Fridhem Rest Home Limited

Fridhem Rest Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 27, 28 and 29 June 2016 and was unannounced. Fridhem Rest Home is a residential care home providing personal care and support for up to 25 older people, some of whom live with dementia. On the day of our visit 23 people were living at the service.

The home has had the current registered manager in post since before October 2010. 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 CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The service was not meeting the requirements of DoLS. The registered manager had not acted on the requirements of the safeguards to ensure that people were protected.

You can see what action we told the provider to take at the back of the full version of the report.

People felt safe living at the home. Staff were aware of safeguarding people from the risk of abuse but they did not know how to report concerns to the relevant agencies. Individual risks to people were assessed by staff and reduced or removed. There were adequate servicing and maintenance checks to equipment and systems in the home to ensure people's safety.

There were enough staff available to meet people's needs and additional staff were available if required.

Medicines were safely stored and administered, and staff members who administered medicines had been trained to do so. Staff members received other training, which provided them with the skills to carry out their roles, although training updates were not always available and this meant that staff knowledge was not always up to date.

People enjoyed their meals and were able to choose what they ate and drank. Staff members worked together with health professionals in the community to ensure suitable health provision was in place for people.

Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated. People's needs were responded to well and support was always available. Care plans contained information about how staff should support individual people with their needs. Staff members understood the MCA and presumed people had the capacity to make decisions. Where someone lacked capacity, best interest decisions had been made.

A complaints procedure was available and people were happy that they did not need to make a complaint. The registered manager was supportive and approachable, and people or other staff members could speak with her at any time.

The home did not effectively monitor care records and other systems to assess the risks to people and the quality of the service provided.

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 supported by enough staff to meet their needs and to keep them safe.

Risks had been assessed and acted on to protect people from harm, people felt safe and staff knew what actions to take if they had concerns.

Medicines were safely stored and administered to people when they needed them.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff members received training to provide people with the care they required but did not always have up to date knowledge.

The registered manager had not acted on updated guidance of the Deprivation of Liberty Safeguards.

Staff understood how to support people who could not make decisions for themselves.

Staff worked with health care professionals to ensure people's health care needs were met.

People were given a choice about what they ate and drinks were readily available to prevent people becoming dehydrated.

Is the service caring?

Good

The service was caring.

Staff members developed good relationships with people living at the home, which ensured people received the care they wanted in the way they preferred.

People were treated with dignity and respect.

Is the service responsive?

The service was responsive.

People had their individual care needs properly planned for and staff responded quickly when people's needs changed.

People were given information if they wished to complain and there were procedures to investigate and respond to these.

Is the service well-led?

The service was not always well led.

The systems to monitor and assess the risks to people and the quality of the service were not effective.

Staff members and the registered manager worked with each other, people's relatives and people living at the home to ensure people received the care they needed.

Fridhem Rest 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.

This inspection took place on 27, 28 and 29 June 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed information available to us about the home, such as the notifications they had sent us. A notification is information about important events, which the provider is required to send us by law.

We spoke with four people using the service, two people's visitors and a visiting health care professional during this visit.

We also spoke with the registered managers, and five care workers. We spent time observing the interaction between staff and people living at the home. We looked in detail at the care records for four people, and we also looked at the medicine management process and records maintained by the home about staff training and monitoring the safety and quality of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home and that they could talk to someone if they had any concerns. One person's visitor told us that they thought the person was safe and that, "They couldn't be in a better place." We spoke with three staff members, two of whom told us that they had received training in keeping people safe from harm. However, for two of these staff members this had been several years ago. The other staff member told us that they had not received safeguarding training since starting work at the home. Although the staff members had an understanding of the different types of abuse and would report any concerns to the registered manager, they were not familiar with external agencies that incidents should be reported to.

The registered manager had reported safeguarding incidents to the relevant authorities including us, the Care Quality Commission, as was required. This meant we were assured that the service would be able to recognise and report safeguarding concerns correctly, even if individual staff members may not be able to report safeguarding concerns externally.

We found that medicines were safely managed. However, although staff had received medicines training, for some staff it had been a number of years since they had received refresher training. This meant that staff members' knowledge and skills had not always been kept up to date. Following this inspection the provider advised that they updated staff on changes and discussed medicines and their side effects with staff. Staff had also received training from health care professionals to administer an injectable medicine.

