

Prime Life Limited

# The Fieldings

## Inspection report

Huthwaite Road  
Sutton In Ashfield  
Nottinghamshire  
NG17 2GS

Tel: 01623551992  
Website: [www.prime-life.co.uk](http://www.prime-life.co.uk)

Date of inspection visit:  
10 October 2019

Date of publication:  
06 December 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The Fieldings is a residential care home providing accommodation for those who require nursing or personal care. The home is registered for 47 people and there were 29 living at the service at the time of our inspection.

The home spans over two floors with a dining room on each floor and various lounge areas. Bedrooms have their own en-suite facilities.

Medicines were not always managed safely. We found a number of discrepancies regarding the management and monitoring of medicines.

Staff didn't always respect people's dignity and privacy but they were working on ways to ensure that people were as independent as possible.

End of life care planning was not followed through with people's wishes. One person had asked to have a will written and this had not been supported.

Staff referred to people in a respectful manner. Some people felt that the staff supported them well, other people thought that some staff did not support them as well.

The provider had acknowledged improvements that were required and had put measures in place to make the required improvements. This was being implemented at the time of our inspection and we saw that new processes had been implemented to bring about positive change.

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.

The environment was safe, clean and suitable for people's needs. We observed cleaners working in both the communal areas and cleaning individual rooms.

People's right to make their own decisions was respected. People were supported to access healthcare services if needed. Staff had appropriate skills and knowledge to deliver care and support in a person-centred way. People were supported to have enough to eat and drink.

The service had a manager who was registered with the Care Quality Commission. However we were told by the area manager that there was to be a new registered manager in post and the current one would be deregistering from the service. There was an acting deputy manager who had applied to be the registered manager and they had a clear vision about the quality of care they wanted to provide. Staff were aware of their roles and responsibilities. A range of quality assurance checks were carried out to monitor and improve

the standards.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

This was a full comprehensive inspection as a follow up to a previous responsive inspection which was carried out on 3 May 2019. At the previous inspection the service was rated as inadequate in all domains and there were several breaches of regulation. We carried out this inspection to identify if the provider had carried out the required improvements as per our last inspection findings.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

The Service was not always Effective

Details are in our Effective findings below

**Requires Improvement** ●

### Is the service caring?

The service was not always Caring

Details are in our Caring findings below

**Requires Improvement** ●

### Is the service responsive?

The service was not always Responsive

Details are in our Responsive 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** ●

# The Fieldings

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors, a specialist advisor who was a nurse and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

The Fieldings 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, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from partner agencies and professionals. We used information from the local authority who were supporting the service to make improvements at the time of our inspection. We used all of this information to plan our inspection.

During the inspection-

We spoke with 12 people using the service, we also spoke with seven staff members, this included two senior managers, the manager, kitchen manager, a senior, three care staff and a domestic assistant. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included seven people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also looked at policies and internal quality and health and safety audits.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved 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.

### Assessing risk, safety monitoring and management

At the last inspection we found that the provider had failed to ensure that they kept people safe from harm resulting in one person being harmed. This was a breach of Regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13. Staff were more aware of safeguarding processes and how they could spot the signs of abuse.

- Risk assessments were completed and contained relevant updated information. Improvements had been made within the assessment of risk and there was more attention to detail regarding all aspects of risk management.
- We saw a risk assessment regarding a person's heightened risk of choking advised an appropriate pathway including the referral to a specialist nurse to mitigate the risk.
- The home had recently had a fire in a bathroom and we saw people's flooring with multiple burn marks from cigarette ends. The manager told us that they were doing regular checks on people who smoked to reduce the likelihood of a further fire. People told us that they were happy for staff to check this as they knew it caused a risk to others. Robust risk assessments had been introduced around people smoking and we saw staff going into check people in their rooms. This was done in a pleasant friendly manner.

### Staffing and recruitment

At the last inspection we found the provider failed to ensure that care was provided in a safe way. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12. Improvements had been made in staff training and a missing persons profile had been developed for each person. This allowed the service to share information with other professionals if necessary to keep people safe but further improvements need to be made.

- Safe recruitment procedures were followed, this included taking references and checking criminal records to ensure that new staff were safe to work with vulnerable people.
- There were systems in place to plan staffing levels according to people's needs.
- The registered manager told us that they had a more positive staff team now who were supportive of the changes that had been made. Staff were keen to engage in improvements to the service.

