duty. One family member told us, “I think it’s quite well staffed although the girls are always busy.”

The home is a four storey building set in its own grounds. The home was clean, there were no odours present and we saw copies of daily and weekly cleaning rotas, night shift cleaning rotas, mattress cleanliness audits, infection control audits and cleaning rota spot checks. These were in place to minimise the risk of infection.

We saw that entry to the premises was via a locked door and all visitors were required to sign in. All but two of the bedrooms had en-suite facilities and the ones we saw were clean and well maintained. Window restrictors were fitted to the windows of the rooms we looked in and appeared to be in good condition. We saw wardrobes were secured to walls to prevent them falling over and causing accidents.

We saw hot water temperature checks had been carried out for all rooms and bathrooms however they were regularly just above the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. We discussed this with the registered manager who agreed to get the maintenance member of staff to look into it.

Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date and we saw we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Risks to people’s safety in the event of a fire had been identified and managed, for example, fire service records, fire alarm tests and fire training records were all up to date.

The service had an emergency and a contingency plan and each person had an ‘Individual evacuation instruction’, which provided information on the person’s room number, name, mental capacity, mobility and nearest exit. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We looked at the safeguarding file and saw records of safeguarding incidents however none had occurred at the home since 2012. We did see a record of a medicines error from December 2014, which had been reported to the GP. There was no adverse reaction to the error and therefore a safeguarding notification to CQC was not required.

Good

Is the service safe?

We looked at the 'Accident reports' file and saw analysis was carried out each month on accidents and incidents in the home. Accident reports were completed for each accident or incident and we saw one person, who had experienced five falls due to a urinary tract infection, had been referred for investigation at hospital.

We looked at the storage and administration of medicines at the home and found medicines were appropriately stored and recorded. All medicines were administered by a senior care staff member who had been trained in the safe handling of medicines. The registered manager dealt with the ordering of medicines and told us they collected prescriptions from a local chemist on a regular basis. Medicines reviews were carried out annually and GPs visited if it was deemed necessary and prescriptions updated accordingly.

Each person had a 'Medication profile' record in the care files. This described the prescribed medicine, dosage, frequency, date started, date discontinued, arrangements for repeat prescription and consent. Medicines risk assessments were also in place as required. We saw medicines audits were carried out regularly and staff received an assessment of competency on an annual basis. All of these were up to date.

We looked in the medicines room and saw a copy of the provider's policy for the safe handling and administration of medicines. Medicines were stored in a lockable trolley, which was fastened to the wall in the medicines room. We also saw a locked fridge, which contained medicines that required cold storage. Temperature records for the medicines room and fridge were up to date and temperatures were at appropriate levels.

We looked at a sample of medicine administration records (MAR) and saw individual records for each person who used the service, including name, photograph, room number, date of birth, allergies and GP details. All the records we saw were up to date and signed for. This meant people were protected against the risks associated with the unsafe use and management of medicines.

Good

Is the service effective?

Our findings

People who lived at The Fields Care Home received effective care and support from well trained and well supported staff. Family members told us, "Very happy with the care, it's one of the better care homes", "It's not five star but it feels like home" and "It's lovely".

We looked at staff training records and discussed training with the registered manager, who told us mandatory training for staff included first aid, safe handling of medicines, dementia, end of life care, diabetes, focus on undernutrition, food hygiene, dignity and respect, equality and diversity, fire, health and safety, infection control, mental capacity/DoLS, moving and handling, safeguarding and care planning. The registered manager told us they could run a report to see when training was due and the electronic system flagged as an alert anyone who's training was due. We saw staff were up to date with their training.

We saw staff received an induction to the service and the registered manager told us all new staff were being enrolled on the care certificate programme. The induction included an introduction to the service, fire, first aid and health and safety, meeting people's needs, accountability, policies and procedures, quality assurance and mandatory training.

We discussed supervisions and appraisals with the registered manager and deputy manager, who told us staff received four supervisions, one observation and one appraisal per year. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. We saw records of these.

People had access to a choice of food and drink throughout the day and we saw staff supporting people in the dining rooms at meal times when required. People were supported to eat in their own bedrooms if they preferred. We saw in care records people had been assisted to complete a 'Menu preference' sheet, which recorded any foods the person did not like, any special dietary requirements, preferred drinks, any allergies and preference of cutlery and crockery. We saw in the kitchen there was a 'Focus on undernutrition' sheet, which listed people who were at moderate or high risk of weight loss, diet guidance and weight charts. We saw staff had received training in 'Focus on food', which was a course designed specifically for nutrition in the elderly. We saw people had nutritional care plans and were weighed on a monthly basis. This meant staff were aware of people's individual dietary needs.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager, who told us they had applied for DoLS for those people who required them and were waiting for the authorisations from the local authority. The registered manager was aware of their responsibilities with regard to DoLS, which meant the provider was following the requirements in the DoLS.

