

Barchester Healthcare Homes Limited

Field House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Field House is a service that supports older people. It provides accommodation with personal care for up to 20 people. There were 18 people living at the home on the day of our inspection.

Rating at last inspection

At the last inspection, in April 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

People continued to receive care which protected them from avoidable harm and abuse. Staff supported people's needs in a safe way, monitored risks to their safety and were available when people needed support. People's medicines were managed and stored in a safe way, and they had their medicines when they needed them. Some people managed their own medicines with safe support from staff.

Staff were supported through training and meetings where their views were listened to. Staff were encouraged to develop their skills so that they could develop their professionalism and take additional responsibilities in the home. Some of the staff had worked there for several years providing people with a continuity of care

People received care that was kind and compassionate. Care was tailored to the individual and provided by staff that were respectful, trained, well supported and managed. This ensured people received an excellent caring service.

Relationships with families and friends were cherished and developed so that people were able to maintain and develop their ties with people important to them. Friends and families built relationships with other people living in the home. This provided people living in the home with a continuation of friendships and interactions with a wide group of people that were interested in them as individuals and that enhanced their quality of life. Staff had been commended by relatives about the support they and their loved ones had received during the emotional time at the end of their loved one's life.

People received care and support that was individual to them. Their support needs were kept under review and staff responded when there were changes in these needs. People had opportunities to give feedback and make complaints about the care and support they received. They also had opportunities to make suggestions for improvements at the home and these were listened to.

People lived in a home where they felt confident to express themselves and felt comfortable to speak with staff and managers about concerns and issues that affected them. The provider had systems in place that continued to be effective in assessing and monitoring the quality of the service provided.

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 remains good.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

People received an outstanding service from staff that were extremely kind and compassionate. People were respected as individuals ensuring they were supported to make choices in all aspects of their lives.

People's independence was promoted and where needed support was provided so that people's privacy and dignity was maintained.

People's relationships with their friends and relatives were valued and the importance of these relationships was understood by staff.

Outstanding ☆

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Field House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, which took place on 9 May 2017 and was unannounced. The inspection team consisted of one inspector.

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on any statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to focus our inspection.

We contacted representatives from the local authority and Healthwatch for their views about the home. We used this information to help us plan our inspection of the home.

We spoke with five people who lived at the home and two visitors. We also met and spoke with two care workers, a clinical support manager from the provider's clinical team and the acting manager. We viewed three people's care and medicine records. We also viewed other records relating to the management of the home.

We observed people's care and support in the communal areas of the home and how staff interacted with people. We did this to gain an understanding of people's experience of the care and support they received.

Is the service safe?

Our findings

People continued to be protected from avoidable abuse and harm. Everyone we spoke with told us they felt safe living at Field House and with the staff that supported them. One person said, "Yes, I feel totally safe here. Staff are always about which helps me feel secure."

Staff had received training in how to keep people safe and protect them from avoidable abuse and discrimination. They understood how to respond to concerns and who to contact to ensure people remained safe. The acting manager understood their responsibilities in reporting and dealing with concerns. They would follow the local authority safeguarding procedures and notify CQC as required.

Risks to people continued to be managed in a way that protected them and kept them safe from avoidable harm. One person showed us the alarm bell in their room which they could use to call for help. They confirmed that they had used it during the night and staff has responded very quickly, so they felt safe.

The support people needed was provided in a way that enabled them to live their lives safely and maintain their independence. Clear plans were in place to ensure people were protected from risk both within the home and when out in the community. Staff were aware of risks associated with people's care and knew the support they needed to help keep them safe.

People were supported safely and their needs met by sufficient numbers of staff. People told us there were always staff around to help them when they needed it. Two people we spoke with told us the main reason they felt safe was because staff were always around, which gave them a feeling of security.

We looked at records which showed that the provider had made checks before staff started work. They confirmed the provider had requested their previous employers to provide references for them. They showed that staff had not been allowed to start work until criminal checks on their background had been completed to ensure they were suitable to work with people who lived at the home. These checks are called disclosure and barring service checks.

People's medicines continued to be managed safely. One person told us they managed their own medicines with the support of staff. They described the process of obtaining them and knew what medicine they needed to take and when. They stored these in a locked box in their room. Other people said that staff gave them their medicines at the same time each day. We saw people received their medicine safely and staff checked they were happy to take them. Staff checked each person's medicines with their individual records before administering them and records were completed correctly. Staff told us they were not allowed to administer people's medicine's until they had received the training they needed to do this safely, and their competency had been checked.