### Using medicines safely

- Medicines were not always managed safely and effectively. There were missing signatures on the Medication Administration Records (MAR). This had been identified in an audit and management were working to improve recording with staff.
- Some PRN (as required) medication and topical creams were found to have no date on the box of when they had been opened. This can pose a risk with some medicine which has a short shelf life and should be disposed of after a certain time.
- Staff were trained in administering medicine and understood the importance of managing and monitoring people's medication. Staff were competent to give people their medicines and they had received training in medicines management.
- We saw that some medication had been checked in and signed for by one member of staff when it required two. This posed a risk of medicine not being checked sufficiently to ensure that it was the correct medicine and the correct dose for the right person.

#### Systems and processes to safeguard people from the risk of abuse

- People told us that they didn't always feel safe. One person told us, "Staff just come into my room and take things." Another person said, "There is someone using drugs on my corridor and I have told staff and the manager, but they don't listen." We spoke with the manager about the concerns raised and they told us that they do listen, and they are now addressing concerns at the time someone tells them. Staff are being supported by the management to listen to people and take concerns seriously. This allows people to be listened to and to take action as soon as it is necessary.
- One staff member told us that things were improving; the management team were providing staff with better support and training, so they could work more effectively and understand the needs of people living at the service. Another member of staff said, "The home has been divided into four units and we are allocated a unit to work on, this allows us to get to know people better and offer them support to keep them safe."
- Staff received training in safeguarding and could tell us how they would report any concerns. Staff also knew about the whistleblowing procedures.

#### Preventing and controlling infection

- Personal protective equipment (PPE) was readily available and we observed staff using it.
- Domestic staff were aware and followed best practise guidelines about the potential risks associated with cross contamination. They could tell us about different equipment and mops for each area and the importance of using the correct one. This prevents cross contamination from high risk areas such as toilets and bathrooms.
- Cleaning schedules were available, and the cleaners worked systematically cleaning people's rooms and all of the communal areas. This was an improvement from the last inspection where there were significant concerns regarding infection prevention and control.

#### Learning lessons when things go wrong

- Feedback from people using the service is sought and information is used to make changes and improvements.
- The service had systems in place to review, monitor and analyse all accidents and incidents. At the time of our inspection new systems had been introduced and needed to be embedded to realise their effectiveness. This would give the home a better insight into preventative measures to better support people.
- Regular meetings were held with staff and people using the service. They had annual questionnaires and results were acted upon and displayed.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

### Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that staff training was up to date and competencies checked this was a breach of regulation 18 (1)(Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18 (1).

- Staff were better trained in infection control and food hygiene and were aware of their responsibilities of this in the section of the home which they were responsible for.
- People were supported by staff who had received a range of training to support their needs. Staff told us that they were supported by the manager during regular supervision meetings.
- One staff member told us "New staff should receive training earlier, they have an induction and shadow but aren't adequately trained to support people until they have received proper training." Another staff member told us that they enjoyed supporting people who were new in post and that training was arranged soon after they had started. We saw information on the induction programme for new staff and it was comprehensive. Training was arranged throughout so that they were fully competent to carry out their role.
- People using the service had mixed views on the staff team. Most considered staff competent and supportive but not all.

### Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider had failed to ensure that people were supported to live healthy lifestyles specifically with regard to meeting healthcare needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- The service had undertaken changes in the way they supported people with smoking and substance abuse. There was a better understanding and they had introduced a keyworker system which meant that people were supported by a small team of staff who knew them well.
- Risks associated with weight loss were not always managed safely. Food and fluid charts had not been effectively maintained when people has lost weight. This meant that people were not being supported as they should be with nutrition and hydration leaving them at risk.
- There was a choice available at mealtimes and if people didn't like what was offered, there were other alternatives.
- One person told us that they had to have a specific diet due to a health condition, it took a long time for

staff to listen and even then they would offer inappropriate drinks. This had put people at risk of long-term health conditions. However, this had been addressed as the service had developed a better understanding of dietary needs and the cook told us how they worked on menu planning to ensure that all health conditions and preferences were catered for.

- Food stocks were good, and the cook understood the importance of specialist diets. They had menus for vegetarian and vegan diets and would cater for any religious requirements if it was required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and regularly reviewed. Records had been improved and the service was working towards effective care planning which reflected changing needs. This change had been recently introduced and needed embedding into regular updates and reviews.
- Care plans contained detailed information to support specific health conditions, dietary requirements and mental health support needs.
- There had not been any new admissions since our last inspection and so we were unable to comment on the process for new people.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with external healthcare professionals who they referred on to as necessary.
- We spoke with a visiting professional who worked with individuals who had diabetes. They told us that the condition was not managed well with regard diet as people were not restricted with foods which could worsen the condition. The manager explained that they encouraged people to eat a healthy, balanced diet but the person being referred to had full capacity and therefore could choose what they wanted to eat.

