

Akari Care Limited

Frindsbury Hall Care Home

Inspection report

Frindsbury Hill
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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 carried out on 24 and 25 May 2016. The inspection was unannounced.

Frindsbury Hall Care Home is registered to provide accommodation and personal care for up to 63 older people. There were 50 people living there on the day of our inspection. People living in the home required varying levels of nursing and personal care. For instance, support to manage conditions such as diabetes, Parkinson's disease or help to move around. The home also provided short term rehabilitation and respite care on the third floor for a maximum of eight people. The accommodation was arranged over three floors. A passenger lift was available to access all floors.

At the last inspection on 18 November 2014, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The breaches were in relation to people's full individual care needs not being incorporated within care plans and discrepancies in the way medicines were administered and counted. The provider sent us an action plan telling us how they were going to make changes to improve the service.

At this inspection we found that the provider had taken action to address the breaches from the previous inspection and had made many improvements to the service provided.

A registered manager was employed at the home and had worked there for many years so knew the service well. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home had recently been refurbished and decorated to a good standard. The environment was very well presented, clean with nice furnishings. The garden was of a good size, well maintained, a pleasant area to look out on or sit in.

The property was well maintained and free from hazards. All equipment was checked and serviced on a regular basis. Environmental risks inside and outside the building were identified and managed, keeping people, visitors and staff safe from harm.

The provider employed registered nurses who had the professional expertise to lead the staff team in caring for the nursing and personal care needs of people in their care. There were sufficient staff employed and on duty to assist people with their assessed needs. The provider made sure the registered nurses had access to the training required to ensure their continuous professional development. The registered manager had a training schedule in place to easily monitor the training of each staff member. Training updates were booked to make sure staff were skilled in the areas required for their job role.

People and their relatives told us they felt safe and they knew how to raise any issues they had. The provider had procedures in place to guide staff in their responsibilities if they had suspicions of abuse. Staff themselves showed they understood their role and said they would always report any concerns they had. They had no doubts that any worries they had would be listened to and acted upon by the registered nurses or registered manager.

The registered manager or a registered nurse carried out an initial assessment with people before they moved into the service. Registered nurses developed care plans with people to make sure staff had the correct guidance to support people in the way they wanted. Individual risks were identified and assessed to introduce control measures, keeping people safe from harm.

Medicines were managed reasonably well. The protocols used to guide the registered nurses when to administer 'as and when necessary' (PRN) medicines could have had been more detailed to aid consistency. We have made a recommendation about this.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The manager had taken steps to comply with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. People were not being restricted and their rights were being protected.

The home had a friendly and relaxed atmosphere. People, their relatives and others we spoke to, said the staff had a caring approach. There were good examples of people being treated with dignity and respect. Staff had the time to spend chatting to people or taking part in individual pursuits. There were plenty activities for people to choose from and those who were not able to join in had individual visits. Lunchtime was pleasant, everyone enjoyed the food and were commenting to each other about it. There were plenty staff around to give individual assistance to people when needed.

The home had an accreditation with the Gold Standards framework, a coordinated approach to end of life care. This added a valuable dimension to how the team helped people and their families towards and at the end of their life.

People and their relatives were given the information to enable them to make a complaint if they needed to. The registered manager investigated complaints and made sure she reported back to the complainant. The provider had a computer system where complaints were logged and both the registered manager and the provider could analyse and learn from complaints.

Staff felt well supported by the registered manager and the registered nurses. Feedback from people, their relatives and a variety of sources was that the home was well run and the manager was approachable. The provider had invested in refurbishing the property which was appreciated by people and staff. The registered manager spoke positively about the provider and the support she had received. The provider had good auditing systems in place to ensure the quality and safety of the service was maintained.

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.

Procedures were in place and staff were conversant with how to safeguard people from abuse.

Risks were identified, assessed and managed to keep people safe from harm.

The property was well maintained, clean and free from hazards. All appropriate servicing of equipment and environmental check were carried out, ensuring the premises were safe for people, visitors and staff.