Is the service effective?

Our findings

People continued to receive effective care and support from staff who had the skills and knowledge to meet their needs. People told us they thought staff knew what they were doing and that they understood how to support them. Staff told us they received training and support that was specific to the people they supported and their individual needs. They had received training which helped them to understand and support people with their medical needs. Staff told us they had plenty of opportunities to attend training and understood how developing their skills benefitted people living at the home. One staff member said, "We have so much training that helps us to do our job. If we are not confident after one session then we do it again so that we are sure we can care for people in the right way.

Staff told us they had opportunities to reflect on their practice and discuss after incidents through regular one to one meetings with managers. They told us that during these meetings they received feedback on their practice and discussed their training requirements. The provider supported an 'employee of the month' award. People told us they were invited to participate in the voting for the award.

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. The service took the required action to protect people's rights and ensure people received the care and support they needed. People told us and we saw that staff ensured they had people's permission before they supported them with anything. Staff and the acting manager confirmed that everyone living at Field House was able to consent to their own day to day care. Staff understood the importance of obtaining people's consent. The acting manager understood their responsibilities in monitoring people's ability to give informed consent in line with the MCA.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). One person at the home was subject to a DoLS. The acting manager had submitted DoL application for this person and had liaised with the relevant authority. Staff understood the reason for this application was to ensure the person's safety whilst they were walking outside the home.

People had access to sufficient food and drink. People told us they could choose what they wanted to eat each day even though there was a planned menu. We saw people had access to fresh fruit and drinks, which were kept in the home's kitchen. Staff told us everyone was encouraged to eat a well-balanced diet. There was a themed 'meal of the month' and on the day of inspection it was Greek food. We heard people discussing the menu and they enjoyed tasting the variety of food during the lunchtime.

We read a comment from a relative that said, "The skill, guidance, understanding and patience that was shown by staff were outstanding, reassuring and ensured (person's health condition) was managed and

medical help called appropriately." People continued to be supported by staff to maintain good health. They had access to healthcare services when they needed them, such as the district nurse. Staff supported people to visit their doctors, consultants and other professionals and their on-going medical conditions, such as diabetes, were monitored appropriately.

Is the service caring?

Our findings

People living at Field House were happy because they felt valued as individuals by the people that lived there, the staff and the acting manager. We observed a very homely atmosphere in the service and people told us that this is what they liked about Field House. This was reinforced by a person that used the service who said, "The door is always open. Everyone is always welcome. They will feel the family feeling here too." This showed the person was confident in their belief that this was their home. We saw a comment from a relative that said, "I valued the love and support for (person) during their time at Field House. I came regularly to spend the day with (person) and had meals with (person) and their friends. The conversation would be as (person) would have had with any of their friends at home. Thank you for your perception in organising this. You made (person) feel welcomed and comfortable. Staff are very professional, understanding and kind which has been a great support. Second to none."

One person said, "Staff have been so kind and have helped me a great deal to get settled. Staff are relaxed in their work and it provides me with a calm atmosphere." They also said that they were greatly comforted because staff were so nice and their initial thoughts were that they liked it so much they did not want to leave. We saw that the atmosphere in the home was one that was calm, relaxed, welcoming and homely which helped people to feel comfortable and well cared for.

We saw that staff spoke gently with people and supported them at a pace and manner that was appropriate to the individual. This showed that people's emotional needs were recognised and dealt with showing dignity and respect for the person's feelings. We observed how a member of staff discreetly looked out for a person walking outside and gently helped to guide them back into the home when they were ready.

A healthcare professional involved in the home told us, "The home has a friendly feel to it and staff are very attentive, respectful and professional with myself and the people who live here. They assist me with (persons) which means they are always up to date with their progress." Staff explained how they had supported one person who was very dependent to eventually return home. Staff explained, "The person was poorly and unable to walk. We worked hard to involve other healthcare professionals so that their wish to go home was realised." This showed they cared about people's future aspirations and what really mattered to them.

