

RKS Care Limited

# Field House Residential Home Limited

## Inspection report

110 Harborne Park Road  
Birmingham  
West Midlands  
B17 0BS

Tel: 01214263157

Date of inspection visit:  
19 March 2019

Date of publication:  
08 April 2019

## 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 ●

# Summary of findings

## Overall summary

About the service:

Field House is a care home that provides personal and nursing care to a maximum of 21 older people, including people who live with dementia. At the time of the inspection 18 people were using the service.

People's experience of using this service:

People said they felt safe and they could speak to staff as they were approachable. People and staff told us they thought there were enough staff on duty to provide safe and individualised care to people.

Staff knew about safeguarding procedures. Staff were subject to robust recruitment checks.

Arrangements for managing people's medicines were safe. People were very positive about their home.

People's privacy and dignity were respected. There was a good standard of cleanliness.

People were provided with very good standards of care by staff who were well-trained and supported in their roles. One person commented, "There are rooms to take our visitors, that are nice and clean and they bring tea and coffee on a tray, always making family welcome. Staff are lovely and treat you as part of their family."

Staff had an understanding of the Mental Capacity Act 2005 and always asked people to consent to their care. No one living at Field House at the time of our inspection was considered to lack capacity with regards to their decisions.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the care they needed. People received a varied and balanced diet to meet their nutritional needs and personal wishes.

Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks.

People, relatives and health professionals were consistently positive about the care provided. They confirmed that staff were attentive, kind and caring.

Communication was effective and staff and people were listened to. Staff said they felt well-supported and were aware of their responsibility to share any concerns about the care provided.

People said they knew how to complain. The provider undertook a range of audits to check on the quality of care provided.

Why we inspected:

This was a planned inspection based on the previous rating. It was a comprehensive inspection.

Rating at last inspection:

The home was rated Good at the last inspection (report published in March 2016).

Follow up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.  
Details are in our well led findings below.

Good ●

# Field House Residential Home Limited

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector carried out this inspection along with an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this visit the expert's area of expertise was as a family carer of an older person who uses this type of care service.

#### Service and service type:

Field House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home accommodates up to 21 people in one adapted building. At the time of the inspection, 18 people were living in the home.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager and two directors of the service were available to us during the inspection day.

#### Notice of inspection;

The inspection took place on 19 March 2019 and was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in March 2016. This included details about incidents the provider must notify us about, such as abuse. We assessed the 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. We used all this information to plan our inspection.

We met with seven of the people living at Field House, and spent time observing staff working with and supporting people in communal areas during the inspection. We also spoke with one relative, two health care professionals, two staff and the registered manager.

During our inspection we looked at two people's care records and associated documents. We looked at previous inspection reports, rotas, audits, staff training and supervision records, health and safety paperwork, accident and incident records, complaints and compliments. We also looked at records that related to how the home was managed, such as quality audits, fire risk assessments and infection control records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe living at the home. They told us that they were safe living in the home and were well supported by staff at all times. One person said, "I'm not alone, and the staff look in on me."
- Staff were clear about issues that might be abuse and referred to action they would take to report any concerns and keep people safe.
- Staff had received training in safeguarding people.
- Fire evacuations and plans (PEEPS) to keep people safe in the event of an emergency had been completed.

Assessing risk, safety monitoring and management;

- People's care and support needs were known to the staff who were clear about actions they would take to keep people safe, recognising that each person had different support needs.
- A visitor told us that their relative had been well supported with their care and had been kept safe.
- Risks to people's health, safety and welfare were assessed at the time of admission and then records were reviewed and revised when changes occurred.
- Equipment that was used to help people, including wheelchairs and the lift were regularly maintained and serviced to ensure they were effective and safe for people and staff to use.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. One person said, "Staff are always coming and going and if I need them I can buzz."
- We saw that staffing levels were adequate to meet care and support without people needing to wait. Staff vacancies, absences and periods of annual leave were being covered either by regular staff working additional hours.
- There were systems in place to ensure that the recruitment processes in the home were safe and robust.

Using medicines safely

- People received their medicines on time and in a safe way. One person said, "They bring the medicines to me, they never forget to, they are very organised."
- Staff had been trained and followed the provider's processes when administering medication.
- The administration was undertaken in an orderly and safe manner. We saw that people receiving medicines were familiar with the routine and staff told them what medicines they were being offered.
- We saw that some people had been prescribed medicines to be taken 'as required' and that staff had a consistent understanding about the protocols needed to do this safely. These were also written for staff to refer to.
- Medicines were safely received, stored, administered and destroyed when people refused to take them or

they were no longer required.