Medicines were managed reasonably well by registered nurses who had the skills and experience to ensure people received their medicines safely.

Is the service effective?

Good 

The service was effective.

Registered nurses were supported with their continued professional development to make sure their practice was up to date. Staff received the training and supervision to gain the skills necessary to be able to care for people appropriately.

Staff were aware of the Mental Capacity Act, how it impacted on people and the support they needed to make decisions and choices.

People made positive comments about the food provided. The registered manager made sure people were well supported with their nutritional needs to maintain their health.

Qualified nurses and good relationships with health care professionals meant people were supported well with their health requirements.

Is the service caring?

Good 

The service was caring.

The service had gained accreditation in the Gold standards framework to strive to provide excellent support to people who were near the end of their life.

The home had a relaxed and positive atmosphere. The environment was well looked after with very nice gardens.

The staff were helpful and friendly and spoke with pride about their role in people's lives.

People were treated with dignity and respect by staff who wanted people to feel comfortable and at home.

Is the service responsive?

Good ●

The service was responsive.

Pre admission assessments were carried out to determine people's needs before moving into the home.

People and their relatives were involved in planning and reviewing their care.

People were given information how to complain and when they did, these were investigated well.

The provider sent surveys to people and their relatives to gain their views of the service. Regular meetings were also held so people could have a say in what happened in the home.

Is the service well-led?

Good ●

The service was well led.

The registered manager had worked at the service for many years so was well established and had good links.

Staff said they were well supported by the registered manager and provider.

Feedback from surveys were analysed and the results fed back to people with a plan of action to improve.

The provider made sure the quality and safety of the service was monitored closely and regularly.

Frindsbury Hall Care Home

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.

The inspection took place on 24 and 25 May 2016 and was unannounced. The inspection team consisted of one inspector and one specialist nurse advisor.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

Prior to the inspection we also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events which the home is required to send us by law.

We spoke with five people who lived at the home and four relatives to gain their views and their experience of the service provided. We also spoke to the manager, three registered nurses, six care staff, the activity coordinator and the cook. We gained feedback from four health and social care professionals during our visit. After the inspection we gained feedback from one further health and social care professionals. We asked another two health and social care professionals for their views of the home after the inspection but they did not reply to our request.

We spent time observing the care provided and the interaction between staff and people. We looked at eight people's care files and seven staff records as well as staff training records, the staff rota and team meetings. We spent time looking at records, policies and procedures, complaints and incident and accident recording systems and medicine administration records.

Is the service safe?

Our findings

At our previous inspection in November 2014, we found a breach of regulation in this area. Discrepancies were found in the way medicines were administered and counted. People were not protected against the risks associated with the unsafe management of medicines. At this inspection we found the provider had addressed the issues identified and we found medicines to be safely managed.

Medication management, records, storage and processes were examined during the course of the visit. Staff were observed administering medicines in a safe manner, by competent staff in a person-centred way. The home had medicine policies and procedures in place and copies of up-to-date medicines manuals. The registered nurses spoken to were knowledgeable about the medicines they were administering and supported people to take their medicine in a positive and appropriate manner. Storage facilities were suitable for the needs of the service. The ground and first floor had two clinic rooms each, which aided the organisation of medicines. Storage was neat and tidy and the rooms were kept at appropriate temperatures. Controlled drug records were examined and these corresponded with the stock on site. Medicine administration records were generally well managed. 'As and when required' medicines (PRN) protocols were in place. The descriptions of when PRN was to be given could have been a little clearer. For example, the PRN protocol for one person's medicine stated that it should be given to 'calm her down'. The protocol could have better described the signs of anxiety for the individual, so that staff were able to administer the medicine consistently when required.

We recommend the registered manager reviews the PRN protocols using guidance from best practice manuals.

People said they felt safe at Frindsbury Hall. One person told us, "I feel safe here". Another said, "If I felt concerned about anything I would go to the manager". Relatives also thought the care their loved ones received was safe. When asked who they would speak to if they had any concerns, one family member said, "I would go to (the manager's name), I would have no qualms about it".

