Firstsmile Limited

Framland

Inspection report

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Date of inspection visit:
08 March 2016

Date of publication:
05 May 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 8 March and was unannounced. At our previous inspection 9 October 2014 we found that the service was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan telling us about the actions that they were going to take. At this inspection we found that the improvements had been made and the provider was compliant with the regulation.

Framland is located in Melton Mowbray, Leicestershire. The service provides support and accommodation for up to 31 people. This includes older people with age related needs, people living with dementia and younger adults. At the time of our inspection there were 27 people using the service.

There is a registered manager at the service. 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 told us that they felt safe at the service and staff had a good understanding of how to identify and report any concerns.

There were some policies and procedures in place to ensure that people medicines were managed safely however these were not always consistently followed.

Some areas of the service had a strong smell of urine and had not been appropriately cleaned to protect people from associated risks.

Staff had a good understanding of people's needs. Staff were effectively supported to carry out their roles.

Staff sought people's consent before assisting them in any way. Where people lacked the capacity to consent to their care the service acted in accordance with the principles of the Mental Capacity Act 2005.

People were provided with a balanced diet and varied diet. People had access to appropriate healthcare services. Staff identified and reported any concerns relating to people's health to appropriate healthcare professionals.

People told us that staff treated them with dignity and respect. People chose were they spent their time.

People were involved in making day to day decisions about their care and support. Activity sessions were available but they did not reflect people's individual hobbies and interests.

The service had not always followed their own complaints procedure. They had not always used complaints to further develop the service.

Environmental audits had been carried out but these had failed to identify and address the environmental issues that we found.

People and staff members spoke highly of the registered manager.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's care had been planned to ensure their welfare and safety and meet their individual needs.

There were detailed policies and procedures in place to support the safe management of medicines. However, these were not consistently applied.

Some areas of the service had not been appropriately cleaned to protect people from associated risks.

Is the service effective?

Good

The service was effective.

Staff were supported and had the skills and knowledge to enable them to meet people's needs.

Staff sought people's consent before assisting them in any way. Where people lacked the capacity to consent to their care the service acted in accordance with the principles of the Mental Capacity Act 2005.

People had access to appropriate healthcare services.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and had a good understanding of people's needs.

Staff respected people's privacy and dignity.

People were involved in making day to day decisions about their care and support.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People contributed towards an assessment of their needs and their likes and preferences were respected.

Activities sessions were available but they did not reflect people's individual hobbies and interests.

People felt able to raise concerns and make a complaint. Complaints had not always been formally documented and used to develop the service.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People and staff spoke highly of the manager. Staff felt assured that anything they raised would be addressed.

Audits had failed to identify areas of the service that required attention and address infection control issues.

Staff and the registered manager had a shared understanding of the vision of the service.

Framland

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 inspection took place on 8 March 2016 and was unannounced.

The inspection was carried out by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of caring for someone who used this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. We contacted the local authority and who had funding responsibility for people who were using the service. We looked at information that we had received about the service and used this to inform our inspection planning.

We spoke with 12 people that used the service and three relatives of people that used the service. We spoke with the registered manager, two senior carers, two care assistants and the cook that was on duty. We spoke with a GP, an assistant practioner, a psychiatrist and a community psychiatric nurse that all visited the service on the day of our inspection.

We observed the care that was being provided. We reviewed the records of nine people that used the service. We looked at the incident and accident forms that had been completed for the past two months. We looked at documentation about how the service was managed. This included policies and procedures, three staff records and records associated with quality assurance processes.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection 9 October 2014 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that people who use services were not protected against the risks associated with receiving care. Care and support was not always planned or delivered in such a way as to ensure welfare and safety, or meet individual needs.

At this inspection we found that the service was meeting the regulation. We found that risks associated with people's care had been assessed and control measures had been put in place to reduce the risks. For example, where a person was high risk of falls, their needs had been assessed and control measures such as the lowering of their bed and bed rails had been put in place.

We found that people's care had been planned to ensure their welfare and safety and meet their individual needs. For example, where one person required regular access to the garden area this was provided for them. Where another person displayed behaviours that challenged staff there was clear guidance in place for staff to follow to reduce any associated risks.

We saw that accidents and incidents were recorded. These included information about any follow- up action that had been taken. Any injuries that people had sustained had been recorded on body maps but sizes of injuries had not been consistently recorded. This meant that the service was not always able to effectively manage in injuries were healing or getting worse. Accidents and incidents were audited on a monthly basis to enable the registered manager to identify any trends and themes.

People told us that they felt safe at the service. One person told us, "I feel very safe here, I just couldn't manage at home after hospital." Another person told us, "They [the staff] are always popping in to check on me." A relative of a person told us, "I'd say, [my relative] is fairly safe in here. They have had the occasional fall but nothing serious. The home has always phoned me almost immediately when this has happened and I've been able to pop down." A visiting health professional told us, "I have no safeguarding concerns here."

