

Field House Residential Care Limited

Field House Rest Home

Inspection report

Thicknall Lane (Off Western Road)
Hagley, Clent
Stourbridge
West Midlands
DY9 0HL

Tel: 01562885211

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Field House Rest Home is a residential care home providing personal care to 39 people aged 65 and over at the time of the inspection. The service can support up to 54 people. The home is split into three separate areas "Main house, Coach and Cottage."

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

The provider's quality checking arrangements were not effective in ensuring there was safe administration and management of people's medicines.

There were discrepancies between the quantity of medicines found and the administration records. These discrepancies showed the provider was unable to demonstrate people had received some of their medicines as prescribed.

People did not always receive their medicines as intended, written guidance available was not always sufficiently detailed on the use of 'when required' medicines. The site recording of the administration of people's skin patches was not always sufficient to prevent unnecessary side effects.

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.

People were supported by staff who had received training and knew how to report witnessed incidents of potential abuse. The provider had robust recruitment procedures, so they could assure themselves potential new staff were suitable to support people who lived at the home.

People and relatives described the staff as kind and caring.

The home environment was clean and tidy, and staff worked to reduce the risk of infection. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again.

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 good (published 18 February 2021).

Why we inspected

We received concerns in relation to the management of medicines and staffing levels. We undertook a focused inspection to review the key questions of safe and well-led only.

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 good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Field House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to potential risks to people's medicine management and monitoring and oversight of the service.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Field House Rest 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 team consisted of one inspector and a pharmacist inspector.

Service and service type

Field House Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, both were looked at during this inspection.

Registered Manager

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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 two people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, quality manager, operations director, team leaders, senior care workers, and a care worker. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included two people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, training records and quality audits were reviewed. We spoke with four relatives via the telephone.

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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The management of medicines was reviewed over both parts of the service, Main House and Coach & Cottage.
- Processes were in place for the timely ordering and supply of medicines. The audit of the electronic medicine administration records (eMAR) showed some discrepancies between the quantity of medicines found and the administration records. These discrepancies showed the provider was unable to demonstrate people had received some of their medicines as prescribed.
- Where time specific medicines were being used to treat the symptoms of a debilitating disease, we found these medicines were not being administered at the prescribed times. As a result, this could lead to poor management of the debilitating disease.
- The provider had a system for recording where on the body analgesic skin patches were being applied. We looked at two people who had been prescribed these patches and found the recording system was not being used for one person. The records for the second person showed the patches were not being rotated around the body in accordance with the manufacturer guidance. This could lead to sites on the body being used too often which could lead to these people experiencing unnecessary side effects.
- To maintain people's health and wellbeing the provider was administering some medicines by disguising them in either food or drink, this is known as covert administration. We reviewed the information and found the provider did not have all the necessary measures in place to ensure these medicines were administered safely.
- People who had been prescribed medicines on a 'as and when' (PRN) required basis had written plans in place however the information included in some of these plans was not sufficient to inform the staff of how and when to administer these medicines. For example, we saw written information for sedative medicines telling staff they had been prescribed for agitation but they did not go on to describe what the symptoms of agitation looked like or when it was appropriate to administer the medicine.

The provider's management and administration of medication did not ensure people received their medicines as prescribed, putting them at risk of unnecessary harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment

- Although people and relatives told us they thought there was enough staff employed, we had mixed responses from the staff. One staff told us, staffing levels varied they said, "On some days we only have three staff instead of the usual six." When we discussed this with the registered manager, they told us they used a dependency scale to ascertain how many staff were required to meet people's needs. The registered

manager told us, they had only admitted people when they had enough staff to care for people accordingly. They told us, they were trying to recruit more staff and had been successful in appointing more bank staff to assist in supporting the staff team and avoid the use of agency staff.

