

Roche Healthcare Limited

Fieldhead Court

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

Summary of findings

Overall summary

About the service

Fieldhead Court is a residential care home providing accommodation and personal care to up to 45 people in one building. The service provides support to older people and those with dementia. At the time of our inspection there were 44 people using the service.

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

Staff had received regular training in safeguarding and were aware of their safeguarding responsibilities. People told us staff responded to requests for support. Medicines were stored and administered safely, and people raised no concerns about their medicines. Staff had good knowledge of how to respond to accidents and incidents.

People's needs were assessed when they moved into the service. People were happy about the support they received. Staff had received training that was relevant to their role. People's nutritional and hydration needs were being met and they were offered a varied choice of foods. The service worked closely with other health professionals.

Staff had good knowledge of people's communication needs. The service had clear signage to enable people to navigate around. The service offered activities daily to people in communal areas or in their own rooms. People were supported to maintain relationships with their loved ones. People's wishes for end-of-life care were identified by the service.

Staff had good knowledge of people's needs. We observed staff speaking to people in a caring and empathic way. Relatives felt staff cared about their loved ones. People were actively engaged in developing the care they received. Quality assurance systems were in place, but the service failed to monitor air flow mattress settings.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 May 2019.)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective, responsive and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Fieldhead Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector 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.

Service and service type

Fieldhead Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fieldhead Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers

and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 4 relatives about their experience of the care provided. We spoke to 6 members of staff including care staff, a nurse and the registered manager. We reviewed a range of records including people's care and support and staff files in relation to recruitment. We also reviewed a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to protect people from risk. This was a breach of regulation 12 and 17 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 and 17.

- Risks to people's care were assessed and measures were put in place to manage those risks. However, improvements were required to make sure these were always monitored in line with people's needs. We found people's air flow mattresses were not always on the correct setting. The provider addressed this following feedback.
- The emergency evacuation file containing personal emergency evacuation plans (PEEPs) to be used in case of emergency was up to date.

Systems and processes to safeguard people from the risk of abuse

- Staff had received regular training in safeguarding and were aware of their safeguarding responsibilities.
- Staff knew how to raise concerns and were confident concerns would be dealt with. One staff member told us, "I would speak to the team leader or [registered] manager, I am certain they will listen to my concerns."
- People told us they felt safe. One person told us, "Yes, I feel safe. If I was in the community, I don't think I could cope, I can be easily led. I would talk to the staff if I had a problem." Relatives also felt their loved ones were safe. One relative told us, "I think [relative] is safe and well looked after and the staff are brilliant. All is fine, no complaints."

Staffing and recruitment

- There were safe staff recruitment processes in place. All required checks had been undertaken prior to people commencing employment.
- People told us staff responded to requests for support. One person told us, "There's an alarm system and everyone's so friendly; every one of the staff say 'hello.'" Staff attended to call bells promptly.
- Relatives were positive about the staff. One relative told us, "[Staff] are very, very caring and attentive."

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of Regulation

12 and 17 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 and 17.

- Medicines were stored and administered safely.
- Nurses had good knowledge of people's medication needs. Time specific medicines were documented and there were processes in place for as and when required medicines.
- People raised no concerns about the management of their medicines. One person told us, "I get my tablets on time."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There was an up-to-date risk assessment in place to ensure people were supported to have visits from their loved ones.

Learning lessons when things go wrong

- The service had a system in place to learn lessons following incidents.
- A detailed record of accidents and incidents was kept and reviewed by the manager regularly to identify any patterns or trends.
- Staff had good knowledge of how to respond to accident and incidents.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed when they moved into the service. Documents clearly identified people's needs and preferences and people were regularly updated as people's needs changed.
- People were happy about the support they received. One person told us, "I get what I need here. They come when I call, it's not a long time."
- During our observations, we saw people appeared clean, tidy and appropriately dressed.

Staff support: induction, training, skills and experience

- Staff had received training that was relevant to their role.
- Staff received an induction when they started and felt this was useful. One staff member told us, "I was new to care so was able to do more shadow shifts. I was well supported by everyone."
- People felt staff had received appropriate training to support them safely. One person told us, "From what I've seen the staff are very knowledgeable."