Medicines were stored safely and securely in a locked room for the safety of the people who lived in the home. Arrangements were in place to record when medicines were received, given to people and disposed of. The records kept regarding the administration of medicines were in good order. They provided an account of medicines used and demonstrated that people were given their medicines as intended by the person who had prescribed them. We found that where medicines had not been given, there were codes to show the reason for this.

People told us that they received the medicines as they had been prescribed. One person's visitor told us that staff members were good at managing their relative's medicines. They said that their relative's pain killers had changed recently and staff members always made sure the person was as free from pain as possible.

Risks to people's safety had been assessed and recorded. These were individual to each person and covered areas such as, moving and handling, people's risk of developing pressure ulcers or from falling. Each assessment had clear guidance for staff to follow to ensure that the risk was reduced and people remained as safe as possible. Our conversations with staff demonstrated that they were aware of these assessments and that the guidance had been followed. We discussed one person's risk of falling with the registered manager and found that risks to the person had been appropriately identified and actions taken to reduce these.

Personal emergency evacuation plans were available for some people. These had been started and were available for people who would have the most difficulty leaving the building in the event of a fire. The registered manager told us that completion of these would continue.

Servicing and maintenance checks for equipment and systems around the home were carried out. The registered manager confirmed that systems, such as for fire safety, were regularly checked and we saw records to support that these were completed. We saw that fire safety equipment had received a maintenance check in the six months prior to our visit.

People that we spoke with told us that staff were available at all times to support them when this was required. We also spoke with two visitors during our visit, who both commented that there were always enough staff.

Staff members also told us that they thought there were enough staff available. They said that there were contingency plans if there were unexpected demands on staff, such as a sudden reduction in staff numbers or an increase in people's care needs. All of the staff we spoke with were aware of these and told us that senior staff were able to obtain additional staff if required. They also said that if additional staff could not be obtained, that the registered manager was available to cover shifts.

We observed that staff members were always available in the communal areas of the home and that they organised where they worked to make sure of this. Call bells did not ring for long periods during our visit and staff members worked at a calm, unhurried pace.

One new staff member told us that checks and information had been requested about them before they started work at Fridhem Rest Home. We checked two staff files and found that most of the recruitment checks and information was available and had been obtained before the staff members had started work. We saw that information about one staff member's previous employment in a care position had been obtained, although this information was not available for the other staff member. The registered manager confirmed that the information had been requested.

Requires Improvement

Is the service effective?

Our findings

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 so that they can 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).

The provider was not always meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS require providers to submit applications to a 'supervisory body' for authority to lawfully deprive a person of their liberty. Applications for some people had been submitted to the local authority, although these had not been completed for everyone who required them. The registered manager had completed an audit to determine how many other applications were required and said they were in the process of completing these.

We checked whether the service was working within the principles of the MCA. Staff members provided us with an explanation of their role in ensuring people were able to continue making their own decisions as much as possible. However, their understanding of the mental capacity assessment and best interest decision processes was variable and not wholly accurate. One staff member told us that family members would make decisions for people if they were not able to do this. This may lead to decisions being made not in people's best interests or without the appropriate knowledge to make them. Staff members told us that they had not received training in this area.

The registered manager was aware of DoLS and the actions they needed to take if they had to deprive someone of their liberty in their best interests. Staff members told us that if they had received training in this area it had been several years ago. Their understanding of DoLS was varied. Two staff members said that they would intervene to prevent all people from leaving the care home if they tried to do so. This meant that some people had been unlawfully deprived of their liberty as inadequate action had been taken to act on the requirements of the safeguards that came into force in 2014.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite poor understanding of the legal framework, we saw evidence of these principles being applied during our inspection visit. For example, we saw that people were supported by the staff to make decisions about the care they received. One person ate a specific diet but was at risk of eating foods that may make them unwell. Staff members told us that they would explain to the person the dangers of eating food that would do this and this had resulted in the person not eating the item.

We saw that care records for three people noted that they may lack capacity to make their own decisions in

some areas. Mental capacity assessments had been completed for those decisions that people had difficulty making. A health care professional had been involved for two people when their assessments had been completed. This ensured that essential decisions about people's care and welfare took their best interests into account.

