

Care UK Community Partnerships Ltd

Field Lodge

Inspection report

London Road
St Ives
Cambridgeshire
PE27 5EX

Tel: 01480499840

Date of inspection visit:
16 February 2023

Date of publication:
24 March 2023

Ratings

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

Summary of findings

Overall summary

About the service

Field Lodge is a residential care home providing personal and nursing care to up to 72 people. The service provides support to people who require nursing care, older people and some may also be living with dementia. At the time of our inspection there were 63 people using the service.

The care home accommodates people in four units over three floors. There is a lounge/diner and assisted bathrooms and toilets on each floor. On the ground floor there is access to a large garden a tuck shop, cinema, hair salon and nail bar, as well as a coffee shop.

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

People felt safe living at Field Lodge and received care in line with their needs and wishes. Staff had received training in safeguarding and knew how to identify and report concerns. Any safeguarding issues had been reported in line with guidance.

Accidents, incidents and falls were documented and reviewed to identify any patterns and trends, with lessons learned considered to help reduce future risks. A relative said, "Staff are aware of [family members increasing inability to judge any risks for themselves. From what I can see, they are aware of any potential risks."

There were enough well-trained staff available to meet peoples care and support needs.

Medicines were managed safely by trained staff. People had received their medicines on time and as prescribed.

The building was clean, with effective cleaning and infection control processes in place. People, relatives and staff told us the service was well run and there was a positive environment.

People's views were sought through regular meetings and via questionnaires. Relatives were complimentary about the service, Comments included; "Extremely well cared for. It is the caring nature of such young carers, who are extremely dedicated and who are very fond of my [family member]. That much is obvious." "I do feel that [family member] is well cared for. I really rate all the carers, there is not one that I have not warmed to."

Feedback about actions taken was shared with people and displayed on a noticeboard within the home. Information was communicated to staff through meetings and handovers.

The service used a range of systems and processes to monitor the quality and effectiveness of the service provided. Actions plans were used to document any areas for improvement. We found any actions had been addressed timely.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was requires improvement (Published 2 June 2020). For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Field Lodge

Detailed findings

Background to this inspection

Inspection team

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.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience who spoke with relatives by telephone. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Field Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the service, this included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

We used the information the provider sent us in the provider information return. 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 of this information to plan our inspection.

During the inspection

We spoke with 8 people and 12 relatives about the service and care provided. We also spoke with 10 members of staff, which included the registered manager, deputy manager, 2 nurses, care and auxiliary staff. We also observed the interaction between staff and the people who used the service to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included 4 people's care records. We observed medicine administration and reviewed a sample associated records. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, staff training, policies and procedures were also reviewed.

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 we have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People and their relatives we spoke with felt safe at the service. One person said, "I feel very safe, there is always staff around." One relative told us, "[Family member] is very safe and I have absolutely no worries about their care.' Another relative said, "[Family member] is safe because there is always somebody popping in and out of their room, including checks during the course of the night."
- The provider had a safeguarding policy in place with procedures which allowed the registered manager to review the events and identify lessons learned.
- Staff were trained in safeguarding and were clear about the procedure to follow if they identified anything of concern. One member of staff said, "I have confidence that if a raised a safeguarding concern it would be dealt with immediately."

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, 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The service was working within the principles of the MCA and, if needed, appropriate legal authorisations and applications were in place to deprive a person of their liberty. One relative told us, "I do feel that [family member] is safe. It is a general feeling, but it is how the staff are with them. They are looking out for their best interests and are very conscious of any particular safety issues."

Assessing risk, safety monitoring and management

- The provider's risk management plans helped ensure people were supported to manage risks in relation to their health and wellbeing. These were reviewed and updated regularly and in response to any changes. A relative told us, "The staff are so well versed with safety, I have never had any concerns."
- Staff followed risk assessments to minimise peoples' distress. One relative said, Staff seem to quite regularly come into [family member's] room and to check their notes to see if they are ok."
- The registered manager ensured health and safety checks were undertaken and included following up on any actions. This ensured the service was safe. Plans were in place to respond to the risks for example from fire and infection outbreaks.