Adapting service, design, decoration to meet people's

- The building was purpose built with wide corridors and clear signage. Corridors were wide to allow for wheelchairs and walking frames. Most of the people living at the service were mobile and could navigate through the building unaided.
- People could personalise their rooms and have what they wanted in them. At our last inspection we saw that some people tended to hoard items. The manager told us that they had put strategies in place so that staff could support people to manage this which made their rooms safer and more accessible.

Supporting people to live healthier lives, access healthcare services and support

- Oral hygiene is a priority for the service although the manager told us that it was a work in progress and a difficult thing when people have had poor oral hygiene for some time. One person told us "I have had some teeth out and I have another appointment." The manager told us that it would be easier and cause less anxiety if they could find a dentist willing to visit the service.
- The cook told us that they worked hard to have healthy food choices available to meet people's dietary needs.

Ensuring consent to care and treatment in line with law and guidance

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.

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 MCA.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There were no clear details of fluctuating capacity, one person self-harmed and records showed that staff removed items from their bedroom to prevent them from hurting themselves, there was no evidence they had consented to this and no capacity assessment to show that this had been considered. The regional director told us they were waiting for an appropriate person to conduct an assessment. However, their rights had not been respected in the interim.
- The registered manager worked with the local authority to seek authorisation to have a DoLS in place. At the time of our visit there was one person who had a DoLS authorised. There was a further four DoLS authorisations applied for.
- Staff understood the need to ask people for consent and we heard them do this during the inspection.

# Is the service caring?

## Our findings

.Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant people were not always supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

The provider had also failed to ensure that people had sufficient clothing resulting in people not being treated with dignity. This was a breach of Regulation 10 (Person-centred care) of the Health and Social Care Act 2018 (Regulated Activities Regulations 2014). Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

- We saw that people were treated with dignity and had enough clothing to meet their needs.
- Medication was not given in a dignified way. People queued at the medication room to receive their medicine, this was institutionalised and not person centred.
- People were encouraged to be as independent as possible and where some required additional support, this was done discreetly. However, some people told us that they did not like living at the service but we could not find any plans in place to be moved. One person told us that they would like to be closer to family and another just wanted to move from the service.
- People's confidentiality was respected. Guidance was in place to ensure that staff checked the content of shared information to support people's rights in this respect.
- Staff understood that people had different interests and hobbies. The manager told us that they were working on a more individualised way of delivering activities so that it was tailored to people's interests.

Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection the provider had failed to ensure that staff supported people adequately or engaged with them positively with particular regard to meeting people's needs. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- A new keyworker system had been started which meant staff were responsible a small group of people which meant that they could work with them more effectively.
- We saw staff interacting with people and talking with them. We also observed staff knocking and waiting for a response before entering a person's room. However, this was not consistent as some people told us that they were unhappy with how the staff interacted with them.
- One person told us, "Staff stick up for me, they know me and they have taken me out, they know I love shopping." There were mixed views about staff, however most people felt that they were treated well and supported appropriately.

- Staff understood the importance of treating people as individuals and referred to people in a respectful way. Staff told us that they liked the new staffing structure and that the small team worked together well and people were more comfortable coming to them for support.
- One person told us "Some staff are really good and others don't really care." We spoke with the manager regarding this and was told that previous staff had been very negative but they had since been replaced and staff were recruited with positive attitudes towards their roles.

Supporting people to express their views and be involved in making decisions about their care