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

- People's nutritional and hydration needs were being met and they were offered a varied choice of foods and a range of snacks. One person told us, "If I wanted something between meals, I'd just buzz and [staff] would bring me something, we have regular rounds of drinks."
- We observed people being offered meal choices and staff supporting people in line with their dietary needs.
- People were positive about the food they received. One person told us, "The food's very good, I like the puddings."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with other health professionals. We saw evidence of advice being followed to ensure people were supported effectively.
- A nurse practitioner completed regular visits to check on people's health.
- People felt staff responded appropriately to health concerns. One person told us, "They get me a doctor if I need one."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Care homes

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to work in line with the principles of the MCA. This was a breach of regulation 17 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.

- People were being supported appropriately and in line with the principles of MCA.
- Applications to deprive people of their liberty had been made where appropriate and specific conditions were being followed. Decision specific mental capacity assessments were in place.

Adapting service, design, decoration to meet people's needs

- Aspects of the service needed updating. The provider had started to address this; there was a newly decorated lounge and some new carpets in place.
- An action plan was in place to redecorate the service.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were 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 accurately monitor people's health. This was a breach of regulation 17 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.

- Care was personalised and met people's preferences. Staff were knowledgeable about people's individual needs.
- Relatives felt the staff knew their loved one's well and met their needs. One relative told us, "If we ask for anything [staff] get it. Last week [relative] asked for rice pudding, but they only like tinned. Staff went out and bought a tin. They are monitoring her eating."
- People felt they could make choices. One person told us, "[Staff] are brilliant, [staff] have helped me to become more confident."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in the care plans.
- Staff had good knowledge of people's communication needs. One staff member told us, "We use picture cards, look out for responses in their body language or speak clearly and loudly."
- The service had clear signage to enable people to navigate around.

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

- The service offered activities to people in communal areas or their own rooms.
- A social media page had been set up for families which showed what their loved ones were up to during the day.
- People were supported to maintain relationships with their loved ones. One person told us, "I can go

outside and go out with my family."

- The activities coordinator informed us people were encouraged to decide what activities the service should offer. The activities coordinator told us, "People wanted a garden club so we set this up, it is very popular."

Improving care quality in response to complaints or concerns

- There was no open complaints or concerns at the service, but there was a system for managing and responding to concerns and complaints.
- Staff had good knowledge of how they would respond to concerns or complaints from people.
- Relatives stated they had no concerns.

End of life care and support

- People's wishes for end of life care and support were identified and recorded by the service.
- The registered manager told us that they would work with health professionals to discuss people's future care needs and how best to support them.
- Staff completed end of life training.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained 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 the provider had failed to take action to make improvements to the records relating to the care and treatment of each person and the quality monitoring processes in the home. This was a breach of regulation 17 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.

- Quality assurance systems were in place, but the service failed to monitor air flow mattress settings which placed people at risk.

We recommend the provider reviews their current quality assurance measures to include air flow setting.

- Staff understood how to deliver care to meet people's need. One person told us, "From what I've seen the staff are very knowledgeable." Another person told us, "I'm damned sure [staff] are kind and caring."

- The service held huddle meetings each morning to discuss relevant information. One staff member told us, "We have a huddle at 09.30 that's where we are updated of changes and then care plans are updated, nurses will also inform us during the day. Communication is very good here."

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

- Staff spoke to people in a caring and empathic way.

- Relatives felt staff cared about their loved ones. One relative told us, "[Staff] are all good here. It's the same staff, very friendly, staff seem to care about [relative] a lot.

- Staff stated the culture of the service was open, positive and could raise concerns if they needed to.

- Relatives told us they were able to speak to staff if needed. One relative told us, "I know the registered manager and deputy manager, I don't know them well but definitely able to talk to them." Another relative told us, "I've not complained, staff tell me all the time that someone is always free to talk about things."

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

- People were actively engaged in developing the care they received.
- Relatives felt involved in their loved one's care. One relative told us, "Staff always ask if we want to be involved in care and ask if we have any concerns. Sometimes they have meetings to make sure everything's OK. They listen to us."
- Feedback was sought via surveys from staff, people who used the service and relatives. One relative told us, "We get questionnaires and a monthly newsletter." We reviewed the feedback received which was positive.

Continuous learning and improving care; Working in partnership with others

- The service was responsive to people's needs and care was updated accordingly.
- The provider worked closely with other professionals, including the local authority to improve the service.
- The registered manager presented a willingness to improve the service and was open to suggestions. Staff told us they were able to make suggestion in team meetings or to the managers.