Most of the staff members that we spoke with told us that they had received training to meet the needs of the people who lived at the service when they first started working at the home. However, not all training had been updated and one new staff member told us that they had not received any training since starting work at the home. This staff member confirmed that their previous training had been checked to make sure their skills and knowledge were acceptable. Two staff members told us that not all of their training had been updated since they had started work at the home.

Following this inspection the provider sent us information advising that new staff members would receive training in such areas as moving and handling within a month of starting work. The new staff member would shadow other staff six to eight weeks.

We checked training records for two staff members who had worked at the home for several years. We saw that they had received training in a variety of subjects including, food hygiene, safeguarding adults, care of medicines and first aid. For one staff member there was no information to show that refresher training in safeguarding, medicines, first aid and food hygiene had been undertaken in the last five or six years. We identified that not all staff had up to date knowledge on how to report a safeguarding concern or knowledge about the Deprivation of Liberty Safeguards (DoLS). This meant that staff may take inappropriate action or make incorrect decisions if they did not have up to date training.

Following this inspection the provider sent us information advising that staff members received guidance about the MCA in a staff handbook and the subject was discussed during induction training when new staff started work. In additional to this most staff either had or were completing a national qualification, which also discussed the MCA.

Despite staff members not having received updated training in some areas, other actions had been taken to ensure staff had been kept up to date with current guidance. We were told about staff members who had become link workers for specific areas and had become knowledgeable in those fields, such as for continence and for dementia care. Changes had been made to simulate life before a person lived in the home after one staff member had completed a dementia care coaching course.

All of the staff members that we spoke with told us that they had regular supervision meetings with the registered manager and felt well supported to carry out their job. They said that the support came in the form of a one to one meeting, in which they could raise any issues they had and where their performance was discussed. Records were kept of these discussions and the staff member was able to see these whenever they wanted.

People told us that they were able to choose what they had for meals and usually did this the day before the meal. We were told by two people that their meals were always, "Good." We spoke with two people's visitors who both said that their relatives were able to eat what they wanted. One visitor told us how staff had accommodated their relative's need for meals when they were ready for them, rather than at traditional mealtimes.

People were provided with a choice of nutritious food. We saw that people enjoyed the food that they ate. We saw that the lunch meal was a social affair, with conversation around each table and staff members ate

their own lunches with people. This promoted people's experience of mealtimes as positive and ensured that staff were available to assist them if needed.

A menu was available by the dining room for each day's meal choices and this helped remind people of what to expect before sitting down to their meal. We saw that people had a choice of drinks during the mealtime and there were condiments on each table for them to use. People were able to eat at their own pace and that they could choose where to eat their meal.

Records showed that people's weight was recorded and this enabled staff to take the necessary action if there were any concerns. We looked at care records for two people with low body weights. These showed us that assessments to determine the risk to each person from malnutrition had been completed accurately and that the appropriate actions to reduce these risks had been put in place. One person had a stable weight over the last 12 months and we saw that they were able to take as long as they needed to eat their whole meal. The other person's weight had steadily increased over the last 12 months. We were reassured that, where people were at risk of becoming underweight, this was monitored and that actions were effective in minimising this.

There was information within people's care records about their individual health needs and what staff needed to do to support people to maintain good health. We found evidence that people saw specialist healthcare professionals when they needed to. For example, one person had been referred to the local community nursing team as their health had deteriorated. The referral for advice and treatment had been made quickly and the person received treatment that ensured they were as comfortable as possible. We spoke with one visiting health care professional who told us that staff members were very good at contacting them for advice when this was required. Staff did this appropriately and carried out instructions that had been given to them. The health care professional added that situations at the home rarely developed which staff members could not manage. The health care professional had not had to make a visit for several months.

Good

Is the service caring?

Our findings

All of the people we spoke with were happy with the staff members and the care they received. They told us that staff helped them, they were kind and that they knew how to support the people living at the home. Both visitors that we spoke with were also very complimentary of the care that their relative received. One visitor told us that their relative, "Likes living here, they let [relative] do what they want to do." The other visitor said, "They're not just good here, they're exceptional." They told us that staff were, "Always so patient with [relative], even now when they're being grumpy" and went on to add that they, "Hadn't got a bad thing to say … and the staff are fantastic."

During our inspection we heard and observed lots of laughter when people joked and talked with each other. They were relaxed with the staff who were supporting them and the interactions we saw them have with staff were positive. Staff engaged in meaningful conversations with people and we saw that they were treated as individuals. The registered manager and the staff members knew people well and spoke with people in different ways to ensure the person they were speaking with understood their meaning.