Staff members had a good understanding of the various types of abuse and knew how to report any safeguarding concerns both internally and externally. There was a detailed safeguarding policy in place and contact information readily available for staff should they need to report any concerns.

The service had a business continuity plan in place and personal emergency evacuation plans. This was to ensure that there was clear information and guidance available to staff and/or others involved in the event of an untoward incident or emergency situation.

People told us that they generally felt that there were enough staff on duty but there were times when they had wait for assistance. One person told us, "I sometimes have to wait [for staff], it depends if they are busy." Another person told us, "I have to wait now and again but it's ok." Staff members told us they were enough staff on each shift. One staff member told us, "We use agency staff about three times a week but they are the

regular ones we know."

Throughout our inspection we found that there were sufficient staff on duty to meet people's needs. We looked at staff rotas and confirmed that the staffing levels were consistent with rest of the week. We discussed staffing levels with the registered manager who advised us that they used a dependency tool to assess people's needs and then determine the staffing levels that were required. They told us that if people's dependency changed they reassessed the staffing levels required. However we found that the gender of staff members available to meet people's needs had not been taken into consideration when planning the staff rota. We discussed this with registered manager who advised us that she would address this.

We looked at the recruitment files of three staff that worked at the service. We found that the staff had received and induction at the service and that all relevant pre-employment checks had been carried out. These checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce.

People told us that they received their medicines when they needed them. One person told us, "Oh yes, I get my tablets when I need them." A relative of a person told us, "As far as I am aware [my relative] gets their tablets on time and they have never been missed." We found that there were detailed policies and procedures in place to support the safe management of medicines. However, these were not consistently applied. We found that where people had medicines on an as required basis protocols were not always in place to advise staff when and what quantity of the medicine people should have. We also found that where people had prescribed eye drops there were no protocols to show which eye they should be administered to. The prescribing instructions on the eye drops stated 'into the affected eye'.

We found that some concerns around the management of prescribed creams at the service. We found that some creams were in use beyond their expiry date. These were immediately disposed as soon as we brought them to the attention of the registered manager. We found that the administration of creams was not always being recorded correctly on medication administration records (MAR) charts. This had also been identified in a pharmacy audit carried out in January 2016 but we still found it to be an issue, although two other actions identified had been carried out. We discussed this with the registered manager who advised us that they would undertake an audit of creams and take action to rectify the issues.

We saw that some rooms at the service had recently been refurbished. One person told us that their room had just been refurbished and that they'd had new flooring and new furniture. However, some areas of the service had a strong smell of urine and we found a cushion on a lounge chair that was saturated with urine. We discussed this with the registered manager and one of the company directors. They advised us that they carried out regular cleaning and continually refurbished areas at the service to try and prevent this. We spoke with the housekeeper who confirmed that they shampooed all of the carpets on a monthly basis and deep cleaned carpets when they or other staff noticed that they needed doing. For example on the day of our visit staff had reported that two people's rooms had been deep cleaned at the request of care staff. We found that at the time of our inspection these measures had not effectively managed the issue.

We also saw that some parts of the premises which were important in relation to the control of infection were not clean. For example the walls and floor in the laundry room were dirty and there was heavy dust on the exposed plumbing and pipe work. We saw that while the provider had addressed some of the concerns we had relating to infection control at our last inspection there was still areas where improvements were required.

Good

Is the service effective?

Our findings

People told us that staff had the skills and knowledge to meet their needs. One person told, "They know what they are doing." A relative of a person told us, "I do feel the care workers here know what they are doing. Some have been here quite some time. Even the newish ones are willing."

Staff members told us that they received regular supervision and training to support them and provide with knowledge to carry out their roles. One staff member told us, "We do really well for training I just finished my NVQ level three." Another staff member told us, "Mental health training was really good. How people can be and how we can deal with that and the different resources that are there to help." A third staff member told us, "First aid training made me feel more confident like doing cardiopulmonary resuscitation (CPR)." CPR is an emergency lifesaving procedure that is done when someone's breathing or heartbeat has stopped.

We looked at records that confirmed that staff had received regular supervisions and training. This showed us that staff were effectively supported to carry out their roles.

The Mental Capacity Act (MCA) 2005 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that the service had considered people's capacity within assessments of their needs and these had been done so on a decision specific basis as is required by the MCA. The manager had identified that there were some restrictions in place relating to people's care and freedom. They had followed the correct procedure and submitted an application to the 'Supervisory Body' for authority to have these restrictions in place. We saw that for one person this had been authorised and the service were still waiting for a response in relation to the others.