Staff were encouraged to report suspicions and had the guidance and information available to help keep people safe from abuse. Staff understood their role and responsibilities in making sure people were safe. They were very clear they would have no problems reporting any suspicions they had and knew who to report to outside of the home if necessary. One member of staff said, "If I was not happy with something I would always raise it straight away" and, "I did do this once and it was dealt with. You have to think of your own mum and dad and what you would want for them". A family member said, "I pop in a lot, at different times. I would notice if things weren't right".

Risks to people's health or safety were identified and assessed by the registered nurses. Risk assessments were in place to control and manage risks on an individual basis. For example, people who were at risk of falling over, a risk assessment provided step by step guidance how to support the person to stay safe and reduce the risk of injury. People had a personal emergency evacuation plan (PEEP) in place recording the individual support they would need to evacuate the building in such an event.

Environmental risks were identified and managed, helping to keep people, staff and visitors safe when in the

building or gardens. The registered manager completed a health and safety checklist once a month to ensure the safety of the home. Health and safety meetings were held to discuss any areas of concern with the environment. Action plans were in place following the meeting in March 2016 to address the issues found. The provider had a 24 hour on call service to respond to emergency situations. An emergency plan was in place to guide staff what to do if various emergency scenarios arose.

The property was well maintained with no hazards or areas of concern seen. Maintenance and servicing within the property was well managed by a maintenance person and the provider's property services. All the necessary servicing of equipment and appliances was carried out and up to date. The home was clean throughout and had recently been refurbished by the provider. The staff told us they were really happy with the work that had been carried out. They said that the environment was now very good which was of real benefit to people living at the home and made a big difference to the staff's working day. The décor and furnishings were lovely in all areas, giving a pleasant atmosphere to live and work in. The laundry area, where all people's washing and ironing was carried out was clean, airy and well organised. This meant people's personal items were well looked after when taken away to be laundered.

Accidents and incidents were well recorded with detail of the incident, the action taken and any treatment needed. The registered nurse signed the recording form and the registered manager reviewed the information, carrying out her own investigation where necessary and signing when complete. A relative told us about an accident their loved one had. They told us the registered nurse had met with them as soon as possible to discuss the whole incident with them. They also received a letter from the regional manager. They were happy with the outcome and told us, "They are definitely caring". We checked the incident forms and saw that it was recorded as the relative had told us.

There were sufficient staff to meet the needs of people living at the home, helping to keep them comfortable and safe. The registered manager did not use agency staff, instead had regular bank staff employed by the home. The registered manager had a dependency tool in place, assessing the nursing and personal care needs of people. Reviewed monthly, the registered manager could monitor people's changing needs and therefore assess whether more staff were required to be able to meet those needs.

The provider employed registered nurses to deliver the leadership and skills necessary to provide the nursing care required by people living at the home. A registered nurse led the team of care staff on each floor, so three registered nurses were on duty for each shift. The registered manager was available in the home each week day, supported by an administration officer. A team of domestic and laundry staff were responsible for the cleanliness of the home, led by a housekeeper. In the kitchen, a head cook and three kitchen assistants were in charge of planning and cooking each day. A maintenance person and an activities coordinator were also employed. Registered nurses and care staff were able to concentrate on caring for people with the structure to support this. A health and social care professional told us that when they visit, "There always appears to be sufficient staffing levels. We always find staff are accommodating".

New staff went through an interview and selection process. The registered manager followed the provider's policy which addressed all of the things they needed to consider when recruiting a new employee. Registered nurses were required to prove their qualifications by providing their PIN number so the registered manager could check their registration with the nursing and midwifery council (NMC). All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with vulnerable people. People were protected from the risk of receiving care from unsuitable staff.

Is the service effective?

Our findings

People said they liked the food and there was plenty of choice. One person said, "The food is very good". Their relatives told us the same thing, they said their family members often commented on the food.