We saw mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. We also saw staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards.

We saw consent to care and treatment was documented in the care plan documents. Consent forms included consent to 24 hour residential care, photographs and videos, monthly weight checks, door keys, lockable cash boxes, assistance with medicines and consent to purchase items on the person's behalf. All of the consent forms we saw had been signed by the person using the service or a family member.

We saw Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms in people's care records which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). These were up to date and showed the person who used the service had been involved in the decision making process.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including GPs, opticians, district nurses and chiropodists, and letters from healthcare professionals such as the Speech and Language Therapies Team (SALT). Family members were made aware of appointments and were kept up to date. They told us, "[Name] has a

Good

Is the service effective?

dermatology appointment in January but [registered manager] has rung to get it brought forward. She's rung the doctor as well. They do all that for you", "They ring you straight away, always keep us up to date" and "They take the pressure away from you. They approach you and tell you what they've done".

The home was designed over four floors and contained narrow corridors and several staircases. This meant it was difficult for people with mobility issues to mobilise around the home safely. However, we saw staff were on hand to assist those people who needed assistance and the home had a lift in use, which we saw several people using with the assistance of staff. Although some of the people who used the service had a diagnosis of dementia, the registered manager told us that people with dementia were not admitted to The Fields Care Home however some people had developed dementia since arriving at the home. The registered manager told us they had a good working relationship with the local hospital and multi-disciplinary team however it had on occasion been in the person's best interests to move them to another home if their dementia became too advanced and needed specialist care and facilities.

Good

Is the service caring?

Our findings

People who used the service, and family members, were complimentary about the standard of care at The Fields Care Home. They told us, "Very well looked after", "I can have a coffee in the middle of the night if I want", "Everything we asked them to do, they did", "They have a brilliant sense of humour the girls" and "It's just a smashing place, so friendly".

People we saw were well presented and looked comfortable and happy with staff. We saw staff talking to people in a polite and respectful manner. Staff interacted with people at every opportunity. For example, we saw staff asking people whether they wanted a drink, what they wanted for lunch and whether people needed assistance to get to their rooms or the communal facilities.

We saw people were able to have breakfast at whatever time suited them and we observed a member of staff go up to a person's bedroom to bring the person the mug they liked to use. We observed lunch and saw staff supported people in a calm and unhurried manner. Staff assisted and encouraged people to sit in their chairs offered aprons to people to prevent food or drink from falling on their clothes. People had a choice of meals and were able to help themselves.

We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. We saw 'Privacy, dignity and independence' care plans described how staff were to support and assist people, for example, "Staff to encourage visits to the hairdresser on a regular basis" and "Staff to prompt and assist with bath twice a week as requested by [Name] and at the time and day requested". There were many family members visiting the home and we asked them whether staff respected the dignity and privacy of people who used the service. They told us, "She has her dignity. They put a towel around her when getting in and out of the bath", "Whenever she needs help with anything, they close the door. If the door's closed, they knock and wait to go in" and "They respect him". This meant that staff treated people with dignity and respect.

All the staff on duty that we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported. We saw care records described in detail people's individual needs. For example, "Has a full daily washdown which she can manage mostly herself", "[Name] can mobilise slowly with her frame and one carer. She will need a wheelchair for longer transfers", "May on occasion need food cutting up. Will choose where she would like to eat her meals" and "Likes to sleep with her glasses on". This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

People were able to choose how their rooms were decorated and we saw bedrooms were personalised with people's own furniture, ornaments and photographs. People we spoke with told us they could have visitors whenever they wished. The relatives we spoke with told us they could visit at any time and were always made welcome.

We looked at care records and saw that care plans were in place and included dressing and undressing, personal care, privacy, dignity and independence, medicines, mobility and continence. The care plans described the identified need, objective and intervention required. Each care plan contained evidence that people had been involved in writing the plan and their wishes were taken into consideration, for example, "[Name] will make her own choice about what she wants to wear."

We saw end of life care plans in place for people as appropriate. These recorded people's wishes with regard to end of life care, funeral and cremation details and whether a will was in place. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated.

We saw pre-admission assessments had been carried out before people moved into The Fields Care Home. We saw personal data records for each person, which included the person's preferred name, date of birth, religion, next of kin and GP details. The care records also included 'Life history' sheets, which provided information on the person's place of birth, family and occupation. This information was used to assist staff in learning about the person they were caring for and in the development of the person's care plans.

