

Midland Care Homes Ltd

The Field View Residential Home

Inspection report

The Slough
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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

About the service

The Field View Residential Home provides accommodation and personal care for up to 20 people. It provides care to older and younger people living with dementia, people with mental health issues and people with sensory impairments. During our visit 19 people lived at the home.

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

The systems in place to monitor people's health and wellbeing and assess the quality of the service were now effective and led to good outcomes for people. Feedback from people, relatives and staff, together with observational checks and audits, took into account people's experiences of living in the home to drive improvement.

Improvements had been made to ensure staff had the guidance they needed to minimise people's identified risks. Staff understood their responsibilities for keeping people safe and could explain the processes to follow if they had concerns.

Environmental risks had been assessed and actions taken to maintain oversight of assessed risks. The home was clean and tidy and infection control practices minimised the risks of infections spreading.

There were enough staff with the appropriate skills, knowledge and experience to effectively and safely meet people's needs. Medicines were managed in a safe way and people's prescribed medicines were available to them.

People's nutritional and hydration needs had been identified and assessed and meals were adapted to meet people's individual preferences. People saw healthcare professionals when required to monitor and manage their health and wellbeing.

Staff were caring and interactions between staff and people were warm and respectful. The registered manager complied with the Equality Act 2010 and people's diversity and individual lifestyle choices were respected. People contributed to care planning to ensure their daily routines reflected their choices and preferences and key information about their likes and dislikes was known and recorded.

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.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 27 April 2019) and there were three

breaches of Regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 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 caring?

The service was caring.

Details are in our caring 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 well-led.

Details are in our well-led findings below.

Good ●

The Field View Residential Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by three inspectors. Two inspectors visited the home. The other inspector contacted relatives by telephone to gather feedback on their experiences.

Service and service type

The Field View Residential Home is a care home. People in care homes receive accommodation and nursing or personal care. 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. The registered manager is also the provider and therefore has overall legal responsibility for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was announced. We gave the service 72 hours notice of our visit because the service was inspected during the coronavirus pandemic and we wanted to be sure we were informed of the home's coronavirus risk assessment for visiting healthcare professionals before we entered the building.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection and any recurrent

themes of concerns. We sought feedback from the local authority and commissioners who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections.

We also used the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who lived at the home about their experiences of the care provided. We spoke with the registered manager, the care manager and three members of care staff.

We reviewed two people's care records and four people's medicines records. We looked at a sample of records relating to the management of the service including health and safety checks, accident and incident records, policies and procedures and a sample of completed audits and checks. We checked two staff recruitment files.

After the inspection

We spoke with six people's relatives/friends about their experiences of the care provided. We also gathered feedback from one staff member via email. We reviewed the additional documentation we had requested from the registered manager during the site visit. We continued to seek clarification from the provider to validate evidence found.

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 rating inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last rating inspection, the provider had failed to robustly assess the risks relating to the health safety and welfare of people and medicines were not always managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements and the provider was no longer in breach of regulation 12.

- Improvements had been made to ensure staff had the guidance they needed to minimise people's identified risks. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Staff we spoke with knew about people's individual risks, particularly those at risk of falls or of not eating and drinking enough to maintain their health.
- Improvements had been made since our last inspection to identify any environmental risks. The environment was regularly checked to ensure it was safe and well maintained and equipment in the home had been regularly serviced.
- The registered manager had sought advice to ensure pressure relieving mattresses were on the correct setting to provide effective pressure relief. There was a system of daily checks to ensure mattresses remained on the correct setting.
- Processes had been introduced to ensure cleaning products were stored securely and not accessible to people living in the home.
- There were plans in place for emergency situations such as fire evacuation. Information was available in a 'grab bag' to inform the emergency services as to people's individual support needs in such a situation.
- At our last inspection we found issues in respect of the safe storage of medicines and staff practice in relation to covert medicines (those medicines given to people in their food or drinks without their knowledge). At this inspection we found improvements had been made.
- Checks were made to ensure medicines were stored at the correct temperature to maintain their effectiveness.
- The registered manager had requested regular reviews by the GP and the pharmacist in respect of the administration of covert medicines. A staff member described the actions taken to ensure people took their covert medicines and to protect other people from taking the medicine inadvertently.
- Some people were prescribed medicines to take 'as required'. There was guidance to support staff to know when these medicines were needed.
- Records showed people received their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns. One staff member said, "I have no issues reporting concerns. I report them straight to the managers and would report safeguarding concerns outside if I needed to. I know who to contact."
- Systems and processes were followed to ensure any safeguarding concerns were appropriately recorded and responded to.
- Feeling safe and understanding how to report any concerns was a regular topic at meetings with people who lived in the home.

Staffing and recruitment

- There were enough staff to ensure people's needs were met safely.
- Staff had time to spend with people and respond to their requests for assistance. One relative told us, "Carers have time to chat, I feel there's enough staff." Another said, "There are enough staff when we visit. They have enough time to chat with us and [Name]."
- Since our last inspection the registered manager had improved their recruitment processes to ensure staff were safe to work with people. This included enhanced Disclosure and Barring Service checks and checking and verifying references.

