

Barchester Healthcare Homes Limited

Friston House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an unannounced focused inspection of Friston House on 24 July 2018. The team inspected the service against two of the five questions we ask about services: is the service well led, is the service safe?

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Friston House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Friston House provides accommodation, residential and nursing care for up to 81 older people. The home comprises of three units. The main building has two floors and accommodates people with residential needs with early onset dementia on the ground floor; and people with nursing needs on the first floor. There is a separate 'Memory Lane Unit' for people who live with dementia and nursing care needs.

On the day of our inspection there were 78 people living at the home. People had a variety of complex needs including people with mental health and physical health needs and people living with dementia. Some people had limited mobility, pressures ulcers and some people received care in bed.

The service had a registered manager. 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 registered manager became registered on the day before we inspected the service. They had previously been in post as the peripatetic general manager.

At the last inspection on 03 and 06 October 2017 the service was rated Good overall and Requires improvement in Responsive. We had made a recommendation in the Responsive domain that registered person's reviewed activities following good practice guidance to ensure people have access to activities and hobbies to meet their needs.

There were enough staff deployed to meet people's needs. The provider continued to operate a safe and robust recruitment and selection procedure to make sure staff were suitable and safe to work with people. One recruitment record and some maintenance records were not always clear or complete.

Risks were appropriately assessed and mitigated to ensure people were safe. People's pressure areas had been appropriately recorded and treated. Equipment was in place to meet people's needs. Medicines were

managed safely. Records evidenced that people had received their medicines as prescribed.

Effective systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service. Accidents and incident were monitored and lessons were learned when things went wrong to reduce the risk of it happening again.

People and their relatives were actively involved in improving the service, they completed feedback surveys and had meetings.

The service was clean and tidy. Staff used personal protective equipment to keep themselves and people safe from the risks of infection. The service had been appropriately maintained.

Staff knew what they should do to identify and raise safeguarding concerns. The registered manager knew their responsibilities in relation to keeping people safe from harm.

Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

The management team had built strong links with other local registered managers and providers who they gained support and advice from. The management team had signed up to conferences and events in the local area to help them continuously learn and improve. The provider had displayed their rating in the service and on their website and had notified CQC about important events and incidents.

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 remains safe.

Is the service well-led?

Good ●

The service remains well led.

Friston House

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 24 July 2018 and was unannounced. This was a focused inspection, carried out following concerns; as a result, a Provider Information Return (PIR) had not been requested. A PIR is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We gathered this information during the inspection. We looked at other information we held about the service.

The inspection was carried out by one inspector, two specialist advisors who were nurses with expertise in pressure area care and an Expert by Experience. An Expert by Experience is a person who has personal experience of using similar services or caring for older family members. □

Before the inspection we reviewed previous inspection reports and notifications. A notification is information about important events which the home is required to send us by law. We also reviewed minutes of multi-agency meetings in relation to the concerns relatives and health professionals had raised.

Some people were not able to verbally express their experiences of living in the home. We observed staff interactions with people and observed care and support in communal areas. We spent time speaking with five people and seven relatives. We also requested information by email from Healthwatch (Healthwatch is an independent organisation who listen to people's views and share them with commissioners and regulators to make local services better), local authority commissioners, the local authority safeguarding team and nurse assessors to obtain feedback about their experiences of the service.

We spoke with 11 staff including care staff, nursing staff, the deputy manager and registered manager. We also spoke with the regional operations director.

We looked at records held by the provider and care records held in the home. These included 23 people's

care records, risk assessments, staff rotas, three staff recruitment records, meeting minutes, policies and procedures, satisfaction surveys and a selection of other management records.

We asked the registered manager to send additional information after the inspection visit, including some quality assurance records, records of servicing and audits. The information we requested was sent to us by administration staff in a timely manner.

Is the service safe?

Our findings

People told us they felt safe living at Friston House. Comments included, "I feel safe here, have a laugh and joke with the staff"; "Feel safe, always staff around that you can call if you need somebody"; "Excellent staff, 24 hour nursing care, get attention night and day. Staff only a buzz away if I need help"; "I feel safe here, I know all these people here, we are all friends" and "I feel comfortable here, the front door is always kept locked."