The acting manager and staff had developed an ethos and culture of valuing people and treating people as individuals. One member of staff said, "(Person) is not a morning person. We understand that they do not want disturbing and respect that. But, we do encourage (person) later on in the day to get up and come to the lounge if possible, to prevent them from being too isolated." The care people received was very kind, caring and compassionate. We heard people were spoken with by staff in a caring, respectful and dignified manner. Staff used people's preferred names to address them, or used words of endearment to which people responded with smiles. There was a real connection between people and staff. We saw staff hug people providing contact and affection. We saw staff took time to listen to people, responded to their questions and interacted with people as they went about their tasks. Staff spent time chatting, laughing, joking and walking outside with people. We saw that touch, such as holding a person's hand or giving them

a hug, were used by staff to reassure people and to make them feel valued. We saw that people enjoyed this interaction through the smiles and banter they shared with staff.

We saw that discreet support was offered to people. We saw that support provided at lunchtime was correctly paced to meet the needs of the individuals and ensured that people were supported to eat as independently as possible. Everyone we spoke with was very complimentary about the staff that supported them.

The staff and acting manager received a high level of praise for the way in which people were cared for at the end of their life. Community health professionals were involved to make this passage as easy as possible for people. People's passing was shared with the other people living in the home in a sensitive manner. We read comments and compliments that the staff had received from families of people that had passed away. These showed that the care provided had been extremely caring and compassionate for both the individual and the family members. Staff told us that they encouraged relatives to visit the home for tea and chat even after their family member was no longer resident at the home. This was so that they could maintain relationships with people they had come to consider as friends and were able to share memories of their loved ones.

The service had a strong person centred culture. The ethos was that of an extended family. The caring attitude of the whole staff team reached out to the friends and relatives of the people that lived in the home. A visitor told us that they not only visited their family member but also spent time chatting with other people in the home because it was like 'One, happy family'. People met and had conversations with a variety of people helping them to have a greater level of interaction with different people. A visually impaired person visited the home with their dog to reminisce with people. This helped to make life more interesting and created a sense of community within the home.

The acting manager understood the importance of family relationships and friendships for people and worked hard to help ensure these were maintained. One person's spouse, who still lived independently, was welcomed to come and have meals with their loved one. This provided quality time, as they sat together at a private table.

We saw pictures where relatives were involved in special celebrations such as Christmas, birthdays and outings. People were given the activities planner for the week and we heard staff remind them of what was on for the day and invited people to join in by choice. This enabled relatives to plan their visits so that they could be involved in activities such as quizzes if they wished.

The whole staff team were closely involved in the running of Field House. We saw that all levels of staff knew everyone living in the home and their family members personally and took an interest in how everyone felt. Staff involved people in their work if they wished to. For example, one person had been actively involved in recruitment in the home. We saw pictures of this and they had developed questions to ask and looked at the candidate's CV. They told us they had enjoyed this very much. They said that staff had supported them to prepare for the interviews so that they communicated appropriately and understood the candidate's role.

We saw that people lived in a comfortable, homely environment that met their needs. The entrance hall was very welcoming with a table laid with coffee and cakes for visitors to enjoy. A folder, called 'What people feel about us', was displayed on another table in the hallway with letters and cards from relatives. One person told us that they had been supported to bring their furniture from home so that they felt like it was the bedroom in their own house. One relative commented, "Field House does not feel like a care home. The staff and environment make it feel like it is the family home of the people that live here." We saw that the home

was personalised with pictures and belongings of the people that lived there.

We saw that a culture of compassion and respect extended to friends and relatives. People told us that the staff and acting manager treated them as though they were part of an extended family. The acting manager and staff had an excellent understanding of how the 'atmosphere' in Field House was important to the people living there. They said this helped people with negative emotional states that could be experienced from having to move from their own house. For example, people may be experiencing fear, anger and anxiety. We were told how one person had daily one to one support from their key worker to enable them to talk through their personal issues which they considered had been a 'tremendous help' to them. They said, "This 'extra' care and help has certainly been a great support to me and enhanced my well being."

The provider had introduced a new personal record folder to be used for each individual. This was about people's hobbies and life history. The provider was training staff on how communicate with people using this format so that individuals could express their views in a more personal, detailed way. People's life histories were recorded and staff spoken with were aware of what people liked to do. For example, one person told us they liked to do a bit of pottering around in the garden. They said they had always previously been a keen gardener and they had a few gardening tools in their room to do what they liked. The acting manager explained how they had secured a budget for a laptop so that they could involve people in the planned garden renovation. They said, "We want to be able to show people what we all agree that will happen with the garden visually and so they can express their views and understand how it will pan out." Another person liked to help out with the laundry and this was facilitated with safety in mind.