People had a choice of food at meal times. If they did not like any of the choices they could request something else instead. A menu was available to remind people what the meal choices were that day and the foods available if they wanted to choose something different. At lunchtime, the food looked and smelled lovely and there were plenty staff around to help people with their meals. People who required assistance received unbroken one to one support from staff. There was a good atmosphere, relaxed with lots of chat and banter. People were commenting how good the food was. A family member told us their mum was vegetarian, "The cook sat and did a menu with her" and, "They make her all sorts of things, lots of variety".

The registered manager and registered nurses were committed to monitoring people's weight. All staff actively followed a plan to improve and stabilise the weight of those at risk of malnutrition. People were weighed regularly and those whose weight had decreased by 2kgs or more were alerted to all members of the team. The kitchen staff had this information and made planned nutritional and enjoyable foods such as fruit smoothies. All staff were focussed well on the project and talked about it with enthusiasm and knowledge. They were all proud that they could report very good results where people were now well with increased appetites again. People's records showed the success in prevention of weight loss and actual increase in weight.

People living at the home had specialist nursing care needs. The staff the providing care and support were therefore led by qualified registered nurses who had the professional expertise to make sure people got the right care. The home was divided over three floors and a registered nurse led the team on each floor. The registered manager was also a qualified registered nurse. The registered nurses said they felt they were well supported professionally. They told us they got good support from the registered manager and the provider to keep their training up to date, supporting their continuous professional development.

The registered manager used an induction workbook for new staff to ensure they received the information and support they required to begin their new role. Staff continued to receive all the necessary training and updates to fulfil their role well. The registered manager had a training schedule in place in order to monitor the training of individual staff to make sure they remained up to date.

A plan was in place to make sure staff were supported well through regular one to one supervision meetings. The plan was colour coded so the registered manager could easily check that the meetings were happening when they should. One to one's were held every two months to offer support, ensure personal development and to feed back on their performance. The registered manager held group supervisions with the nursing team to discuss subjects such as monitoring and learning from recent incidents or the assessment of people's mental capacity. A registered nurse carried out group supervisions with care staff, discussing for instance, the duties of night staff and day staff and the importance of attending one to one supervision. Annual appraisals had been undertaken in previous years giving staff the opportunity to reflect on the past

year's performance and set targets for the following year. This year's annual appraisals were due to be undertaken in July 2016. There were good examples of career progression within the home. Where staff had shown an interest and the aptitude for personal development, this had been encouraged and supported by the registered manager.

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. 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. Care plans for people who lacked capacity showed that decisions had been made in their best interests. The registered manager understood when an application should be made and how to submit them. Care plans demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

The registered nurses carried out mental capacity assessments on admission to the home. This ensured all staff were aware of the support people may require to make choices and decisions. Where bed rails were in place to keep people safe from falling out of bed, risk assessments were in place and explanations of why they were thought to be necessary. Consent was appropriately sought either by people signing themselves or best interests decisions where it was deemed people did not have the capacity to make the decision.

People living at the home had complex health issues requiring the professional expertise of registered nurses to monitor their needs on a daily basis. Liaising with other health care professionals was crucial to ensure medical treatment and intervention was monitored closely. Relationships with a local GP were essential and they visited regularly to treat their patients, advising the registered nurses about changes in medication or treatment. We spoke with visiting health care professionals. One said, "I can't fault the home. The rehab unit is excellent. We have good outcomes. The staff listen to advice and make sure it is carried out". Another said, "I worked at Frindsbury over 30 years ago. I couldn't believe how it has changed when I visited; and all for the better. I'd come back and work here like a shot". Regular entries were recorded in people's care plans making sure an accurate record was maintained. Entries were usually made by the visiting health care professional themselves. The registered manager told us she thought the home provided good health support to people. She thought this was due to the consistency and skill of the registered nurses and the fact they were lucky enough to have had the same very good GP service for many years.

