

Field House (EYE) Ltd

# Field House

## Inspection report

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25 May 2017

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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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Field House provides accommodation and personal care for up to 49 people, including people living with dementia. Nursing care is not provided by the home's staff. The home is built on two floors and has a number of both large and small sitting and dining areas where people can choose to sit. At the time of this inspection there were 36 people in residence.

The provider is also registered to provide care to people living in their own homes in the community. At the time of this inspection there were four people using this service.

At our last inspection the service was rated as good. At this inspection we found the service remained good.

The service was safe because potential risks to people were assessed and minimised and staff understood their responsibility to protect people from avoidable harm. There were enough staff on duty to meet people's needs and staff recruitment ensured that only staff suitable to work at this home were employed. Medicines were managed safely and people received their medicines as prescribed.

The service was effective because staff received induction, training and support that ensured they could do their job well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. People's nutritional needs were met and people were supported to have enough to eat and drink. A range of healthcare professionals visited the home to support people to maintain good health.

The service was caring because staff treated people with warmth, kindness and compassion. Staff showed they genuinely cared about the people they were looking after. They respected people's privacy and dignity and encouraged people to be as independent as they could be. Visitors were welcomed and also had warm, friendly relationships with the staff.

The service was responsive because care plans were personalised and gave staff guidance on the care each person needed. A wide range of activities, outings and entertainment was provided and people were encouraged to follow their own interests. People and their relatives knew who to speak to if they were not happy with the service and were confident their complaints would be addressed.

The service was well-led because there was a registered manager in post who was dedicated, approachable and provided good leadership. People, staff and visitors to the home were encouraged to put forward their views about the service being provided. The quality of the care was monitored by a range of audits that were carried out regularly.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains well-led.	<b>Good</b> ●

# 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 inspection included an unannounced visit to the home on 16 May 2017 by two inspectors. A second visit to the home was arranged with the registered manager and was carried out on 25 May 2017 by one inspector.

Prior to the visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about. We asked for feedback from healthcare professionals who had regular contact with the service.

In May 2016 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. We used some of this information to assist with planning the inspection, although we were aware the information was not fully up to date.

During our visits on 16 and 25 May 2017 we observed how the staff interacted with people who lived at Field House. We spoke with twelve people who lived there and three of their relatives. We also spoke with five members of care staff, the head of care and the registered manager. We looked at four people's care records as well as other records relating to the management of the home. These included records relating to the management of medicines and accident and incident records.

Following the site visits, two of the health and social care professionals we contacted sent us their views about the service. We also spoke over the telephone with two people and a relative of one person who used the service provided in the community.

# Is the service safe?

## Our findings

We found that people felt safe living at Field House. They told us they liked the staff and knew staff would not hurt them. A relative said, "They [staff] have always been kind to [my family member] and looked after [them]."

Staff told us they had undertaken training so that they knew how to protect people from avoidable harm. They demonstrated that they would recognise abuse and would not hesitate to report appropriately if they had any concerns. This included reporting to external agencies responsible for safeguarding, such as the local authority and the police. One member of staff said, "Abuse is not acceptable." The registered manager told us how they had recently worked with the local safeguarding team to respond to a safeguarding matter that was found to be unsubstantiated.

Any potential risks to people had been assessed and guidance put in place for staff so that the risks were minimised. Potential risks included falling; being assisted to move; developing pressure ulcers; and becoming malnourished. Other risks, such as risks relating to the use of bed rails had also been assessed and recorded.

The provider had developed an action plan in case the building had to be evacuated in the event of an emergency. The plan, including whether people needed assistance, was displayed in various locations around the home so that it would be available when required.

We found that there were enough staff on duty to meet people's needs in a timely way and to keep people safe. One person told us, "There's always somebody around." We saw that staff were busy. However, people were given assistance when they needed it and staff were able to spend time talking to people and joining in with activities. The registered manager told us they had scheduled an additional member of staff to concentrate on two people to encourage them to eat their breakfast. Whenever possible staff covered each other's leave and sick leave so that people had continuity of care from staff they knew.

The registered manager told us they followed their recruitment policy and staff confirmed that all pre-employment checks had been completed before they started work. These included a criminal records check and references, which were verified by a telephone call to the referee. This meant that only staff suitable to work at this care home had been employed.

We checked that medicines had been managed safely and found that people had been given their medicines as they had been prescribed. Staff had signed the medicine administration record charts to show that medicines had been given, or used an appropriate code to explain why they had not been given. Staff were aware of medicines that had to be given in a specific way and records showed that special instructions were adhered to. We found that any errors relating to medicines were dealt with promptly and robustly to try to ensure that no further errors occurred.