Infection Prevention and Control

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- At our last inspection we found the laundry room did not support good infection control practice. At this inspection we found there was clear separation of clean and dirty linen to minimise the risks of cross infection.

Learning lessons when things go wrong

- When people did have accidents such as falls, these were recorded and there was clear oversight by the registered manager to ensure action had been taken to minimise future risks.
- The registered manager had taken learning from our previous inspections and implemented processes and procedures to address the issues identified.

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 rating inspection, this key question was rated as Requires Improvement. At this inspection this key question has improved 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 care needs, risks and preferences were assessed before they moved into the home to ensure staff and the home environment could meet their needs safely and effectively.
- The pre-admission assessment ensured the compatibility of people moving into the home with those already living there.
- Initial assessments considered any additional provisions that might be made to ensure people's protected characteristics under the Equality Act 2010 were respected.

Staff support: induction, training, skills and experience

- New staff received an induction when they started working at the service which included working alongside experienced staff.
- Staff had completed the appropriate training needed to enable them to deliver care safely and effectively. This included completing further national vocational qualifications in health and social care. One senior staff member told us, "I believe in gaining more knowledge and that you learn something new every day. I tell my team that they could be a manager one day and encourage them to progress."
- A visiting healthcare professional told us the registered manager was proactive in taking advantage of extra training opportunities provided by other agencies.
- Records showed staff had regular meetings with their manager. Supervision enabled staff to discuss their work and identify any further support or training needs.

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

- Staff contacted health professionals for nutritional advice and used this advice to improve nutritional support within the home. A senior member of staff said, "I spoke with the dietician last month who gave me more ideas for fortifying people's meals and drinks."
- Meals were adapted to meet people's individual dietary needs, based on knowledge of what the person was more likely to eat and to encourage independence. For example, one person preferred finger foods so their vegetables were cooked differently to make them easier to hold.
- Improvement has been made to ensure people with diabetes had access to the same level of choice and options as other people. Puddings were made with sugar free alternatives and a range of diabetic puddings and snacks were available.
- Some people needed more monitoring to ensure they ate and drank enough. Records showed this monitoring took place regularly.

- People were encouraged to eat plenty during meals and snacks were available in between. Staff provided generous second portions and offered alternatives when people had not eaten much of their meal.
- Menus and meal plans were developed in partnership with people through meetings and observations of their mealtime experience.

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

- People saw healthcare professionals when required to monitor and manage their health and wellbeing. One relative told us, "District nurses come regularly. They (staff) phone with an update after every visit."
- A visiting healthcare professional told us staff were good at following their advice.
- The support people needed to manage their oral health was recorded in their care plans.

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 restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Mental capacity assessments were carried out for those people identified as needing one. However, capacity assessments required more detail to evidence how decisions about a person's capacity had been made. The registered manager had sought advice to consolidate their understanding in this area.
- Staff recognised giving people choice was important. One staff member said, "When we provide personal care, we give choices about what they want to wear – I believe it empowers them to make a choice, making them feel part of their own decisions." A relative told us, "Carers ask people's consent. I've seen during our visit that they ask if they'd like a cup of tea and a biscuit and to join in a sing along."
- Care plans recorded information about powers of attorney and important relationships in people's lives so those people could be included in care planning.
- DOLS applications were made to the authorising body when people were identified as potentially being deprived of their liberty.

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

- Since our last inspection the provider had contacted external organisations such as Alzheimer's Society and Dementia UK for advice on how they could make the home more dementia friendly.
- The provider had made changes to the environment to provide some cues and clues to assist people living with dementia to orientate to their surroundings. Different coloured doors and images familiar to people supported them to locate their bedrooms more easily.

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 rating inspection this key question was rated as Requires Improvement. At this inspection this key question had improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care

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

- Staff were caring and treated people with kindness and compassion.
- Interactions between staff and people were warm and respectful. Staff had conversations with people about their own families and their tastes in music, which people responded very positively to. This created a welcoming and friendly environment where people laughed and joked with each other and the staff team. A relative told us, "[Name's] always having a laugh with carers."
- One person became unwell during our visit. A member of staff held their hand and spoke gently to them. They offered comfort, told the person they would be okay and that they were there to look after them.
- Staff understood the importance of recognising people had past histories and lifestyles and used this information to form relationships with them.
- The registered manager complied with the Equality Act 2010 and ensured people were not treated unfairly due to any characteristics that were protected under the legislation. Information about supporting diversity and celebrating individuality was displayed within the home and people were encouraged to live their lives in accordance with their lifestyle choices.
- People were supported and encouraged to maintain relationships important to them. One staff member who spoke a person's first language had been able to facilitate "Zoom calls" with the person's family.
- The provider had demonstrated a caring and supportive attitude towards staff, particularly during the COVID-19 pandemic. They had introduced a 'COVID Clinic' where staff could share any concerns in relation to their working or personal life.

Respecting and promoting people's privacy, dignity and independence

- Since our last inspection the provider had carried out improvements to the environment to promote people's dignity.
- Relatives told us staff supported people's privacy and dignity. One relative told us, "Staff treat [Name] very well and with dignity." Another said, "[Name] is very private and staff know this, and she has privacy when she wants it."

