

Panaceon Healthcare Ltd

Field View Care Home

Inspection report

Spark Lane
Mapplewell
Barnsley
South Yorkshire
S75 6BN

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15 March 2023

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Website: www.chapelandfieldview.co.uk

Ratings

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

Summary of findings

Overall summary

About the service

Field View is a residential care home providing personal care to up to 40 people. Some of the people using the service were living with dementia. At the time of our inspection there were 33 people using the service.

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

The home was predominately clean, and the registered manager and staff understood how to minimise the risk and spread of infection. The provider had systems in place to safeguard people from the risk of abuse. Since our last inspection, improvements had been made to risk assessments. Risks associated with people's care were identified and risk assessments reflected people's current needs and how to keep them safe.

There was a suitable recruitment system in place to ensure suitable staff were selected to work at the home. Some people commented there were not always sufficient staff available. However, on the day of inspection we found staff were available and responded to people in a timely way. People received their medicines as prescribed by staff who were trained and competent to do so safely. Accidents and incidents were analysed, and trends and patterns identified. Action was taken to mitigate future risks to people.

People's needs were assessed and reviewed regularly to ensure care was delivered in line with people's current needs. People received a healthy and balanced diet which met their needs and considered their preferences. Staff received appropriate training and support and felt this assisted them to carry out their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

A range of audits took place to ensure the service was monitored and the quality maintained. Some areas of the home were tired and worn and required maintenance and decoration. The registered manager was addressing these areas with the provider. We have made a recommendation the provider identifies areas of the home requiring maintenance and takes action to improve the environment.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 December 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve the governance of the service.

At this inspection we found improvements had been made and the provider was no longer in breach of

regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Field View Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector and 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.

Field View is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Field View is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager in post who was in the process of registering with CQC.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, and a senior care worker, and contacted 9 staff following our inspection visit. We spoke with, 6 people and 2 relatives. We also spoke with a visiting healthcare professional. We looked at 4 care plans, 3 staff personnel files, medicine administration records (MAR) and other records about the management of the service to help inform our inspection judgements.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider's systems and processes ensured appropriate actions were taken to protect people from the risk of abuse.
- Staff received training in safeguarding and were knowledgeable about recognising and reporting abuse. Staff told us the registered manager would take appropriate actions to keep people safe.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were identified and managed to maintain their safety.
- Detailed risk assessments for things such as falls, malnutrition and mobility, were in place and guided staff to minimise risks. For example, 1 person required the use of a hoist to assist with transfers. The risk assessment clearly set out how this should be carried out safely.
- People and their relatives told us their care was managed safely. One relative explained their family member was at risk of falling. They said, "[Relative] has got an alarm. They [staff] are doing all they can to keep [relative] safe."

Staffing and recruitment

- The provider had a recruitment system in place to ensure suitable staff were employed. This included obtaining pre-employment checks such as Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff to respond to people's needs in a timely way. For example, when the call system or sensor mats were alerted, staff responded. However, some people told us there sometimes were not enough staff available. One person said, "I think there a bit short [of staff]," another person said, "No, definitely not enough [staff], neither the day nor the night time."
- The manager completed a dependency assessment to help them calculate the number of staff required. Rota's we saw scheduled staff in line with the dependency assessment.

Using medicines safely

- The provider's systems and processes ensured people received their medicines as prescribed.
- Staff were trained and competent and understood how to store, administer, and order medicines.
- People told us they received their medicines regularly and staff explained what medicines they were administering and what they were for. One person told us they received their medicines, "Everyday on time."

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to maintain contact with their family and friends. We saw visitors were welcome at the home.

Learning lessons when things go wrong

- The provider had systems in place to ensure lessons were learnt when things went wrong.
- The registered manager completed a lessons learnt exercise following events such as accidents and incidents and safeguarding concerns. This included looking at what went wrong, and actions required to reduce the incident being repeated.
- The registered manager also analysed accidents and incidents to identify trends and patterns and took action to mitigate risks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The home was in need of improvements to the décor and worn areas such as door frames. The registered manager was aware of these areas and was in the process of working with the provider to address them.
- The service had a very homely atmosphere. People had several sitting rooms where they could choose to spend their day.
- People had access to outside garden space, although this was only a small area. The registered manager told us this area is scheduled for improvements.

We recommend the provider identifies areas of the home requiring maintenance and takes action to improve the environment.

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

- People's needs were assessed, and care was delivered in line with them. People's needs were reviewed regularly to ensure care plans were current.
- We saw staff considered people's choices and supported people according to their preferences.

Staff support: induction, training, skills and experience

- Staff received training and support appropriate to their job role. Staff told us they found the training informative and felt they had the skills to carry out their role well.
- Each staff member received an induction which included training and a series of shadow shifts. One staff member said, "After the induction process, I felt extremely confident in knowing that I could meet the service users' needs once I started work."
- Staff told us they felt supported by the manager. One staff member said, "There is a brilliant support structure currently in place from management. The management are quick to praise good work, and also good at identifying places where there could be improvements. The support provided is fantastic overall."

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

- People were supported to maintain a healthy and balanced diet which met their needs.
- We observed the mealtime experience was pleasant and conducive to a relaxed atmosphere.
- People were happy with the meal provision at the home. One person said, "It's very good [food], there's been nothing I don't like. They [staff] do ask if you've had enough and do you want seconds." Another person said, "Breakfast, everything is cooked, they're not massive meals but they're ample. I've no complaints at all about the food."

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

- Staff worked well with healthcare professionals to ensure people received timely and effective care, which met their needs.
- Visiting professionals told us staff were responsive to people's needs and sought support were appropriate. One visiting professional said, "Someone on the team oversees pressure area care and are very happy with how the staff maintain skin integrity. I am happy with the home and the way they interact with us."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and staff team were knowledgeable about MCA and DoLS and worked within the principles of the MCA.
- Were people lacked capacity to make decisions, appropriate people were involved in making decisions in people's best interests.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection, the provider's quality assurance systems were not robustly embedded to demonstrate how people's safety was effectively monitored, managed, and recorded. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Management systems had improved, and systems were embedded into practice. The manager was organised and had a good oversight of the service.
- Monthly audits were carried out by members of the management team. These included, medication, infection control, care documentation, health and safety and accidents and incidents.
- Action plans were used to address issues raised during the audit process. Actions had been managed in a timely way.

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

- The registered manager and the staff team worked hard to create a positive and person-centred culture in the home. People had their needs met and they were empowered to make choices about how they wanted their care and support provided.
- We saw positive and caring interactions took place between staff and people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were clear about their roles and understood their legal requirements.
- The provider understood the need to respond and were open and honest when things went wrong.

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

- There were a range of systems in place to gain feedback about the service. These included surveys, and care plan review meetings. People and their relatives were also invited to events such as cheese and wine

evenings, where more informal feedback was received.

- People's views were collated, and actions put in place to address feedback.

Working in partnership with others

- The registered manager and staff worked in partnership with others to ensure actions were addressed and people received appropriate support.