## Is the service effective?

### Our findings

People and relatives made very positive comments about the staff, which assured us that people felt the staff did their job well. One person said, "[Staff are] brilliant. ... they do their job properly." A number of relatives had written to the provider to praise the staff. One wrote, "I was very impressed with [name's] level of care." Another wrote, "[I am] very very happy with all you do."

Once appointed, new staff underwent an induction, which included training and discussion to make sure the new staff member knew what they were doing. They shadowed experienced staff, including the registered manager, until they were competent and confident enough to carry out their role. Staff told us that they undertook training in a range of topics relevant to their role. These included moving and handling; emergency aid; food hygiene; safeguarding; dementia; and person-centred care.

Staff told us that the management team and their "co-workers" gave them a great deal of support. They said that the registered manager worked alongside them a lot. One member of staff said, "[Name of registered manager] is on the floor most of the time and will always answer the phone [at other times]." They added, "It's really good to know there's always someone to support us." Staff received regular supervision from their line manager so they had opportunities to discuss what was going well and what could be better.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty safeguards (DoLS). We checked that the service was working within the principles of the MCA. We found that assessments of people's capacity to make decisions had been carried out and recorded in their care records. Staff confirmed they had undertaken training and told us that the MCA was about each person's ability to make decisions and choices. We saw that people were supported to make choices and, when required, applications for DoLS authorisations had been made to the local authority. This told us that people's rights in this area were protected as people had no unlawful restrictions imposed on them.

People's nutritional needs were assessed and people were supported to have enough to eat and drink. Several people and their relatives told us that the food was very good and we saw that people enjoyed their lunch. People were given choices for their meals, offered second helpings and cultural needs were respected and met. We saw staff encouraging people to eat and drink in ways that were suited to the individual. For example, one person was offered a range of foods and they chose ice cream and trifle. When another person did not eat their lunch staff offered them a jam sandwich, saying, "I know you like a jam sandwich. Would you like one?" A relative of another person wrote, "Staff are always checking to make sure [they are] drinking [their] protein shakes." Records confirmed that people were referred to the dietician when there were concerns about their weight.

People were supported to maintain good health by the involvement of a range of external healthcare professionals, such as the GP, community nurses, chiropodist, dietician and optician. One relative told us, "[Staff are] quick to identify when [family member] is not [them]self and do not hesitate to contact the

doctor." Healthcare professionals told us that staff referred people to them appropriately and followed the advice they gave. One told us, "They follow our written guidelines following assessment and communicate via telephone should the need arise."

# Is the service caring?

## Our findings

We saw that staff and people who lived at Field House had warm, comfortable and friendly relationships with each other. We noted genuinely caring interactions between staff and the person they were supporting. People made very positive comments about the staff. Their comments included, "It's wonderful here. The staff are very good"; "They are very kind and patient"; and "I love it here. If I didn't like it I wouldn't stay."

Relatives had been encouraged to share their feelings about the staff and the compliments folder contained numerous, very positive remarks. Words such as helpful, cheerful, friendly, loving, professional and good were used several times to describe the staff. Written comments included, "All the staff are lovely and very attentive"; "[Name] is very fond of the staff who are always cheerful and attentive to [their] needs"; "Thank you for all the love and care shown to my precious [family member]"; and "Thank you all very much for looking after [name]. Your care and understanding is great."

A visitor to the home said, "The staff are always polite, helpful and welcoming." A healthcare professional described staff as "friendly and courteous". We saw that staff encouraged people to look after each other. One person was clearly delighted to be asked to keep encouraging the person sitting next to them to finish their meal. Another person told us they enjoyed making sure their friend had everything they needed.

Staff showed us that they knew people's individual likes and dislikes well. For example, at lunchtime staff were able to offer people who were struggling to eat their meal a choice of foods that the staff knew they liked. A healthcare professional told us, "[Staff demonstrate] a good knowledge of their resident...and are able to discuss the resident in detail."

People told us they were given choices in all aspects of their lives. For example, we saw that people chose to stay in their bedroom if they wanted to or to sit in any of the communal lounges. Choices were offered at all mealtimes. One person told us they had asked for "proper fish and chips". The registered manager said that people who wanted to could now order a fish and chip supper from the local "chippy" every Monday. One person had decided not to follow the advice given by a speech and language therapist and this was fully recorded in their care records.

Staff respected people's privacy and dignity. For example staff always knocked on bedroom doors before entering and personal care was offered discreetly. A screen was used in the dining area when a community nurse wanted to change a dressing quickly. Staff told us they supported people to maintain their independence. Care plans guided staff on what people could do for themselves.