All of the staff that we saw were polite and respectful when they talked to people. They made eye contact with people and we observed staff communicating with people well. They were patient with people who found it difficult to verbally communicate and consequently understood their requests.

Staff involved people in their care. They asked people what they would like to do and offered them options to help them decide. For example, we saw that staff members asked people whether they wanted to come to the dining room for lunch; some people chose to eat in other areas of the home. Once in the dining room we saw staff members discuss with people where they were to sit. People were given choices about what to eat, drink and where to spend their time within the home. We saw that people were able to complete personal care tasks when they wanted to throughout the day and this was not limited to first thing in the morning. From our observations it was clear that people were consulted about their care at all times.

Care records provided staff members with guidance about how able people were and we saw that people were encouraged to continue as much as possible for themselves. We saw an interaction between staff and one person who walked to the lift from the dining room and from there took a wheelchair to their room. The staff member asked the person if they had wanted to walk further and thereby encouraged them to make their own decision while supporting them if they wanted to go further.

There was information in relation to the person's individual life history, likes, dislikes and preferences written within the person's care records. From our conversations with staff it was clear that they knew people and valued their opinion and company. They were able to tell us in detail about the people living at the home.

People agreed with us when we asked if staff respected their right to privacy. One person's visitor told us, "They treat people with total and utter respect and with humour. It's the humour that makes the difference, they laugh with people." Another visitor told us that, "The staff are lovely, all of them, they're kind, polite.

They respect [relative's] dignity, always knock on the door before coming in. [Relative] prefers to be independent and they've always encouraged this". The visitor went on to say that their relative was able to do what they wanted, when they wanted."

We observed staff respecting people's dignity and privacy. They were seen quietly asking people whether they were comfortable, needed a drink or required personal care. We saw that the registered manager spoke with people often to discuss how their day had gone and to talk about any difficulties they had.

One person's visitor told us that staff were always very welcoming and had told them that they could visit whenever they wanted. They also gave the visitor the option to stay overnight when their relative became unwell. Care records indicated where people had contact with their families and information was recorded when staff members had conversations with family members.

Good

Is the service responsive?

Our findings

People told us that staff members took care of them well and that they received the care they needed. All of the comments from people and their visitors were positive. One person's visitor told us that Fridhem Rest Home was, "A lovely, friendly home and care well for [relative]." They went on to say that they would not change anything about the home. Another visitor told us about the activities that were available and said that there was a lot for people to do. They said this varied from everyday things to productions of an annual Christmas play, in which they involved as many people as possible.

The care and support plans that we checked showed that the service had conducted a full assessment of people's individual needs to determine whether or not they could provide them with the support that they required. Care plans were in place to give staff guidance on how to support people with their identified needs such as personal care, communication, nutrition and with mobility needs. There was information that guided staff to what was important to that person, their life history and what hobbies and pastimes they enjoyed. Staff members told us that care plans were a resource in terms of giving information to help provide care and that all staff members helped to record details about people's daily lives.

We observed that staff were responsive to people's needs. They encouraged people to drink when they indicated that they were thirsty, to eat when they were hungry and to attend to personal care if this was required. Care records were written in a way that promoted people's wishes and preferences. They included details about people's preferences, such as which particular cereal and sweetening product people preferred. The registered manager and staff members were able to demonstrate a good knowledge of people's individual preferences. For example, one person was at risk of falling and had done so on a number of occasions but wished to continue to stand and walk. Staff members ensured the person continued to be able to do this in as safe a way as possible.

We were also told however, about staff members who had become link workers for specific areas and had become knowledgeable in those fields, such as for continence and for dementia care. The staff member for dementia care had completed a dementia care coaching course and following this had identified some areas where changes could be made to simulate life before a person lived in the home. It was recognised that most people would leave their home to visit the hairdresser and so the hairdressing salon was rebuilt in a part of the garden. This gave people the opportunity to get dressed to go out to the hairdressers, and although the distance travelled was not far, staff told us that the memory of leaving the home to get their hair done stayed with people.