Staffing and recruitment

- Staff were recruited safely. The registered manager carried out appropriate checks to ensure staff were suitable to work at the service. This included obtaining references from previous employers and criminal record checks.
- The provider assessed how much support people required, which helped them to determine how many staff were needed.
- There were enough staff available to support people care and support needs. A relative told us, "The staff are good here. The staff tell us how [family member] is. There are always plenty of staff. We can visit anytime we want. We do feel we can raise issues. Staff all treat [family member] very well."

Using medicines safely

- The provider's medicine management policies and procedures were followed by staff. However, we found some gaps in records which we raised with the registered manager. The registered manager addressed these during the inspection.
- When there were medication errors, we found inconsistent handling of these errors. There was evidence of a review of each medication error. However, there was no evidence of a review of all the errors together to look for themes or trends to reduce the amount of errors made. Despite this, there had been no negative impact on the people in the home from the medication errors recorded. The service uses medication administration records (MARs) using different letters as codes for types of administration. We found this was not consistent with current best practice and have made a recommendation below.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was following current guidance with regards to people visiting the care home. A separate visiting area was available when required.

Learning lessons when things go wrong

- There were systems in place to record any incidents and accidents and what action had been taken.
- Staff spoke positively about working as part of a team where they felt comfortable to ask questions and seek guidance.

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 we have rated this key question good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 were clear about the aims of the service and were aware of what was expected of them. People and their relatives were involved in the planning of their care and recognised this as being key to helping the person live well especially those living with dementia. One relative said, "I am very involved. I was their carer and have power of attorney, and certainly information is shared with me." Another relative told us. "I feel totally involved with [family member's] care plan and (staff) will always contact me if there are any concerns or incidents involving [family member]."
- Staff were empowered and supported, through the training and guidance they received from the management and the senior staff, to deliver care to people which supported their safety and wellbeing. Relatives were complimentary about the registered manager and comments included; ". I have spoken to her on a couple of occasions and found her very helpful and willing to give us a time to speak to her." "The managerial side provides us with regular updates on things like Covid and we get regular emails most weeks about various things. I get a weekly update of activities that are available to the residents."

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 understood their role regarding duty of candour by reporting incidents as required, maintaining an open and transparent culture with regards to accidents and incidents. This included reviewing events to see if there were improvements to be made.
- People told us they are kept informed when there were changes for their family member. One relative said, "I am absolutely informed every time if [family member] has a fall or is unwell." Another told us, "Yes, they do keep me fully informed when [family member] is not well."

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

- The provider had systems and processes in place which enabled them to effectively assess, monitor and improve the quality and safety of the service. These included the completion of audits and implementation of improvements actions.
- There were processes in place for risk management actions to be discussed and reviewed. These included daily heads of department meetings, staff handover meetings and staff meetings.
- All managers understood the regulatory requirements and they ensured these were met. This included notifying the CQC of certain events involving people, such as any serious injuries, deaths and allegations or

acts of abuse.

- The registered manager followed action plans to continuously improve the service.

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

- All staff confirmed they felt supported. One member of staff told us, "(Name of registered manager) is fair to everybody. They will always try to accommodate and help you. If she can't, she will explain why she can't."
- Regular staff meetings were also held, to ensure staff were involved in the running of the home and kept up to date with relevant information. Their views were also sought through regular surveys.
- The registered manager scheduled meetings for relatives to enable them to speak up about the support of their family member and the home. Though relatives did not always attend meetings, they told us they felt able to raise anything with the registered manager when they wanted to. One relative said, "The manager has made it clear that if there are any concerns to come and discuss them with her." Another relative said, "Oh, yes, we go to these regularly (meetings). (Name of registered manager) is very good and listens to any concerns and will deal with them if she needs to."

Working in partnership with others

- The service worked in partnership with a broad variety of professionals and agencies to help provide consistent care. Records showed that the local healthcare professionals were contacted when people's needs changed.
- The activities co-ordinator was working on building links further with local schools and colleges so relations could be built which would benefit both parties.
- The registered manager worked in partnership with local health and adult social care professionals to ensure people's needs were met.