People and their relatives told us that they were involved in making decisions about care and that communications between them and the staff were good. We heard from conversations that people were encouraged to share details about their lives and skills with others. We saw that the staff also shared details of their life with people which helped them to feel valued and important enough to have this information shared with them. For example, we heard people ask about the family members of various staff.

People told us that their privacy and dignity was maintained. We saw that there were en-suite facilities attached to bedrooms so that people could be supported with dignity and privacy. We saw staff ensured doors were closed when personal care was taking place. We observed that staff always knocked on bedroom doors before entering. For example, one staff member knocked on a person's door and called, "Hello, Housekeeping." They proceeded to enter and start a friendly conversation with the person. During meal times we saw that people were offered clothes protectors if they wanted. Staff assisted people and chatted about the things that interested them to make the mealtime a sociable and enjoyable occasion.

People were consulted about and involved in decisions about their care and this was recorded in their care plans. Each person had a key worker who co-ordinated their care, and looked after their wellbeing. They reviewed and updated each person's care plans with them regularly. A range of information for people and their relatives was provided in the home to inform and empower people to be involved in decision making. For example, about a variety of health conditions and impartial advisory and advocacy services.

Is the service responsive?

Our findings

People continued to receive care and support that was individual to them. All the people we spoke with told us they enjoyed living at Field House because they were supported the way they wanted to be. Staff asked them about how they wished to be supported to meet their personal and social care needs and they felt staff knew them and their wishes. For example, the pre assessment process asked people what type of bed they preferred and whether they liked to use blankets or duvets.

A relative's comment was, "The activities are really brilliant; word games, outings, Christmas meal and Church. All very normal things for (person) to be doing and I do thank you for your inspiration in managing this." Activities and community access were an important part of people's lives. People were supported and encouraged to engage in a variety of activities and some people regularly enjoyed spending time independently out in the local community day centre. During our inspection we observed some people enjoying bingo or quietly reading. We saw that weekly activities were planned for people to participate in if they wished. We saw a pictorial record of people's activities they had engaged in. The provider facilitated an 'open house' day, whereby members of the local community were invited to visit the home and meet the people living there.

People told us if they had any complaints or concerns they would speak up and let staff know. One person said, "I can go to any staff." People were encouraged to give their opinions on the care and support they received and told us they were listened to. There was a complaints procedure in place, which people had access to although they preferred to speak directly with staff and managers. Staff told us about the one to one time they spent with people as their keyworker. This was an opportunity for people to express their opinions about their experience of the support they received. They and the person really valued this time and helped them carry out their keyworker role well.

Is the service well-led?

Our findings

People told us they enjoyed being involved in the day to day running of the home. People told us they felt able to talk openly with the acting and deputy managers at the home. One person said, "I like the people in charge. They always sort things out. They make me feel secure and wanted." Staff told us the managers were involved in the daily routines of the home and knew what happened on a day to day basis. Staff felt supported by the acting manager and one staff member told us, "I can talk to them and they will listen to what I have to say. We are family like that."

We asked staff about the culture and values of the service. Staff told us that they all worked well as a team and respected one another. Staff also said that they highly respected the people who lived in the home. One staff member said, "It's important to remember that everyone who lives here is the most important person. It's our place to listen to people and help them carry on having as good a life as possible."

Another member of staff told us, "New people moving in can be more dependent than before, so we help people to work towards being more independent again; it's a lovely feeling when you see people achieving things for themselves and getting their confidence back again, or even moving back home with community care support."

There were a number of systems in place to identify and rectify any issues with the quality of the service when they arose. There were also processes in place for regularly auditing areas such as care plans, medicines, infection control and the overall maintenance of the service. The care plans and other records we looked at were well maintained, up to date and stored securely. The acting manager and provider's quality team completed and reviewed audits which were based around our 5 key questions.

The home is required to have a registered manager in post. The acting manager was in post and was due to complete the registration process with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The acting manager demonstrated she was forward thinking and very person orientated.