Registered nurses were able to use their skill and experience to provide people's nursing care requirements. People nursed in bed at high risk of developing pressure areas had detailed risk assessments and care plans that were well recorded by the nursing staff. A family member told us their relative had been admitted to the home with pressure ulcers on their legs. They told us that due to the expertise of the nursing staff, they were all cleared up and healed. They said, "They worked really hard with that. The nurses are really good". We spoke to a health care professional who told us, "The staff are very responsive to people's health needs. They request a visit only when necessary and always promptly". Another health and social care professional who was visiting the rehabilitation unit told us the nursing team liaise really well with them. They said, "The staff are very responsive, the support is really good. It is all positive from us".

Is the service caring?

Our findings

People living at Frindsbury Hall thought the staff were kind and caring. One person said, "The staff are lovely, they do everything you need". Another said, "Everyone is so lovely. The staff help me when I want. The food is great. I've got no complaints whatsoever".

One relative told us their mum was, "Very happy" living at Frindsbury Hall and "All the staff are lovely". Another said, "They all have a laugh and a joke". A third relative told us, "It's been fantastic; the nurses are fabulous. Mum was really scared about coming in, but she has loved every minute of it. The staff have really helped her become more confident again. I'm not sure she'll want to come home!"

Large photographs of popular comedy films from the 1960's and 1970's were hung around the walls, memorabilia that would be well known to people living at Frindsbury Hall. A staff member told us, "If someone dear to me needed to move in to a care home, I would try to get them in here". People had been able to move rooms when they requested if a room more suitable for them was available. One person told us they had moved as they wanted a quieter room, so moved to the back, when they had previously been at the front of the building where they heard traffic noise. Other people said they liked to be at the front where they could watch the world go by. A bar, with alcoholic and soft drinks to choose from was tucked into a corner of one of the lounges to be used by people. Alcoholic drinks were served by staff to those who were able to have a drink.

Staff spent time with people, getting to know them. They were encouraged by the registered manager to find the time to chat. One member of staff was having a discussion about 'fracking' with a person sitting in the lounge as this was topical subject at the time, reported in the newspaper they were reading. A staff member said, "As long as I can walk out of a room and people are happy, that's my job done".

Frindsbury Hall were proud to have the Gold Standards framework accreditation, a coordinated programme of care for those known to be towards the end of life. Identified staff had been trained to maintain the standards expected with accreditation. The trained staff made up the 'Gold Standards team', consisting of two care staff from each floor, all the registered nurses and the registered manager. They cascaded their knowledge across the staff teams to ensure the standards were understood and adhered to by all staff when caring for people. A trained team member met with people to talk about how they wanted their final months, weeks and days to be. This made up the advanced care plan which was designed by the staff team at Frindsbury Hall. Due to their training, staff were able to approach this subject compassionately and with knowledge of the individual. They would ask people, for instance, 'What three things would you like to be remembered for'. One member of staff said, "We can have a real laugh doing this, some of the things people say!". The plan made sure people's own wishes were followed carefully. Who people wanted to be with them when they were at the end of their life, where they would want to be and what was very important to them were recorded. People were asked if they wanted to leave a message for family and friends, to be given to their loved ones after they had passed away. This was a very powerful and intimate part of the plan with amazing messages that were a privilege to observe. Although a difficult subject to broach, people were very appreciative of the opportunity and they were happy knowing their messages would be passed to their

loved ones. The gold standards team met every month to discuss how people were being supported and what plans were in place. One member of staff said, "It's important to remember, they were us one day". A health and social care professional told us, "The provider follows the Gold Standards Framework and provides good End of Life Care".

A member of staff gave an example of one person they supported with their advanced care plan. It was really important to the person to be buried with their sister who had passed away previously. The sister's grave was next to their parent's grave. The person had no other family at all and gave their next of kin as a taxi driver who they had known for some time. The staff member contacted the local authority and after some time managed to get all the details needed to ensure burial in the correct place. The person chose a headstone for themselves and their sister and decided what they wanted inscribed on the headstone. The taxi driver was involved in the planning process, at the request and wish of the person. The person was described as being over the moon and so content that their choices and decisions had come to fruition. The member of staff said, "I do feel privileged doing this for people".

