Shaw Healthcare Limited

Froome Bank

Inspection report

Tower Hill
Bromyard
Herefordshire
HR7 4DF

Tel: 01885483469
Website: www.shaw.co.uk

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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

The inspection was unannounced and took place 13 April 2016.

Froome Bank is registered to provide accommodation and personal care for a maximum of 18 older. There were 16 people living at home on the day of the inspection. The home is spilt into two suites, one of which provides care to people living with a dementia related illness.

There was a manager in place who was currently applying to become a register manager with the Care Quality Commission . 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.

People felt safe living at the home and that the care staff were friendly. All care staff told us they were confident that they understood how to keep people safe from the potential risk of abuse and what the action they would take to protect a person at risk. Care staff provided people with their medicines when they needed them and kept records to show what medicines had been given.

People were able to tell care staff about the care and treatment they needed and day to day decisions. Where people had not been able to make decisions on their own they had been supported by the management team to have decisions made in their best interests. People were assured that all care staff have been trained and understood how to look after them. All care staff we spoke with felt they had the right skills and knowledge and attended regular training to ensure they kept their knowledge updated.

People were involved in choosing their meals and all care staff were seen to support people to eat and drink if needed. People told us the food was nice and well prepared with two choices at each meal time. People were supported to access local professional healthcare outside of the home. They had regular visits from their GP, dentists and opticians. Where appointments were needed at hospital or with consultants these were supported by care staff and any changes to care needs recorded and implemented.

People told us they enjoyed the company of care staff and got to spend time with them chatting and getting to know them. All care staff told us that whilst they provided care they also spent time with people to ensure they were happy and relaxed in their home. Visitors to the home felt their family members were well cared for and that the care staff always stopped to chat and update them with any changes.

People enjoyed group and individual activities which care staff provided at twice a day. People also got to enjoy their own hobbies and interests. Relatives felt that care staff were approachable and listen to their requests in the care of their family member and felt their ideas or concerns were acted on. People told us the management team and care staff at the home were easy to talk with.

Care staff felt the management team listened to and involved them when providing feedback on the service. The management team ensured regular checks were completed to monitor the quality of the care that people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were cared for by staff who had the knowledge to protect them from harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way.

Is the service effective?

Good

The service was effective.

People were supported to make their own decisions by staff that had been trained. Input from other health professionals had been used when required to meet people's health needs. Food had been prepared that reflected people's choice and their nutrition had been maintained and monitored.

Is the service caring?

Good

The service was caring.

People received care that met their needs and from staff who were respectful of their privacy and dignity. People's individual preferences had been sought, acted on and recorded.

Is the service responsive?

Good

The service was responsive.

We saw that people were able to make everyday choices and were involved in planning their care. People were engaged in their personal interest and hobbies.

People were supported by staff to raise any comments or concerns with the provider.

Is the service well-led?

Good

The service was well-led.

People, their relatives and staff were complimentary about the

overall service and had their views listened to. Procedures were in place to identify and plan improvements.

Froome Bank

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 was planned to check 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 unannounced inspection took place on 13 April 2016 and was carried out by one inspector.

We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with six people who lived at the home and one relative. We spoke with four care staff, one team leader, the manager and the area manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at three people's medicines records, falls and incidents reports, capacity assessments, staff meeting minutes, people's feedback and checks completed by the registered manager that related to people's care and support.

Good

Is the service safe?

Our findings

People we spoke with told us they had not experienced any concerns about their safety and were confident the care staff were kind and kept them safe. One person said, "They keep an eye on us, make sure were are safe and well". People looked to care staff for reassurance and support if they became anxious or upset. Care staff were considerate when responding and provided comfort and guidance. One person said, "Staff make sure we are okay". Relatives were happy that their family members were safe and supported by care staff within the home.

The manager and care staff were clear about safeguarding reporting procedures and were able to outline different types of abuse and the potential signs to look for, which may indicate if someone was at risk of harm or being abused. Appropriate referrals and notifications had been made, for example to the local authority and the Care Quality Commission (CQC) and the registered manager had sought advice when necessary. Two care staff said they would have no hesitation in reporting any concerns to the manager.

People spoke to us about some of their risks, which included areas around their mobility or health. They felt supported by the staffing team to help them when needed whilst maintaining their independence. All care staff we spoke with knew how to help people with their personal safety and remained close by if someone required help to get up or sit down. Staff spoke about people's individual risks and what they needed to do to minimise the risks. For example, what equipment was needed to reduce the risk of falls or maintain their skin care to prevent sores developing or becoming worse.

Care staff told us care plans detailed people's level of risk and the actions required by staff to reduce or manage the risk. Staff told us they referred to the care plans often and any concerns or changes to people's risks were shared at the start of each shift.

Where a person had an accident or incident these had been recorded with details of the event and any injuries sustained. The manager had reviewed these on a monthly basis to see if there were any risks or patterns to people that could be prevented. The manager explained where people were at a greater risk of falls care staff were deployed in such a way to try and reduce the risk. Additionally, referrals were made to a specialist falls clinic when a person had experienced multiple falls.