We saw that there were organised activities and things for people to do each day. Staff encouraged people to participate and information about what was available was posted on a notice board entering the dining room. We saw that people participated in word games with staff members or they were able to spend time in different areas of the home as they wished. One person chose to sit in the conservatory during the day, while other people chose to sit in a smaller lounge. People were able to decide what they did independently or alone and what they did with other people while at the home. Magazines and newspapers were available and we saw that people read these in one of the quieter areas of the home.

People told us they would be able to speak with someone if they were not happy with something, although they were not sure who this was. Visitors told us that they would raise any concerns with the registered manager but they had not needed to do so. Staff members told us that information was available for people if they wanted to make a complaint. The registered manager told us that complaints were immediately dealt with, but confirmed that no complaints had been made in the previous 12 months.

A copy of the home's complaint procedure was available in every person's room and provided appropriate guidance for people if they wanted to make a complaint. There were appropriate details about other organisations to contact if a complaint had not been resolved.

Requires Improvement

Is the service well-led?

Our findings

Information to show how the quality of the home was monitored and assessed was not available during our inspection. We therefore asked for this information to be sent to us after our visit. We did not receive all of the information that we requested. Audits for such areas as infection control, abuse and accident reporting had been completed. However, these were audits of staff knowledge rather than information about how the systems in the home were monitored. No information was available to show how the quality and safety of the service was checked, whether any shortfalls or issues had been identified or whether any actions had been taken to change and improve the service.

We asked the registered manager for their analysis of accidents and incidents so that we could determine how they identified any trends and themes. We received a list of accidents that had occurred in the previous three months. During our inspection visit we had also seen the same list but had identified that it did not contain all of the accidents and incidents that had been reported during that time. However, no analysis of the information was available, which meant there was a risk that any emerging themes or trends would not be recognised and action could not be taken.

The registered manager told us, following our visit, that they obtained people's views of the care and support they received through surveys and through talking with people on a daily basis. The surveys were then processed to determine whether any actions were required. These surveys were sent to us and showed that while people were generally happy, there were occasional comments where people were less satisfied. There was no information to show what action had been taken to follow up these comments or to address and change the person's experience.

We were provided with returned surveys from staff and people's relatives, which showed that staff were happy working at the home and people's relatives were satisfied with the care that was provided. However, again there no analysis of this information.

Following this inspection we were provided with further information about the views of people, relatives and health professionals. This information was from a survey that had been completed after we visited and showed that views about the home had been collated. A brief action plan had been completed to address the issues identified. The information also advised that the collated views of people were discussed with people, relatives and staff in meetings and individual staff supervisions.

The systems in place did not effectively monitor or assess the quality and safety of the service provided. They did not identify the concerns about staff training updates and that some people were unlawfully deprived of their liberty that we identified during this inspection visit.

People told us that they were happy living at the home. One person told us, "This is a nice place" and another person said, "We're happy here" before nudging the person next to them who agreed with the statement. One person's visitor said, "It's an amazing place." They told us how staff and the registered manager went the extra mile to support people and their relatives. The visitor's relative had an outpatient

appointment at the local hospital and a staff member did not just take the person and relative to the hospital but also stayed with them throughout the appointment. We saw this in practice on the first day of our inspection.

During our observations, it was clear that the people who lived at the service knew the registered manager and the staff members who were supporting them. People told us that they spoke often with the registered manager and they were happy that staff and the registered manager were approachable and that they could speak with them at any time. They felt that staff members were happy and friendly, and that they got on well.

Staff members spoke highly of the support provided by the whole staff and provider team. One staff member told us that staff worked well together and that they all got on and covered for each other if additional staff were required. They told us the registered manager was very approachable and that they could also rely on any of the provider's representatives for support or advice. We observed this during our inspection when staff were able to discuss their concerns and any aspects of their work with the registered manager. They were aware of the management structure within the provider's organisation and who they could contact if they needed to discuss any issues.

Staff said that they were kept informed about matters that affected the service through supervisions, meetings and talking to the registered manager regularly. Staff knew what was expected of them and felt supported.

The home has had the current registered manager in post since before October 2010 when the current registration of this home was granted under new legislation. The registered manager confirmed that she was part of the provider team and was given support by the provider's other representative, who was available at any time if the need arose.

We found that incidents had been reported to us and to the local authority as required. This showed that the registered manager acted openly to ensure people living at the home were safe. All of the information about how the service was monitored and people's views of the home showed that there were effective processes in place to assess and monitor risks to people and to develop and improve the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider was not meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Regulation 13 (5)