A family room was available for relatives or friends to be able to stay if their loved one was very ill and receiving end of life care. A bed, kitchen area, bathroom and TV were included for the benefit and comfort of relatives at a sad time. A family member said, "I am very happy, it has put my mind at rest".

The provider had a welcome pack with a service user guide detailing everything people would need to know about Frindsbury Hall before moving in and once they were living there. For instance, information about the nursing and staff teams, the catering and meal times, housekeeping arrangements and activities. The guide gave a good description of what people could expect when living at Frindsbury Hall.

Throughout the visit all staff were observed talking to people in a positive and open manner. The home had a very welcoming atmosphere and staff were quick to respond to the needs of people. Call bells were answered promptly and staff appeared unhurried. It was evident that staff had time to give one to one support and contribute to the social milieu of the home. Staff were respectful and ensured the dignity and privacy of people. All staff spoken to were very knowledgeable about the people they supported. It was evident that positive and friendly relationships had been established throughout the home. A staff member told us, "I do love it here".

The staff told us they thought they provided a good service, helped by the fact they worked well as a team. They said they helped each other out on different floors. One staff member said, "I wouldn't still be here if I wasn't happy, if I didn't think it was a good home". A health and social care professional told us, "They are a good team who work well together". Another health and social care professional said, "I've visited Frindsbury Hall on numerous occasions lately and have always seen people receiving good care".

Is the service responsive?

Our findings

At our previous inspection in November 2014, we found a breach of regulation in this area. People's needs were not fully incorporated into their care plans. People were at risk of receiving care or treatment that was unsafe or inappropriate. At this inspection we found the provider had addressed the issues identified and we found comprehensive care plans that had identified people's nursing and care requirements.

Most people living at Frindsbury Hall had complex nursing needs, although a successful rehabilitation unit was also provided. People and their relatives were positive about their involvement in the assessment, care planning and review process.

Either the registered manager or a registered nurse visited people to carry out an assessment before people moved in to the home. The pre admission assessment looked at people's nursing and personal care needs in detail. People's medical history, the medicines they needed to take and their mobility needs were included. This enabled the registered manager to make a decision whether the home was able to cater for the person's individual requirements. The registered nurses developed an individual care plan once people moved in to the home. They used their skill and experience as qualified professionals to detail the nursing care needed step by step. The care plan included people's preferences around the routines they liked to keep such as sleeping and eating or what drink they preferred first thing in the morning. People's likes and dislikes were recorded, for example, what food they did not like and how they liked their tea or coffee. A life history documented the lives people had led, including where they were born, what their job had been and if they had children and grandchildren. People were fully involved in writing their care plan where possible, if they were well enough. If they could not be involved, family members were consulted to ensure the information was person centred. The service did not specifically support people with dementia care needs, however a number of people had developed dementia whilst living in the home. With this in mind, the service could address the cognitive needs of people in more detail in the care plan to provide clear guidance, enabling staff to provide consistent care. This was discussed with the manager and senior staff who said they would review this part of people's care plans.

Care plans and associated risk assessments were routinely reviewed each month by the registered nurses to make sure the nursing and personal care people were receiving was up to date. If people's needs changed during the month their care plan was reviewed and updated at that time. Care plans were also adjusted if people decided they wanted to change how their care was delivered. A more in depth six monthly review involving people, and their family members if appropriate, was held. Relatives were reminded of their important role in the review at the relatives meetings to encourage their participation.

An exercise room was set up for the use of people using the rehabilitation service. Physiotherapists or occupational therapists used the area when advising and supporting people with the exercises required to gain recovery. The rehabilitation unit also had a small kitchen available to assist people to regain their daily living skills before returning home. People stayed for up to six weeks, receiving support from a registered nurse and their team who were supported by other health and social care professionals. Most of the team on rehabilitation had been working there for many, many years. They were experienced and skilled in

supporting people to regain their confidence following illness or accidents, enabling them to return home within a time period.