All people we spoke with said care staff were there when they needed them without any delays. Where people spent time in the communal areas they had their requests for help or a chat responded to in a timely manner. When people were in their rooms, staff made frequent checks and spent time with them to ensure they were comfortable.

Each month, the dependency of each person was assessed, taking into account mobility and medication needs for example, in order to determine staff numbers. The manager was able to increase staffing numbers as required and felt the provider was responsive when looking at staffing.

People's medicines were managed by the team leaders. Three people we spoke with told us about their

medicines and were happy they got these when needed. When staff gave people their medicines, staff patiently waited with the person, without rushing them, and ensured the medicine had been taken. Staff talked to people as they were assisted to take their medicine.

Where people required pain relief 'when needed' we saw staff talked with people about their pain levels and if they wanted medicines. Written guidance was available for medicines 'when needed'. Care staff told us that they looked for changes to people's demeanour which may indicate they required pain relief. Medicines were stored securely and unused medicines were recorded and disposed of.

Good

Is the service effective?

Our findings

All people told us they felt the care staff understood and knew how to provide care that supported their health condition. Care staff we spoke with were happy that their training was reflective of the needs of the people living at the home. They told us this improved people's experience in the home as they felt confident to deliver the right care.

Two care staff told us about some of their training which they felt had improved their knowledge about providing care to people living at the home. For example, care staff showed that they were able to understand and support people living at the home with a dementia related illness. One care staff said, "It changed how I approached helping someone to eat", which they felt provided a better experience for people.

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's capacity for individual decisions had been considered by the manager and a best interest decision made where required. The care staff we spoke with had a good understanding of the MCA and what this meant for people. All care staff we spoke with understood people's right to choose or refuse treatment and knew people were able to make these choices. One care staff said, "We always ask before we do anything". Care staff knew when to refer any concerns about people's consent to choices to the manager. All care staff we spoke to knew that decisions were sometimes made on behalf of a person to help ensure they got the care needed.

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. The application procedures for this in care homes and hospitals are 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 were being met. The unit manager had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty.

People we spoke with told us they enjoyed the food and the meal options. One person said, "There is choice and I like the meals offered". People's preferences were reflected and this included where people required an alternative diet. For example, softer foods or where certain foods needed to be avoided. People told us and we saw that drinks were available and offered throughout the day. Where people required their fluid intake to be monitored this information was recorded by care staff. Care staff also knew who required assistance with their meals and were able to sit and assist people where needed.

People we spoke with felt they were supported to see health professionals outside of the home. The GP

visited the home to look at people's health needs and on request. Where needed care staff would call the GP on behalf of people to request a visit. One person told they had requested a GP visit and it had been arranged for later that day. Where referrals had been made to consultants or specialised services for further support and guidance, these had been arranged. People also had received annual checks with opticians, dentist and chiropodist.

Good

Is the service caring?

Our findings

All people we spoke with told us they were happy living at the home and were pleased with how care staff supported them. One person told us, "They (staff) are lovely, very good". People knew the care staff well and told us they enjoyed their company. One person said, "I like the smiles. Laughing and joking all the time". People felt that care staff were happy to chat with them and would spend time with them. We saw that people and care staff looked relaxed and spent time chatting with one another.

People expressed their views with the care staff who then involved them in making decisions about their care and treatment. People were confident to approach staff for support or requests. One person said, "If I can do it myself I will. If not the girls are at hand".

Care staff that told us about how they got to know people living in the home and spent time talking and in their company. Where possible they also asked relatives or friends if people were not able to share their histories, preferences and routines. Care staff told us that over time they recognised people's preferences and things they enjoyed or liked to be involved in. For example, one person enjoyed helping staff with drinks and snacks.

Care staff stopped and chatted with people about their current interests and aspects of their daily lives. For example, what they had enjoyed so far in the day or if they were expecting visitors later. Staff gave people time to respond, did not hurry them and allowed them make their own choices. We saw that staff were caring, respectful and knowledgeable about the people they cared for. They used ways to engage with people through touch and facial expressions to help understand responses.

All staff we spoke with told us they enjoyed working at the home and felt they demonstrated a caring approach to their role. One staff member recommended, "I love coming to work" and another added, "It's a small home and everyone chats". Care staff also said that when providing care they spent this time chatting and involving people. The manager told us they had recently asked staff to involve people in making their beds, changing sheets and tidying their rooms as part of the morning routine. They had done this to ensure that people were involved and had the choice of how their room was personal to them.

Care staff were able to recognised when people needed help to reduce their concerns or if they began to become upset. For example, we saw staff reassure and comfort people until they became settled again by going out for a walk with them.

Three people we spoke with told us they chose where they spent their time and how it was important for them to have social time and have private time in their rooms. People told us they chose their clothes and got to dress in their preferred style and were pleased that they were able to access a hairdresser that visited the home.