Each person had 'Individual person centred care plans' in place and we saw that people who had been involved in preparing the plans included the person who used the service, family members, social workers, key workers and the registered manager.

We saw assessments were in place where required. For example, malnutrition universal scoring tool (MUST), oral health assessments, moving and handling assessments, continence assessments and Waterlow pressure ulcer risk assessment tool. Risk assessments included use of wheelchairs, risk of falling, ability to evacuate the premises in an emergency situation and being unable to access support services without assistance. We saw all of these assessments were up to date and regularly reviewed.

We also saw risk assessments in place to prevent people from becoming institutionalised due to not being able to access the community without assistance. We saw in one person's risk assessment that actions included, "Ensure [Name] and her family are aware of local events in the community", "Activities coordinator to offer assistance to attend local functions on the bus", "Ensure opportunity to attend events at the home" and "Activities coordinator to offer one to one time to have a walk in the community". This meant the provider had measures in place to prevent social isolation.

The home employed an activities coordinator and we saw activities took place on a regular basis. These included word and memory games, skittles, musicals and sing-alongs. We saw the home was having a pumpkin carving competition for Halloween and a bonfire had been built in the rear garden in preparation for bonfire night.

Each person had a 'Social life and activities record' in their care files. This included details of the person's social life, religious and social needs and a plan of action, which was used by the activities coordinator to plan person centred activities. For example, we saw one person was a practising Methodist and would let staff know if she wanted a visit from the minister. People also had 'Activities review' sheets in their care records, which described activities the person had taken part in, special events, involvement from friends and families and any unmet needs. This meant activities were provided for people on an individual basis.

The home had a dog, which was taken out for walks by people who lived at the service and their family members. The registered manager told us that a former resident had left some money to the home and people were asked what they wanted to spend the money on. People decided they wanted a pet for the home.

We saw the 'Comments, complaints and suggestions' procedure posted on the corridors of the home. This explained the home's 'Open door policy', how to make a complaint, the timeframes for responding to complaints and who to contact if the person was not happy with how their complaint had been dealt with. We looked at the 'Complaints and concerns' file and saw there had not been any complaints recorded at the home since 2013. People, and their family members, we spoke with were aware of the complaints policy however they had never needed to make a complaint. Family members told us, "No complaints" and "No complaints at all". This meant that comments and complaints were listened to and acted on effectively.

Good

Is the service well-led?

Our findings

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

The service had a positive culture that was person-centred, open and inclusive. Family members, told us, “Nothing is too much trouble, you can go to them with anything”, “They are like a big family” and “If something upsets you, they’ll take you in the office and give you a cuddle”.

Staff we spoke with felt supported by the manager and told us they were comfortable raising any concerns. They told us, “I’m very happy here, better than where I was before”, “I love it, it’s very calm” and “Nice atmosphere”.

The service had links with the local community, for example, local people were invited to the home’s summer fair and bonfire party, people at the home attended the community Christmas party at the local community centre, children at the local school made the guy for the bonfire and the local vicar attended every three months to sing hymns and songs of praise.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. We saw monthly care plan audits were carried out, with different areas assigned to different members of the management and senior staff. The audits included charts, professional visits, consent, admissions, medicines, social life, risk assessments and reviews.

We saw copies of monthly moving and handling audits, which included checks of hoists and slings, stand aids, bath hoists and belts. We also saw monthly infection control audits, which included checks of personal protective equipment stock, commodes and liners, laundry, clinical waste, soap dispensers and hand gel, paper towels and staff hand washing practises. These audits were up to date and in order.

The registered manager told us there had been some recent improvements to the home, which included a kitchen refurbishment and new blinds fitted to the dining room and conservatory. Planned improvements included improved shower facilities and to replace the carpet on the ground and first floors with non-slip flooring.

An annual quality assurance questionnaire took place for people who used the servide and family members and we saw the results of the 2015 questionnaire. The survey asked questions regarding living in the home, about the home and the care in the home. All of the results we saw scored highly. Comments included, “The home is very good and the staff are very good” and “The home has high standards which are continually maintained”.

We saw records of residents’ meetings, the most recent had taken place on 27 August 2015. Subjects discussed at the meeting included the winter menu, dining room and conservatory blinds and activities. We also saw a copy of a monthly newsletter that was sent out to family members.

We also saw the staff questionnaire 2015 results. This questionnaire asked staff to comment on work, food, safety, treatment, complaints, atmosphere and the people who used the service. Staff meetings were held regularly and we saw minutes for staff and senior staff meetings in June 2015. These included discussions on safeguarding, health and safety, infection control, activities, meal times, training and rotas. The records also included copies of staff signature sheets.

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