- On the day of our inspection we saw people's needs were attended to promptly, people's call bells were answered without delay.
- The provider followed safe recruitment practices. Before a new staff member started work employment histories, references and a DBS check were obtained. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from risk of abuse. A safeguarding policy was in place for staff to follow.
- Staff were confident in raising issues and concerns if needed.
- People who used the service said they felt safe living at the home. One person told us, "The staff treat me very well."
- Staff had received training and understood the importance of keeping people safe from harm and abuse.
- The registered manager was aware of their responsibilities when reporting allegations of abuse.

Assessing risk, safety monitoring and management

- Prior to moving into the service people told us they had a pre-admission assessment which provided staff with information about how a person's needs could be met.
- Risks to people were identified with assessments and care plans were in place. We found people's risk assessments had been regularly reviewed to ensure staff had the most up to date information and people's needs were consistently met.
- Checks on the home environment were completed regularly to ensure it was safe for people who lived there. These included checks to the fire prevention systems and any trips and hazards.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection

- 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 adhering to the government guidance on visiting. People confirmed they had been receiving visits from their relatives.
- A relative told us when they visited the home, they undertook a lateral flow test, and their vaccination status checked before entering the home. They were asked to wear PPE (Personal Protective Equipment) during their visit to help prevent spreading any infections. They described how they met their relative in a designated area of the home for example the home's pub.

Learning lessons when things go wrong

- Accidents and incidents involving people were recorded and reported by staff and monitored by the management team to learn from these.
- Patterns, themes and trends were reviewed at provider governance meetings to ensure improvements were taken when needed.

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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance processes had not been robust and needed improvement.
- Medicine audits were completed by management; however these had not identified any shortfalls. A quality audit report carried out on behalf of the provider stated there were no issues identified regarding medicines. These audits and checks were not effective, as they had not identified the shortfalls identified during the inspection placing people at potential risk of harm.

We found medicine administration and audit systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff and management told us they were clear what was expected of their respective roles at the service, although some senior staff members told us they felt, "Under pressure" with the amount of responsibility-delegated to them. For example, whilst undertaking a medication round they told us they were expected to answer telephone queries from doctors, nurses and direct junior staff." The registered manager told us they had recently introduced a new role of senior carer to ease this situation for the staff.
- The management team understood the regulatory requirements upon the provider, including the need to notify the CQC of certain incidents affecting the home and or the people living there.
- The provider was aware of the requirement to display their rating following an inspection and to ensure it was also upon the provider's website for people to see.

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

- People and relatives were positive about the care and the management. One relative described the management of the home as, "Very approachable and supportive."
- Staff spoke affectionately about people who lived at the home with a commitment to support people's health and welfare.

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 provider had a duty of candour policy. The management team understood their responsibility to be open and honest with people and others in the event things went wrong with the care and support provided.

- The provider apologised to people, and those important to them, when things went wrong.

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

- The provider and management team gathered the views of people living at the home and their relatives. This was done through daily conversations and customer satisfaction surveys and meetings. Relatives highlighted they appreciated the support their family members had been given to keep in touch with them during the pandemic, when visiting was not possible.
- Staff were also given the opportunity to comment on the care they provided to people. This was through team meetings and one to one [supervision] meetings. Staff told us, they felt the registered manager listened to them and was approachable.
- Equality characteristics had been explored as part of the pre-assessment process. Some people were supported to practice their religious beliefs and faith leaders visited the service.

Continuous learning and improving care

- The registered manager through the knowledge they had gained shared best practice and ideas which had worked well with the staff team. Staff told us they felt the registered manager was supportive.
- The registered manager had investigated accidents and incidents and had identified areas where improvements could be made. They ensured this learning was shared with staff and used to improve the quality of care provided.

Working in partnership with others

- We saw evidence the management team were working in partnership with community professionals and organisations to meet people's needs.
- A healthcare professional spoken with told us they worked closely with staff at the home to provide effective care for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider's management and administration of medication did not ensure people received their medicines as prescribed, putting them at risk of unnecessary harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance audits and systems were not robust and had failed to identify shortfalls identified at this inspection. Therefore putting people at unnecessary risk of harm.