Care staff were quick to respond to maintain people's comfort. For example, where someone spilt their drink they were immediately supported to ensure their safety and asked if they required a change of clothes. Staff

were seen to promoted people's independence in activities with voice prompts and actions. Where people required personal care they were assisted to their rooms to ensure privacy and dignity. People and their visitors told us they were made to feel welcome by staff and could visit at any time.

Good

Is the service responsive?

Our findings

Two people we spoke with were complimentary about the care staff who helped them to monitor and manage their health conditions. One person said when they felt unwell the care staff always responded with advice or getting the GP. For example, one person chatted to the team leader who advised them of some of the side effects of a medicine increase and how this may have impacted on their condition. The GP was visiting later to review the medicines and health.

Staff were able to talk about the level of support people required, their health needs and the number of staff required to support them. We saw staff were responsive to people's wishes at different times of the day and with how they liked their care provided. For example, after lunch people chose to spend time in their room or be involved in an activity.

Care staff told us they supported people and would record and report any changes in people's care needs to the team leader. This included noticing infections or if they felt a person was unwell. People's health matters were addressed either by care staff at the home or by referring to other health professionals.

People's needs were discussed by care staff when their shift ended to share information between the team. These included any appointments that had been attended and any follow up appointments and changes to medicines. Care staff starting their shift were provided with information about each person and this information was recorded. These included appointments and reminders were available for all staff to refer if needed. Care staff also spent time during this handover to discuss people's general wellbeing and how they had been over the last view days. For example noticing improvements or changes to the way people spent their day.

Two people told us that care records were kept about them and were reviewed and updated regularly with them and their family. All care staff we spoke with told us the care plans were updated and used to ensure that people received the care and supported needed. The care plans were also reviewed annually with other professionals as needed. For example, social workers and consultants.

All people we spoke with told us they were able to do the things they enjoyed throughout the day. For example, reading the newspaper, knitting or going out to the shops with a member of staff. One person commented that they enjoyed relaxing and, "That's what I do". There were group activities like quizzes which we saw people enjoyed. One person said, "Always dancing here. I enjoy dancing a lot". We saw that where people had not been able or did not wanted to take part in group activities, staff spent time with them individually. We saw that people were support to play board games or a craft activity. People told us that the staff stopped and chatted and made sure they'd seen them if they were in their rooms.

All people we spoke with told us they had no current concerns or issues. One person said, "No complaints from me, everything is fine" and one person said, "I see [manager's name] if I have concerns". People and their relatives told us they would raise any issues or concerns with any staff within the home. The manager and staff told us that as and when people or relatives raised a matter it was dealt with. There had been no

written complaints, however the provider had a clear complaints procedure in place and would actively seek to resolve and learn from these. The area manager was able to provided examples in other locations where this had been used.

Good

Is the service well-led?

Our findings

People told us they received care and support from a consistent staff group, who they knew well and had good relationships with. All people we spoke with knew the manager and felt they were able to speak with them and their views and opinions were valued. We saw the manager spending time in the communal areas of the home chatting with people. People's relatives had left compliments about the care their family members had received from the care staff.

People and their relatives had regular meetings to share their views and obtain feedback about changes to their home. For example, comments had been made about suggested activities and updates provided about staffing. The provider had also recently sent questionnaires to people and their relatives to provide feedback on how they felt about the home and the care provided. The results were positive with no actions to take in response.

All care staff we spoke with felt the home was being managed well and had a strong management team in place. Staff told us the manager was approachable and welcomed ideas or comments. Staff told us they felt able to tell the manager any issues or concerns and they would listen and respond. All staff we spoke with told us they enjoyed working there and felt there was a homely environment and had a caring approach to their role.

The manager told us they were supported by the provider in updating their knowledge and carry out regular checks of the home. They told us they were supported by a good staff team and they knew people well as they had worked at the home for many years. The provider's area manager visited the home regularly and spent time with people and staff. The manager met with the area manager for supervisions and discussions about their role and the home. The provider was also involved in maintaining the homes environment and was currently carrying out minor repairs.

The manager monitored how care was provided by reviewing care plans to make sure they were up to date and had sufficient information and reflected the persons current care needs. The manager also spoke with people about their experiences and then been able to see if people had received care that met their needs and what had worked well.

The manager told us they sought advice from other health care professionals to ensure they provided good quality care. They had followed advice from health professional and the local authority to ensure that people received the care and support that reflected professional standards. For example, ensuring that people living with diabetes were supported daily by district nurses.

As a large provider the manager and area manager told us they had access to 'specialists within the company'. For example, health and safety experts that analysed falls and incidents to identify any patterns and were able to look at solutions. The provider shared information and good practice regionally with other registered managers. They met regionally to discuss their homes and what had worked well. The manager told us they felt this supported them to be aware of changes and information that was up to date and

relevant.