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

- Assessments showed people contributed to care planning to ensure their daily routines reflected their choices and preferences and key information about their likes and dislikes was known and recorded.
- When people struggled to contribute to their assessments, their next of kin or power of attorney provided information to support care planning.

- Overall relatives felt able to express their views about their family member's care. One relative told us they were, "Well informed about care plans" and said, "They asked me [Name's] preferences when they first went to the home." Another explained how staff encouraged a person to make their own decisions. They said, "If [Name] doesn't respond, they sit down with him and talk it through, nothing is forced on him."

Is the service responsive?

Our findings

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

At the last rating inspection this key question was rated as Requires Improvement. At this inspection this key question has improved 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

- Care plans showed that great value was placed on the importance of personalised care. For example, a sleeping and resting care plan provided detailed information about what a person wanted at bedtime including type of lighting, number of pillows and the person's own fleece blanket.
- People were supported by staff who knew them well and understood their preferences.

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

- In response to restrictions resulting from the COVID-19 pandemic, indoor activities were changed to ensure people were kept occupied whilst managing risks associated with COVID-19.
- There were activities in the morning and afternoon including exercises and bingo. The activities coordinator put on quizzes, reminiscence and there was a recent gardening competition. People had been given iPads so they could play puzzles and wordsearches and the registered manager had introduced a music system into the home so people could choose music of their own personal choice.
- Staff supported people to maintain their interests and participation in events outside the home. For example, people were supported to participate in local and national elections and Pride Week was being celebrated during our visit.

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.

- Improvements had been made since our last inspection to ensure people's individual communication needs were met.
- Care plans detailed information on people's communication needs. This included what equipment they needed to enhance their ability to communicate and how staff should support people to understand information.
- Information about important topics such as care planning, safeguarding and making a complaint were available in different formats such as easy read or larger print.
- One person did not have English as their first language. The registered manager had recruited a staff member who spoke the person's language to support communication and improve the person's wellbeing.
- Visual imagery and signage were displayed to help orientate people and communicate information in a

more accessible way. This included pictorial representation of activities including exercise classes and the movies.

End of life care and support

- The service provided support to people at the end of their life.
- Improvements had been made since our last inspection to ensure people received end of life care that met their individual needs. When people had made decisions about their end of life care, this was documented in their care plan.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which was accessible to people.
- Relatives told us they would feel confident to share any concerns with the registered manager. One relative told us, "I feel happy to raise any issue. I have not made a complaint."

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 ratings inspection this key question was rated as Requires Improvement. At this inspection this key question had improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last ratings inspection the provider had failed to ensure the systems in place to monitor and measure the service were fully effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements and the provider was no longer in breach of regulation 17.

- Improvements had been made to ensure quality assurance systems were effective. Systems were more organised and information to support good governance was readily available on request
- Internal audits in areas such as infection control, medication and health and safety were used to inform an action plan to ensure regulations were met and improvements made.
- Some checks took into account people's experience of living in the home which demonstrated a person-centred approach to driving improvement. This included regular observations of people's mealtime experience to ensure they were given choices and provided with an environment and support that encouraged them to eat.
- A visiting healthcare professional told us they had identified recent improvements in the home.
- Overall, relatives were happy with the care their family members received. One relative told us, "No concerns. Excellent care 10/10." Another said, "I'm pleased with the service, [Name] is happy and seems to get on with everyone."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last ratings inspection the provider had failed to meet their legal responsibility to inform us (CQC) about any significant events that occurred in the home including any serious injuries or safeguarding events. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4). At this inspection we found improvements and the provider was no longer in breach of regulation 18.

- The registered manager ensured we received notifications about important events so that we could check that appropriate action had been taken.
- The previous rating of the home was displayed in line with our requirements.
- The registered manager valued the importance of continuous training and qualifications to enhance the

knowledge and skills of the staff team in order to provide better quality care.

- Staff had been given extra responsibilities to lead in specific areas such as safeguarding, infection control and equality and diversity.
- Staff felt supported by the registered manager. One staff member told us, "If I ever had a problem, I know I would be able to go to him."

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

- There were regular meetings with people who lived in the home when their views and opinions about the service and any ideas for improvement were discussed.
- Meetings with staff were used as an opportunity to share information about good practice, gain feedback about people and share ideas for improving care provision in the home. The registered manager told us the sharing of responsibility and open communication with staff had assisted them to achieve improvement since our last inspection visit.
- In response to feedback from relatives and staff, the registered manager had introduced 'Family Friday' which was a dedicated day to contact people's relatives and have a conversation about what was going on in the home.
- Most relatives were happy with the level of communication. One relative told us, "Staff encourage communication on 'Family Friday'. Staff call us and there's a WhatsApp group. If I ring, they'll always have a chat." However, one relative felt there were still areas where communication could be improved.

Working in partnership with others

- The registered manager had developed relationships with local health and social care professionals and sought guidance from other agencies to improve the quality of care at Field View.
- The registered manager had been supportive of staff during the stresses of the COVID-19 pandemic and where a need had been identified, signposted staff to external support networks.