An activities coordinator planned many activities throughout the week and months ahead. A lot was on offer and people were encouraged to make suggestions for the activities they wished to try. An activities room was well resourced with space for people if they wished to paint, draw or make things, whatever their choice. A library of books was also offered for anyone who wanted to choose something to read. The library books were changed every three months. The activities coordinator took a selection of books around to people in their rooms if they were unable to come to the activities room to select one. Activity plans were in place, detailing people's interests and hobbies, for example if people liked reading, playing card games or liked to keep active. An activities record showed what people had been involved in through the month. The activities coordinator visited people in their rooms if they were not able to go to the lounges or activities room to take part in group activities on offer. They told us, "People don't necessarily want to join in groups, so I go to people". People were playing backgammon, or doing puzzles or drawing in their rooms with support and encouragement. One person who was playing a game with the activities coordinator told us, "We always have a laugh". Another person said, "I do puzzles, crosswords and read".

The registered manager made sure there were regular residents meetings so people had the opportunity to communicate their views and contribute to the running of the home. At a meeting held in February 2016 people said the food was very nice and positive comments were made about the smoothies that were available. At the same meeting the registered manager checked that everyone knew who their named nurse was. All bar one confirmed they did. The registered manager asked the administrator to send a memo to all the nurses asking them to check with people that they knew their named nurse. Another person said not all staff wear their name badge and it's difficult to remember everyone's name. A memo was sent to all staff to remind them of the importance of wearing their badge. The registered manager checked that everyone chose when they wanted to go to bed. All present confirmed that they did.

Relatives meetings were also held regularly to keep families up to date and to gain their feedback. At a meeting held in May 2016 the registered manager updated those present about what was happening in the home and asked for their feedback too. For example, the families were shown the relatives room and reminded they can use this to make a drink whenever they want.

Surveys were sent out once a year to people and their relatives, requesting feedback on the service provided. The completed surveys were returned to the provider who analysed the responses. The registered manager used the information to feed back to people and agree actions for improvement. The 2015 survey sent out to people, visitors and staff had mainly positive results. Such as, 100% people felt safe and 100% of people and visitors thought they were listened to if they had a complaint. Some staff and visitors thought there were not enough activities, although 100% of people themselves thought there were.

The service user guide within the welcome pack contained easy to read information about what people should do if they had a complaint or concern they wished to raise. The guide included what to do if people did not get a satisfactory response to their complaint from the home. Complaints were well recorded and followed up quickly, following the providers complaints procedure. There had been a complaint from a person who had stayed in the rehabilitation unit. The registered manager carried out a thorough investigation and sent a detailed response to the complainant. She followed this up by arranging a group supervision with staff to discuss the complaint, the outcome and how they could learn from the experience. One person told us they were concerned about getting their post, that there often seemed to be a delay. The person wrote a lot of letters so this was important to them. We asked their permission to raise this with the manager. The registered manager immediately investigated with the administrator. Both felt the issue was

with royal mail and noted they did have delays and confusion with the delivery of their post sometimes. They acknowledged this may not have been relayed to people clearly. They put a plan in place to address this and to contact royal mail. The registered manager knew the importance of the relationship between complaints received and service improvement.

Is the service well-led?

Our findings

People and their relatives thought the home was well run. Resident and relatives meetings and annual surveys contributed to decisions. People and their family members also felt comfortable raising concerns or views with the registered manager or a member of the staff team. A family member told us, "It is well run and well managed. It is always lovely and clean".

The registered manager worked into the evening twice a week so that she was available to relatives who could only visit at this time. She said it also meant she could check the quality of the care provided at different times of the day. The registered manager told us she had tried 'manager's surgeries' but found there was little attendance as people said they could pop in to see her whenever they wanted.

A notice board in the main hallway contained useful information for people, visitors and staff. Including whistleblowing helpline numbers to raise concerns if necessary, the most recent CQC rating and the results of recent surveys carried out. Relatives were also reminded that survey results were on display so they could see the overall view and the action the registered manager was taking following the feedback.