Relatives told us their family members were safe. Relatives told us, "Staff are watching out for her so she doesn't come to any harm"; "Yes definitely she is safe, staff always looking in on her, usually every hour. Care is very good, staff very pleasant"; "Yes, she is safe, always staff about to help if she needs something"; "Mum wouldn't be here if I didn't think she was safe I have complete trust in staff, mum is content always smiling, staff lovely"; "Oh gosh yes she is safe. Very happy, very content, no cause for concern. I don't worry about her. I can honestly say I'm very happy with this place and the care she is getting" and "She is happy here, when we take her out she wants to come back. She can wander about freely and safely without any restrictions."

People continued to be protected from abuse and mistreatment. All staff had completed safeguarding adults training. Staff understood the various types of abuse to look out for to make sure people were protected from harm. Staff knew who to report any concerns to and had access to the whistleblowing policy. Staff all told us they were confident that any concerns would be dealt with appropriately. The management team had appropriately reported any concerns to relevant professionals.

People continued to be protected from risks to their health and safety which included risks associated with their health and care. Risk assessments were in place to detail what risks were present and what staff needed to do to reduce or remove that risk. Risk assessments had been reviewed monthly or more often if this was required.

Each person's care plan contained information about their support needs and the associated risks to their safety. This included the risk of a person falling, moving and handling, diet and nutrition, risks of not being able to use their call bell or summon help, risks to health from ingestion of toiletries and developing pressure areas. Guidance was in place about any action staff needed to take to make sure people were protected from harm. For people who were at risk from developing pressure areas barrier creams and emollients were applied to reduce the risk. Where people's skin had broken down due to their deteriorating health or an injury there received appropriate treatment. People told us, "Staff check my legs and heels and cream them every day to stop pressure sores. The chiropodist visits to look at my heels" and "Staff arranged the physiotherapist to measure me up for a special chair so I will be able to join other people." Nursing staff dressed wounds following advice and guidance from the tissue viability service, community nursing staff and the GP. One person said, "Staff are present when the tissue viability service have visited. Nurse has followed their instructions and she has explained she would like them to revisit as she is not happy with the new dressing." Nursing staff detailed how they challenged GP's to prescribe the correct dressings to assist people's recovery. Photographs were taken of wounds to provide visual evidence of their recovery or

deterioration. People who had been assessed as requiring it had specialist equipment to meet their pressure area needs; such as cushions, mattresses, boots and heel supports. People's care charts evidenced that they had been repositioned regularly and they were given plenty to drink. The management team had amended practice learning from incidents that had occurred. When people had temporary equipment, which was withdrawn from the supplier when their pressure areas improved the management team discussed the person's ongoing needs with healthcare professionals to ensure that any replacement equipment continued to meet the person's needs.

We observed staff maintaining people's safety during the inspection. We observed staff reminding people to use the equipment they had been assessed as requiring such as walking frames. Each person had a Personal Emergency Evacuation Plan (PEEP). A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency.

Incidents and accidents continued to be appropriately recorded and monitored by the management team. The provider's monitoring system meant that additional checks were carried out by the provider's clinical governance team to check the data received in relation to accidents and incidents and provide additional clinical assistance where needed. Where accidents and incidents had occurred, appropriate action had been taken. The registered manager discussed accidents and incidents that had occurred with staff in the daily stand up meeting to ensure that any lessons learnt were shared and to ensure relevant action had been taken.

Medicines continued to be suitably managed. Staff were trained to follow the arrangements in place to ensure people received their prescribed medicines. Medicines were stored safely and securely. Staff continued to receive training, including refresher training in medicines administration. Medicines were given at the appropriate times and people were fully aware of what they were taking and why they were taking their medicines. There were systems in place to ensure people had access to emergency medicines when they needed it.

The service was clean and tidy and it smelled fresh. Staff had access to appropriate personal protective equipment such as gloves and aprons to minimise the risk of cross infection.

Checks had been completed by qualified professionals in relation to legionella testing, the passenger lift, electrical appliances and supply and gas appliances to ensure equipment and fittings were working as they should be. Moving and handling equipment such as the assisted baths, hoists and slings had been serviced and checked in line with the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Fire alarms had been regularly tested and regular fire drills had taken place. Staff had undertaken fire safety training and continued to have a good understanding of the fire procedures and how to evacuate people safely. The service had an out of hour's policy and arrangements were in place for staff to gain management support. Water temperatures had been checked and tested. The records in relation to these tests were poor; the temperature taken had not been recorded only a tick to show that each set of taps had been checked. We reported this to the registered manager, they told us they had also identified this and had recorded they would be arranging a meeting with the person responsible for carrying out these checks. Mattress checks were undertaken. These were also recorded in a tick box. Good practice would be for staff to document what setting the mattress was on and check this against what it should be.