- The registered manager investigated errors when they were found, and appropriate actions were taken to reduce the likelihood of the error recurring.

#### Preventing and controlling infection

- We saw that the home was clean and tidy in communal areas, and bathrooms. A member of staff said, "It's a lovely home, really very nice and clean."
- Staff told us how they reduced the risk of the spread of infection. We observed staff following the infection control policy during our inspection and they told us they used personal protective equipment (PPE) such as aprons and gloves to help prevent the spread of healthcare related infections. One person said, "They are always using gloves and aprons."
- We saw that the kitchen was clean and organised with good standards of food hygiene maintained. The last inspection of the premises by the food standards agency had taken place in August 2018 and the rating awarded was 4 stars out of a maximum of 5 stars.

#### Learning lessons when things go wrong

- Staff we spoke with were clear that they needed to report all accidents and incidents to their managers.
- Staff reviewed peoples risk assessments and care plans following incidents.
- The registered manager advised that they reflected on any events where things had not gone as expected. They kept records of accidents and incidents. They analysed them individually and acted as needed.



## 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.

People's outcomes were consistently good, and feedback from relatives and staff confirmed this.

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

- People's care and support needs had been identified at the time of admission and since then had been reviewed regularly to identify if they had changed.
- Care and support plans were focussed and individualised with details of interests, wishes and any longer-term plans were in place for each person.
- The plans contained specific detailed information in some instances about how a person was to be supported by staff. The registered manager promoted the delivery of person centred care and used this focus when reviewing and monitoring support provided to people.
- People's care plans included information known about how any specific support was to be provided in respect of culture, gender or religious needs.

Staff support: induction, training, skills and experience.

- Staff told us about their experience during their induction. They said the process had been comprehensive and equipped them to support people effectively.
- Staff received regular supervision meetings with their manager. Staff also told us they could discuss issues with the registered manager at any time.
- Staff told us they had received training, but records we reviewed did not support this. The registered manager sent information to us after the site visit which confirmed staff had been trained in many areas but not all areas such as Mental Capacity Act training.
- Competency checks of core skills were undertaken by the registered manager on a regular basis, but these were not recorded.
- The registered manager told us they would ensure that training and the records of it were more robust and would record their checks on staffs' competency.

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

- People were supported to have a healthy balanced diet. One person said, "I enjoyed breakfast. It was bacon and eggs and tomato. There's always a lot of breakfast."
- Staff ensured people were involved in choosing meals and they were aware of people's dietary needs and preferences. We saw there was enough fresh fruit, vegetables and other food to support people with healthy eating options.
- Relatives told us people ate food in line with their needs and wishes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Where people required support from healthcare professionals, this was arranged and staff supported people to attend appointments. Where people found it difficult to go to different environments for appointments, the healthcare professional came to the service.
- A visiting health professional told us, "Field House work with us very well, I have no concerns at all."
- People were supported by the home to receive consistent support through good communication with external agencies and professionals such as doctors and district nurses.

Adapting service, design, decoration to meet people's needs

- The premises had been suitably adapted to meet the needs of people living there. The home was well furnished and people had shared use of the lounge, dining room, and outside areas. People had their own bedrooms with en-suite facilities.
- People were involved in decisions about the premises and environment and individuals' preferences were reflected in their bedrooms and the communal areas of the service.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider followed the requirements of DoLS. All the people living at Field House had capacity to make their own decisions and therefore no applications to restrict a person's liberty had been made.
- Staff were clear about the need to uphold people's rights and respected their abilities to make decisions. Staff asked for peoples consent before carrying out care tasks. One person said, "They always ask, whatever they do."
- Staff ensured people were involved in decisions about their care.
- The registered manager told us they intended to improve their understanding of the Mental Capacity Act to ensure they met all their responsibilities in relation to it.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us that they liked living in the home. One person said, "Staff are friendly and can tell when you're not well, and will see to you." Another person said, "Staff are lovely and treat you as part of their family. I can banter with them."
- We saw that people engaged and chatted with staff often throughout the day. Staff provided comfort and reassurance when people appeared to be worried or unsure of what to do next.
- People's individual needs and diversity were protected and promoted. Staff had ensured that cultural and religious preferences or needs were supported. We saw that staff were attentive and caring.
- Communication between people and staff was good. Staff had clear knowledge about how people wanted their care to be delivered.