There was a registered manager in post who had worked at Frindsbury Hall for many years, providing stability and a consistent approach to the nursing and care team. The registered manager told us she was proud of her staff and said, "The staff are a delight". The registered manager understood the responsibilities she had of holding registration. A regional manager employed by the provider visited regularly, for two days at a time every four weeks. The regional manager also spoke on the telephone every day to update and provide support to the registered manager. A health care professional told us, "(The registered manager's name) is a good leader" and, "The nurses have good management and leadership skills too". They also said, "The staff are well looked after too". A member of staff told us, "It's a good team, from top to bottom".

Regular staff meetings were held with a good attendance of staff. At the meeting in February 2016 a discussion was held about a new project to introduce fruit smoothies. They were available for people who wanted one, but to particularly encourage those with loss of appetite to prevent weight loss. At the meeting in March 2016 the smoothies project was discussed again where all staff had already seen the benefits and fed back that people really liked them. The registered manager also discussed a complaint that had been received, agreeing a way forward to improve the service. The registered nurses met together as a team separately from the staff team to discuss clinical and leadership issues. Items discussed included DoLS applications, gaps found in documentation during a recent investigation and the prevention of falls. On top of this, the domestic and laundry staff and heads of department met regularly with the registered manager. One staff member told us, "(The registered manager) is tremendously supportive. I could call her on a personal level too".

The registered manager and staff told us they were very happy with the provider. They said they had seen many improvements, both in the support available and the investment in the premises and environment. The registered manager said she had not been turned down once when asking for improvements, as long as the case was made regarding the benefit and impact on people. Everything was replaced regularly, for

example there was a healthy budget to replace towels regularly, making sure they remained pleasant to use. She said, "It has been good for the residents, living in an Akari home". A member of staff told us, "We are definitely listened to. The manager is always asking us for our views". Another said, "We have asked for things we need and we got them straight away".

Many staff working at Frindsbury Hall had worked there for many years. One staff member told us, "I went and came back again". The chef was one of those who had worked at the home for many years. They told us they had worked their way up, had been able to develop a career within the home.

The provider had a full range of policies and procedures in place to guide the registered manager and her staff in their responsibilities within their roles. The staff thought they provided a good quality service and that they got good support to carry out their role. A member of staff said, "(the registered manager name) is most definitely approachable".

There was a clear and robust quality monitoring system in place. The provider took clinical governance seriously and had a good computerised auditing system. The registered manager entered monthly data, creating an analysis of trends. For instance, accidents and incidents and complaints were monitored by the registered manager and the provider so lessons could be learnt and the service improved. For example, following analysis of accidents and incidents in January 2016, two incidents had been reported as happening between 3 – 6am in the rehabilitation unit. The registered manager purchased eight alarm mats that would alert night staff when someone was getting out of bed if a risk of falls was identified.

Checking the quality and safety of the service provided in the home was a regular occurrence. The registered manager carried out a 'daily walkabout', checking the environment and how people were being cared for. An in depth audit was carried out monthly by the registered manager, looking at all areas of the home. A sample of people's care plans were fully checked at the end of every month for quality and progress. Actions required were recorded with timescales for completion. A medicines audit was undertaken every month by the registered manager to ensure safe practice was in place and the correct medicines were available and administered. For instance, counting the medicines and tallying this with the documentation, checking storage, administration and disposal of unwanted medicines. A summary of actions required was in place with timescales. People's medicines and how they were administered were managed safely.

The regional manager carried out an even more detailed audit visit once every two months, concentrating on a different area within the home each time. For example, administration, audits, care files or staffing and dependency. The regional manager often spent two days looking at paperwork, making observations and recording actions required by the registered manager or nursing staff. An 'impact audit' was undertaken twice a year by officers within the organisation who were not directly involved with the running of the home. The provider carried out a full health and safety audit once a year covering all parts of the home and looking at all the documentation kept. All the quality monitoring was reviewed by the provider's quality manager and relevant details were fed up the line, eventually resulting in briefing notes and management board scrutiny. The provider kept people safe and ensured a good quality service by having comprehensive monitoring and audit systems in place.