- There was an advocacy service available and there was a notice on the board promoting this. However, one person told us that they did not know that it was available and would have been useful. We discussed this with the provider and suggested that this was discussed in meetings to heighten awareness.
- People were involved in their support planning and were able to express their preferences in the way they liked to receive support.
- One person told us, "Staff probably know me better than I know myself. They have worked closely with me and I know I can go to them."
- Records showed that people were involved in meetings to discuss their views and make decisions about the care they received. This included choices of activities, food and how they were supported.
- Staff told us that since they had developed a more focussed way of working, they got to know people in their own area of working. This meant that they could build relationships and offer more tailored support in a person-centred way.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant people's needs were not always met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure that people had the opportunity for meaningful activity and occupation, in relation to planning for positive outcomes. This was a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- The service worked on a range of activities with staff who were responsible for less people which allowed staff to know people's interests better.
- People were supported by staff who knew them well and understood their preferences. People told us that some staff listened to them but others told us that they didn't feel that staff listened at all. There were regular meetings and opportunities for people to express their views.
- Some people had care plans which were personalised and detailed. The registered manager explained that they had carried out work on care planning which was a work in progress, but we observed that the information was detailed and relevant. However, not all care plans had been completed and needed work bringing them up to date and ensuring that all care plans were live documents, up to date and relevant. For example, one person's toileting care plan states is independent in this area, suffers with constipation and takes Senna. The person told us they have IBS and specific dietary requirements, this was not in the care plan.
- The manager told us that they regularly reviewed the information in the care plan and risk assessments. They realised the importance of the document being live and the need for regular reviews.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and it was clear how people wanted to be communicated with. Information could be accessed in other formats where needed. This showed that the service was meeting the accessible information standard.
- We saw information in pictorial format and one staff member was working on producing menus for each table so that it was easier for people to see what was available in a clear way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities which they enjoyed doing. For example, one person liked to go shopping and received support from a member of staff.
- We saw pictures of different activity days and events which people had taken part in. However, there was no allocated activity person employed and the in-house activities tended to be very basic such as dominoes, jigsaws and Cluedo. The manager told us that with the change in the staffing structure, people were having a more person-centred approach to activities and staff were working more on a one to one basis, discussing what people would like to do. This was not happening at the time of our visit and some people did not have any planned activities.
- Visitors were welcome in the service and friends and family were made to feel welcome.
- The service held events with other services owned by the same provider, this helps people to meet new people and enjoy social activities safely.

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and there was a robust policy in place which was displayed.
- One person told us, "I would talk to the manager, I don't think I have ever made a complaint."
- The manager told us that they addressed complaints and concerns as soon as possible to ensure that they were resolved as soon as possible.

End of life care and support

- End of life care plans were in people's care files, however when people had expressed certain wishes in the plan these had not always been followed up. One person had said that they wanted to make a will, this request was in 2013 in another home owned by the same provider. However, this had not been followed through and at the time of our inspection this had still not been arranged.
- The manager was making changes to all of the plans and was aware that improvements were required, and they had made a start of reviewing all areas within end of life care planning.

# 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 the last inspection this key question was rated as inadequate. At this inspection this key question had improved 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

At our last inspection we identified serious concerns about the leadership and management of the Fieldings, this had a negative impact upon the quality and safety of the service people received. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The area manager and manager had made improvements throughout the service and taken on board all concerns from other agencies and concerns from our last inspection. we restricted admissions as a result of last inspection and that further assurances are needed to ensure that quality and safety of service is maintained with any new admissions as this was a key risk area.
- The home did not have a registered manager present at the time of our inspection. The area manager was providing senior management support to enable improvements and the acting deputy had applied to be the registered manager.
- Management and staff were clear about their roles and worked together as a team to provide appropriate support for people.
- Management had recognised the issues with the service management and delivery and had brought about changes. These changes need to be sustained and embedded into the service as they were only just implemented at the time of our inspection. There had been improvements in the management and oversight of the service. Care planning and risk assessments had improved but required further work. Consideration had been given to improving the lives of people who lived at the service by investing in the staff structure and deployment.
- The manager had a clear vision regarding improvements they wanted to make to the service. It was clear that improvements were already being made.

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

- The service had been rated as inadequate at the last inspection. During this inspection we could see that changes were being implemented, advice was being adhered to and there was a sense of purpose. However, this needs to be embedded into the service and the changes made to see the improvements required.
- Senior management were present during the inspection and they were open and honest about the service.

Changes had been implemented but this needed to be embedded into the service for improvements to be realised.

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 was open and honest regarding the problems with the service and how they were planning to address them.
- The manager understood their regulatory requirements and consistently ensured that they notified us about events that they were required to by law.

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

- People living at the service were given opportunities to give their views on all aspects of their care and support. They were regularly consulted with and their views were taken into consideration.
- The manager told us that they were keen to engage with professionals to bring about improvements to the service.
- The service has embraced different cultures and protected characteristics. They held a Bastille Day and they also celebrated a gay pride day for LGBT people which everyone took part in and enjoyed.

Continuous learning and improving care

- The provider told us that they were keen to make improvements and are keen to engage with other services for the benefit of people there.
- The staff we spoke with said that they would feel confident to report accidents and incidents and that learning or recommendations from incidents were shared with them.

Working in partnership with others

- The service worked in partnership with other professionals to provide holistic, timely support. This was especially important with people suffering from different mental health issues which fluctuated.
- This is something that they are currently working on along with the other changes and improvements.