

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Field Lodge

London Road, St Ives, PE27 5EX

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Care UK Community Partnerships Limited
Registered Manager	Mr Matthew Brian Cox
Overview of the service	Field Lodge offers a service to up to 72 adults and older people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 22 May 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask;

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

Below is a summary of what we found.

Is the service safe?

People we spoke with said they felt safe and that they knew staff would not hurt them. Staffing levels were high so that there were enough staff on duty to meet people's needs. Assessments of any potential risks to people had been carried out and actions put in place so that staff knew how to minimise and manage any risks.

Staff had undertaken training in protecting vulnerable adults from abuse. They showed us that they had learnt how to recognise if abuse was taking place, and that they knew to whom they would report any concerns. Telephone numbers for external agencies, such as the local authority's safeguarding team, were available for staff to use should they have needed to. Staff were also aware of the provider's whistleblowing policy, which was displayed on the board in the staff room.

Staff had undertaken training relating to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The manager had made applications to the local authority and we saw documents on file to show that a standard authorisation had been granted for one person. This meant that any restrictions to this person's liberty had been agreed as being

in their best interest. This showed that appropriate action had been taken to ensure people's rights were protected.

Is the service effective?

One relative told us, "I think this is perfect for my [family member]. It's a community for her and she's happy here." People said they were happy at Field Lodge, their needs were met by staff in the way they wanted them met and they liked the staff. Care plans gave staff good, detailed guidance about how each person preferred their care and support to be given.

Is the service caring?

On the day we inspected, a thank you card arrived in the post, from a person who had had a respite stay at the home. They wrote, "I can't thank you enough, you are all so caring."

We saw that people got on well with the staff and were comfortable with them. Staff had a friendly, caring attitude and showed that they respected the people who lived at Field Lodge. People told us that staff helped them to maintain their privacy and independence.

Is the service responsive?

People's needs were assessed before they were admitted to the home, and a care plan developed to meet each person's individual needs. The care plans were reviewed monthly, or more frequently if required, to make sure that the planned care and support was still meeting the person's needs.

A number of activities and entertainments were organised, which people could join in if they wanted to, and people were supported to maintain contact with friends and relatives. People and their relatives were given opportunities to express their views about the running of the home.

Is the service well-led?

Field Lodge had only opened a few months before this inspection. The manager demonstrated that they were fully involved in all aspects of the service being provided to people. People told us they would be happy to speak with the manager or any of the staff if anything was not right.

The provider had a robust quality assurance system in place to make sure that the service provided by the staff was of a very high standard. A range of audits and action plans ensured that all aspects of the service were closely monitored.

Staff told us they liked working at Field Lodge. One member of staff told us, "I really love my job." Those we spoke with praised the manager and senior staff, who they found to be very supportive.

We found that the provider was compliant with the regulations in all the areas we

assessed. If you wish to see the evidence supporting our summary please read the full report.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

On the day of our inspection there were 21 people who lived at Field Lodge or who were staying there for a respite break. As well as speaking with a number of people we were also able to observe the interactions between people and the staff. We saw that people were comfortable with the staff and that staff treated people in a compassionate and caring way.

All except one person told us they were happy to be at Field Lodge. This person told us that it was 'the situation' [of not being in their own home] that made them unhappy and was not to do with the service they received from the staff at Field Lodge. One person said, "They're very kind here and I'm very comfortable." A relative told us, "I'm happy for my [family member] that she's as happy as she's been consistently for a long time."

People told us that staff treated them with respect, maintained their privacy and dignity and encouraged them to be as independent as possible. One person said, "All the staff are extremely pleasant. They enable me to remain independent." We saw that personal care was offered discretely so that people's dignity was preserved.

People told us they were given choices in all aspects of their daily lives, other than lunch and dinner, which were at set times. They could get up and go to bed when they wanted to, eat their meals where they chose to, and do whatever they wanted to do during the day. A light lunch was provided, with the main meal in the evening. People said there were choices at all meal times, as well as snacks and drinks available in the kitchenettes in each area, which they could help themselves to.

A range of activities was provided so that people had a choice of things to do. One person told us, "Activities are marvellous, there's something happening every day." Another person said, "We have some very good things to do." This person showed me that staff had given them a leaflet, which detailed the week's activities. Field Lodge had a cinema room, next to the community café on the ground floor. This room was used for a number of activities, as well as for showing films. On the day we visited, there was a singing session, as well as several different games being played.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Field Lodge maintained a dual system of care records; electronic records and paper records. An assessment of each person's needs had been carried out before the person was admitted to the home. The information from the assessment was then developed into a care plan. We looked at two people's care plans and found that the plans gave staff very clear, detailed guidance regarding the care and support that each person needed. The care plans were cross referenced to other documents such as medication administration record (MAR) charts, and risk assessments.