Staff members told us that they attended training in MCA and DoLS and had a good understanding of them. They told us that they always asked for people's consent before assisting them in any way and where people did not have the capacity to consent they ensured that they acted in their best interest and in line with their care plan. They were also able to give us examples of possible restrictions relating to people's care, such as bed rails and sensor mats.
People told us that they enjoyed the meals. One person told us, "There is always plenty." Another person told us, "I can't remember what I ordered but you get a choice." People were provided with the main meal of their choice and then asked about vegetables to accompany it. Some people appeared a little confused by their choices and were unable to recall what they had ordered. Food was served to people from a heated

trolley at their tables which enabled it to remain hot when as it was served. Following their main meal people were verbally offered a choice of pudding.

Staff told us that they supported people with foods and drinks throughout the day. One staff member told us, "We constantly ask people if they want food or a drink." We saw that people were provided with drinks and snacks throughout the day.

We saw that four- weekly menus were in place and displayed in the dining room, however, these were not available in alternative formats. The menu was balanced and varied and included details of potatoes and side dishes. We discussed the dining experience with the registered and how they could possibly enhance people's experiences. They told us that this was something they would look into such as the possibility of providing people with visual choices of meals. A food hygiene inspection had been carried out the day before our visit. The service received a food hygiene rating of five.

People told us that they were able to access healthcare service if they needed them. One person told us, "If you need the doctor they'll arrange it for you." People were supported to access relevant healthcare professionals where required.

One visiting healthcare professional told us, "This is one of the better homes for carrying out action," they went on to tell us, "Lots of people need bed rest and they do follow our advice." Another healthcare professional told us, "If staff identify any issues they always contact us," they went on to tell us "I do not have any concerns with the care here, they identify things and report them to us." We saw that were a person had lost weight the service contacted healthcare professionals to discuss their concerns.

Some people at the service displayed behaviours that challenged others. Other people that used the service told us that at times they could become aggressive. Staff had a clear understanding of how to support people with these behaviours. We saw that relevant external health professionals were involved in these people's care and the service used the health professional's advice to enable them to respond appropriately to people's behaviours. There was written guidance in people's care plans that detailed how staff should respond.

Good

Is the service caring?

Our findings

People and relatives told us that staff were kind and caring and that they understood people's needs. One person told us, "Oh, the girls [meaning staff] are lovely, they are very kind and caring." Another person told us, "They understand me, they know which chair I like to sit in, I like to see what's going on." A relative told us, "I have to praise this home for the caring aspect of the staff. They are always busy but absolutely wonderful." Another relative told us, "What I like, is that they always treat [my relative] with care." A visiting health professional told us, "The staff seem kind and caring I have no concerns."

Staff members told us how they developed caring relationships with people that used the service. They used the information in people's care plans to get to know them, this included information about what was important to them, their likes and dislikes and information about their life histories.
This enabled them to use the information as talking points and establish and build relationships with people. One staff member told us, "It's all about getting to know and understand people."

Throughout our inspection we saw that staff interactions with people were kind and caring . For example, we saw how one person was very repetitive in her conversation with a care worker. The care worker remained calm and was very patient with the person continuing to answer their questions. We saw that staff responded to people's needs. For example, one person appeared to be uncomfortable at the dining table. A staff member immediately noticed their discomfort and approached them and asked if they would like a cushion to which they replied 'yes', the cushion was fetched without delay and the person was then more comfortable. .

People that used the service were given a `service user guide' when they moved in. The guide explained, in generic terms, how their needs would be assessed and included information about the service and its facilities. It also provided information about how people were encouraged to become involved in the development and reviewing of their care plans. We saw that people had been involved in decisions about their care and support. We saw staff involve them in day to day decisions relating to their care. For example, we saw that one person was asked if they wanted assisting to the lounge or back to their room following their dinner. Staff told us that people were involved in decisions about their day to day care. One staff member told us, "People have choices of meals, where to sit, to be alone in their room or in the lounge, when to get up and when to go to bed."

People told us that staff respected their privacy and dignity. One person told us, "The carers always knock on the door before entering, that's quite respectful, that is." Staff members had a good understanding of the things that they could do when assisting people with care to ensure that their privacy and dignity was respected. These included by shutting the door and ensuring that they were not interrupted and covering people up as much as possible while assisting them with personal care. We saw that staff knocked on doors before entering and called people by their preferred names.

People and relatives told us that there were no restrictions on visiting times, although the service did request that if people were planning to visit between the hours of 9pm and 8am so that staff were aware. We

saw from the visitor's book that people visited at various times throughout the day and early evening.

Requires Improvement

Is the service responsive?