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

- People were supported on admission into the home to be involved in making decisions about how their care and support needs were to be met and who was to be involved in that process.
- Reviews of the care and support needs were undertaken regularly. The registered manager advised that they reviewed all the care plans with people and their relatives. People confirmed this.
- The registered manager involved people on a day to day basis in the management of their care.

Respecting and promoting people's privacy, dignity and independence

- One person told us, "They're respectful, very much so."
- People could choose to meet with their visitors in their own room or in communal areas.
- People were enabled to maintain and develop relationships with those close to them, social networks and the community.
- Each person's written records were securely stored and kept private.
- People's confidentiality was assured by staff and discussions between staff and people about specific care or support needs were conducted in private.
- People had aspects of their privacy upheld. We saw that staff knocked and waited to be invited in when they went to a person's room. Each person could lock their bedroom door when they were in their room and could have key to their room if they wished. Each person's door to their room had clear glass panels in them that the registered manager advised would be covered if the person requested that.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had an individualised care plan which contained details of known preferences and interests alongside support needs.

- The registered manager did not have a clear understanding of the Accessible Information Standard, but were keen to further develop large print information for people using the service. One person had been supported to access talking books and newspapers.

- Some people spoke about how they enjoyed some of the activities that had been provided by the home. One person said, "Once a month we have a lovely service from the Baptist church. They come to the lounge and it's very, very friendly. We have exercises every week."

- Staff were knowledgeable about people's preferences and routines and could explain how they encouraged people to continue with activities of interest to them.

- People were able to exercise choice and control about their routines and how they spent their time in the home. One person said, "I get very tired and I can lie in my bed. I relax and I please myself."

Improving care quality in response to complaints or concerns

- People told us they were comfortable raising issues of concern and while they could not recall the complaints procedure in any detail, they felt comfortable to speak with staff or the registered manager.

- The provider had an established complaints procedure and process that was available in the office.

- We saw that when complaints were received, the provider dealt with them in line with their processes, and records were maintained of action taken.

- There was a suggestion box in the hallway for people to suggest improvements to the home.

- We noted that the home had received 26 compliments in the last 12 months prior to our inspection.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. When required, documentation was available. We were told that care plans and related discussions would take place with people as and when they were needed.

- We spoke to a relative who told us that when their relative passed away it, "Was managed beautifully."

- Some staff were undertaking a short course specifically about supporting people at the end of their life, to enable them to better support people in the home.

- The registered manager advised that some people had provided some details about their final wishes and others had been reluctant to discuss end of life care.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We found the registered manager had a good understanding of people's needs and acted to make improvements that resulted in good outcomes for people.
- The registered manager carried out regular quality audits to check that staff were working in the right way to meet people's needs and keep them safe.
- The registered manager said they had an open-door policy so that people, relatives and staff could raise any issues or concerns or make suggestions. The registered manager understood the duty of candour requirement to be honest with people and their representatives when things had not gone well.
- The registered manager demonstrated a commitment to provide person-centred, high quality care by engaging with everyone using the service and stakeholders.

Managers and staff were clear about their roles, and understood quality performance, risks and regulatory requirements; Continuous learning and improving care

- People and staff spoke highly of the registered manager. One person said, "[The registered manager] runs the house very well - that's why it's so good. If I need something, she makes sure it's done." A member of staff told us, "She is a very good manager."
- Staff felt they were well trained and supported and were committed to the care and support of people. They said that when they had issues they could raise them and be listened to.
- The environment and peoples' risks were safely managed and risk assessments were audited.
- The managers and provider had demonstrated their understanding and application of their internal procedures, such as disciplinary and recruitment procedures, in line with requirements.
- The registered manager had an informal quality assurance process which led to improved care of people.

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

- People were consulted regularly about the overall quality and the service provided. The registered manager advised that she regularly spoke with all people who used the service to hear about how their care and support needs were being met and to find out if there were any issues or concerns that needed to be addressed. People who lived in the home, their relatives and healthcare professionals described the registered manager as approachable and knowledgeable about the care and support delivered.
- Assessments contained information about specific preferences and diverse needs and considered some of

the protected characteristics under the Equality Act 2010. These included any specific information related to people's disability or religion.

Continuous learning and improving care;

- The registered manager kept up to date with developments in care and best practice through the internet and other care networks.
- All the feedback received was used to continuously improve the service.

Working in partnership with others;

- The service worked in partnership with people. One person said, "They're very friendly to everyone. They know how to do their job, and they know what I like, so I can ask them to do things how I want."
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.