There was a summary of the care each person required, at the front of the paper records, which was a quick aide memoire for staff. Within the care plans we saw several comments, quoted verbatim, that the person had made. For example, "I don't mind a bath or a shower, it depends what mood I am in." This showed us that people had been fully involved in the development of the plans for their care. The manager told us that they were trying to find a practical system to evidence that people had been involved, as the documents were not signed.

Staff told us that they were given time to read the care plans, which they found very useful. They also said they had time to get to know each person and to learn about their likes and dislikes.

Each person had a 'This is me' document in their paper records. The one we looked at gave detailed and very useful information about the person's past. This meant that staff were able to understand people better, especially people who were living with dementia. For example, staff knew that one person had been in military service, which explained why they preferred everything to be neat and tidy.

Records showed that assessments of any risks to each person were carried out, and guidance included within the care plan. We saw that the rationale for the decision was included within the assessment. Records also showed that people were supported to see a range of other health professionals when they needed to, such as their GP, district nurse, optician, dentist and chiropodist. The manager said the electronic system flagged up when regular appointments were due. This meant that people's health was monitored.

Staff had undertaken training relating to the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). They showed that they understood how this applied to the people who lived at the home. The manager told us that two applications for DoLS had been made to the local authority. One application was still being processed. The other had resulted in a standard authorisation being agreed. We saw the paperwork relating to this on the person's file. This meant that people's rights were protected.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The provider had a system in place to keep people safe from abuse. People we spoke with, and their relatives, said they felt safe at Field Lodge. One person told us, "Staff would definitely not hurt me, I feel safe with them." Another person said, "They're very kind here, I'm very comfortable and I feel safe."

Staff we spoke with told us they had undertaken training in protecting people from abuse (safeguarding). They demonstrated that they would recognise abuse and that they were clear about their responsibility to report any concerns. Staff knew that there were telephone numbers available so that they could report to external agencies if they needed to. They were also aware of the provider's whistleblowing policy, which was displayed in the staff room.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

During this inspection we found that staffing levels were very high for the number of people who were accommodated. The manager explained that people were being admitted in a steady flow, so staff had been employed to ensure there were sufficient staff, who knew the home and the job they were expected to do, as the home got fuller.

People we spoke with, and their relatives, were all very complimentary about the staff. They made comments, which included, "The staff are fine, I can't fault them"; "They take a lot of care"; "They're all very helpful"; and "The staff are very very good, they can sit and talk to you."

Staff we spoke with felt that they were always busy, but they had plenty of time to sit and chat with people and join in the activities, including taking people out. As well as care staff and nurses, there were a number of other staff employed, such as housekeeping, kitchen, maintenance and administration staff.

Staff told us they had undergone a lot of training. Staff who were employed before the home opened, spent three weeks on their induction. This included getting to know each other, learning about the home and undertaking a wide range of training topics, as well as getting familiar with the electronic recording system. The manager said that all new staff would be given several days at the start of their employment to ensure they were trained before they worked with people.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had a system in place to regularly assess and monitor the quality of service that people received, to ensure its effectiveness.

Reasons for our judgement

The manager told us about a range of quality monitoring audits that were part of the provider's quality assurance system. The manager also said that a new Director of Quality and Governance had joined the organisation and was in the process of "re-vamping" the auditing process. Currently, monthly audits were being undertaken by the home manager, in different areas of care, such as nutrition, activities, health and safety and medication. The organisation's directors also carried out audits.

Action plans were developed from the audits, with timescales, and the manager had to evidence that the actions had been completed. The manager demonstrated that he knew people well, and that he spent time 'on the floor' making sure that the home was running to a high standard and that people were satisfied with the service delivered by the staff.

Regular meetings for 'residents and relatives' had been planned for the year, and invitations had been sent to every family. Some people had also been asked to complete a satisfaction survey relating to the food. This had resulted in the chef doing a lot of work with one person to make sure they were given the food they liked. The manager said that once the home had been open for a year, the provider would send out the first of the annual satisfaction surveys that went to everyone who lived in any of the provider's homes.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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