Our findings

People told us that they contributed towards an assessment of their needs and that their likes and preferences were respected. One person told us, "I get up when I want and the staff then come and help me." We saw that there was information in people's care plans about their likes, dislikes and preferences and their general care. People and their relatives told us that they were invited to and contributed to reviews of their care. One relative told us, "I am very much involved with [my relatives] care, I attend regular reviews."

However, we found that where people had specific heath needs the information within their care records was not always sufficient to be responsive to their needs. For example, one person was an insulin dependent diabetic but their care plan did not provide information about acceptable blood sugar levels for them. Where another person had a catheter bag, it advised that the bag should be emptied three times per day and the output recorded but there was no guidance for staff about what the expected output should be or at what point staff should be concerned. Therefore staff would not know this information. Care staff were aware of the frequency that it was emptied but were not sure about what output they should expect or at what point they would be concerned. We discussed this with the registered manager who advised us that they would ensure that this level of detail was made available for all staff members.

People told us that activity sessions took place. We saw pictures of activities taking place that confirmed this. These include activities such as a beach day with sand and a paddling pool (the registered manager told us this was held last summer). Others showed Christmas activities, hat decorating and an event where various animals were brought into the service for people to meet and hold. There were two cats living at the service and we saw that this was very beneficial and positive for some people who used the service. Staff members told us that people enjoyed the activities that were available. One staff member told us, "Activities are good. There's a variety. People mostly like it when outside people come in for music and movement and [entertainer's name] and his music."

We found that there was an activities board on display with group activity sessions that were scheduled to take place. One relative told us, "What you see on the board doesn't always resemble what actually happens. Sometimes it happens, sometimes it doesn't." A care worker told us, "The activity sheet is just an indication of what might happen, depending on staffing-levels and how [people that use the service] are on that particular day." We found that although group activity sessions were available people had very limited opportunities for taking part in their chosen hobbies and interests.

People told us that they felt able to raise any concerns or make a complaint. We also saw that meetings were held approximately six monthly with people that used the service where people were provided with the opportunity to discuss complaints and reminded of the complaints policy. This was also available on display on the notice board within the reception area of the service.

We saw the service had received two complaints in the last 12 months. The registered manager was able to provide us with information about how they had both been investigate and responded to. However, we

found that only one of the complaints had been formally documented. The registered manager told us that the other complaint had not been recorded. We found that this complaint related to missing laundry. One person and their relative also raised this with us as an issue. We discussed this with the registered manager who advised us that tags were available to label people's clothes and relatives were encouraged to use this system. They told us that some relatives still preferred to write inside the clothes with marker pen, but that this can come off. The registered manager told us, "We do quite regularly have the odd shirt or sock go missing but as soon as we know we look for the items."

Requires Improvement

Is the service well-led?

Our findings

People at the service and their relatives all knew who the registered manager of the service was. One person told us, "[The registered manager] is always friendly." A relative told us, "I think the service is well-led. I mean, [the registered manager's] fairly new but she has a nice attitude. I'm sure this will filter through."

Staff members spoke highly of the registered manager. One staff member told us, "They [the registered manager] are really good. Always there for you. They always expect high standards." Another staff member told us, "The [registered] manager is good, I like her, she's supportive and you can go to her."

Meetings were held with people that used the service every six months. These provided people with the opportunity to be involved in the development of the service. We saw that upcoming events and changes to the service were discussed and people provided feedback about these. We also saw that a quality assurance questionnaire had recently been sent out to people that used the service and healthcare professionals. Although the results were still being analysed feedback received had all been rated as satisfactory or above.

The registered manager was clear about her vision for the service and strongly believed in leading by example. All of the staff members that we spoke with shared an understanding of the services values. They had a consistent vision of what the service was trying to achieve. One staff member told us, "The service encourages people to live how they want to and treats them how they want to be treated." Another staff member told us, "We promote independence and have an excellent quality of care."

The registered manager was aware of their responsibilities of their role and understood the registration requirements to notify us of events. We had received notifications as required from the service.

The registered manager had advised us that they conducted walk- arounds of the service every other day and had a discussion with three different people that used the service, on each walk-around, about the care they receive and their home in general to enable them to gain first hand feedback about the service provided.

There were a number of audits carried out by the service but these had failed to identify the concerns that we found. Environmental audits had identified the general refurbishment work that was needed but they had not identified the issues with the cleanliness of laundry nor had they addressed effectively the smell of urine within specific areas of the service. We had previously recommended that the provider consider the current guidance on the prevention and control of infections. Although we found some of the infection control issues had been addressed. There were still concerns outstanding with the cleanliness of the laundry and smells with specific areas of the service.

We had identified in our last inspection report from 9 October 2014 that the service had failed to follow their own complaints policy and record all of the complaints that they had received. We found that one of the two complaints that the service had received had not been appropriately recorded. We discussed this with the registered manager who advised us that they would ensure that this happened.