Staff worked hard to ensure they found ways to communicate with people effectively. For a number of staff, English was not their first language but they worked hard to make sure they understood and that they were understood. Also, their language skills were used to communicate with people using the service who preferred to speak in their native language.

Visitors were welcomed at any time and encouraged to be as involved as they and their family member

wanted them to be in the person's life. The registered manager told us that two relatives had chosen to continue to support their family members to have a bath or shower.

## Is the service responsive?

### Our findings

The registered manager told us that an assessment of the person's needs was undertaken before the person was offered a place at the home. This was to ensure that the home had the facilities and staff to fully meet the person's needs.

Care plans had all been changed a short while before our inspection, with support from the local authority. They were all written in the first person and were personalised to each individual. We found that they were up to date, reflected the person's needs and gave staff detailed guidance on how the person preferred their care needs to be met. Relatives confirmed that they had been involved and had agreed that the care planned was what their relative wanted. When the information was available, the person's life story was included in the care records to give staff a greater understanding of the person. Staff told us that they were given time to read the care plans, were told when the plans had been updated and that they found them very useful.

The provider employed a very enthusiastic activity planner and a wide range of activities, outings and entertainments was offered to people. The activity planner had written detailed notes relating to activities undertaken by each individual, also making clear where activities had been offered but refused. This member of staff had tried to find as wide a range of things for people to do as possible. For example, they told us how some of the people living at Field House had joined a community group to do 'litter-picking'; they had attended the school fete and joined in all the children's games; people made pancakes; and people had raised funds for the Alzheimer's Society.

People's individual interests and hobbies were taken into account and staff supported each person to continue with them if they wanted to. For example, one person chose to visit the local mosque frequently and the registered manager would often drive them there. One person knitted squares to send abroad, people went to a local church for lunch once a month and a dog visited the home every Friday.

People were encouraged to keep physically active. For example, exercises were encouraged every morning. We saw that when the activity planner or staff were not available, one person who lived at the home led the exercise session. The activity planner said, "It keeps people better physically, improves their lives and reduces work for the carers." The registered manager told us that relatives were encouraged and welcomed to join in all activities and were invited on outings, which meant that more people could go. Other staff told us that they spent time with individuals doing things such as reading, manicures or taking them for a walk.

The provider had a complaints policy and procedure that was displayed on notice boards around the home. People and their relatives all told us they knew how and to whom they would complain if they needed to. However, they said they had not had to. One person said, "It's quite nice really, I haven't had to complain." A person in the community said, "I'd know who to talk to if it wasn't right." A relative told us, "I can't fault the place. ... I'd have a word with [name of registered manager] if anything wasn't right." The registered manager told us, "We're constantly in touch with relatives – it prevents complaints."

## Is the service well-led?

### Our findings

Everyone we spoke with praised the service provided by Field House. Comments from relatives, visitors and health and social care professionals included: "The owner is pleasant and helpful. The clients are happy to stay here and love the food and good care"; "The place has improved tremendously"; and "They think out of the box at all times and do the best they can for the resident. Keep up the good work."

Staff told us they enjoyed working at Field House and they felt very well supported by the registered manager, the head of care and by each other. One member of staff told us, "I'm absolutely satisfied with my job and I'm very lucky to have found [names of the owners]." Another said, "I love being here. It feels really comfortable. ... The managers are really caring, very flexible and provide whatever we want. ... Things are getting better and better."

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 registered manager had been at the home since it opened nearly 30 years ago and was liked and respected by everyone. She was described as extremely caring, very approachable and dedicated. A healthcare professional wrote, "The [registered] manager is hands on and knows her staff and residents well. ... She will drive new initiatives we discuss with her." Another healthcare professional wrote, "The staff and management are very keen to improve and want to provide the best care."

People, their relatives, professionals visiting the home and the staff were given opportunities to put forward their suggestions for improvements to the service. This was both formally via meetings or written questionnaires and informally through chats with the registered manager. When asked for comments or suggestions for improvements, one relative wrote, "It is difficult to add to the very high standard of affectionate care – an example to many others."

A range of audits on various aspects of the service were carried out and any issues found were addressed. For example, we saw that audits of medicines had been undertaken regularly and audits of care plans were on-going. Incidents and accidents were recorded in detail and thorough investigations of any incidents were carried out to try to ensure that the same incident did not happen again.

Staff knew about the provider's whistle-blowing policy and felt they could safely raise any issues about poor practice if they needed to. The registered manager was confident that staff would report any concerns.

Our inspection found that records were maintained as required. The registered manager was aware of their responsibility to send notifications to the CQC as required by the regulations.