The provider followed safe recruitment procedures to ensure that staff employed to work with people were suitable for their roles. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and

support services. Employer references were also checked. Nurses were registered with the Nursing and Midwifery Council and the registered manager had made checks on their PIN numbers to confirm their registration status. The provider had carried out sufficient checks to explore staff members' employment history to ensure they were suitable to work around people who needed safeguarding from harm. However, one staff member had a gap of employment between 1984 and 2007 which had not been documented. We spoke with the registered manager about this. They told us that this had been picked up at the interview and reasons were given. This had not been recorded. The registered manager agreed to amend this to ensure records were complete.

The management team continued to assess people's individual needs and used the information to assess the levels of staffing required to meet the needs of people using a 'DICE Tool'. DICE is the provider's assessment tool which is used to calculate people's needs and staffing numbers to meet these needs. Where people had been reassessed as requiring more care and support to meet their needs their dependency rating had changed. People who had been assessed as an increased risk to themselves or others had been assessed to receive additional staffing which was paid for by their funding authority. We observed that there were suitable numbers of staff deployed in the service to meet people's needs.

Is the service well-led?

Our findings

People told us that they knew the management team. People told us, "I know [registered manager] often says hello when walking past. I think the home is run well. Dinner and tea always on time"; "[Registered manager] is very nice and will stop and listen to what you have to say"; "Met the managers when I came to look around, they seem very nice. My first impression of the home seems to have been right, I am getting the help I need"; "[Registered manager] is pretty good, marvellous, and easy to talk to" and "It's a good home, staff are nice, its kept clean and my laundry always comes back clean and ironed."

Relatives knew the management team. Comments included, "Manager has been here a few months now, always stops and says hello and ask if everything is alright. She knows mum. Quite pleased on how the home is run"; "If I want to speak to one of them they are available. The home is very well managed. There is always a pleasant atmosphere here. It is a marvellous home. They [staff] are doing a marvellous job" and "I feel able to go and speak with the new manager."

Audits and checks were carried out by the management team. These included monthly medicines checks, nutrition care and dining experience, falls, bed rails, staff files and training. The registered manager reviewed practice to ensure resident of the day processes worked. This was done through discussion during the daily 'stand up' meeting with heads of departments. The service had received an external audit from the supplying pharmacy on 11 June 2018. Some minor areas of action had been recorded. We checked practice and spoke with staff; all of the actions had been completed in a timely manner. The provider's hospitality department was carrying out an audit of the housekeeping and kitchen during the inspection. The provider arranged quarterly quality improvement reviews of the service. The latest one had been completed on 11 and 12 July 2018. This captured a number of issues and concerns for the management team to work through. A number of these issues had been previously identified but not fully resolved. The regional director carried out a monthly quality review visit. These visits included observations of practice, speaking with people and checking records. The registered manager had carried out unannounced night visits to check on practice during the night as well as carrying out regular checks of practice during the day. Night visits had highlighted some areas of concern, which included finding some people without call bells in reach. The issues had been dealt with quickly through support from the provider's human resources team.

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. Staff were aware of the whistleblowing procedures and voiced confidence that poor practice would be reported. Staff told us that they had confidence in the registered manager taking appropriate action such as informing the local authority and CQC. Effective procedures were in place to keep people safe from abuse and mistreatment. The provider's whistleblowing procedure listed the details of who staff should call if they wanted to report poor practice.

The provider's website stated 'At Friston House we are committed to ensuring that all our residents receive the highest quality of person-centred nursing care in a safe environment. Each resident has an individualised care plan, tailored to their individual nursing needs. Here at Friston House we understand that it is important to improve and maintain our resident's physical and psychological well-being, and that

our care services are delivered in a way that celebrates each person's individuality. Our latest CQC inspection report gave us a rating of 'Good' outcome for 'Caring' and as a team we do care.' The aims of the service had clearly been communicated to all staff, they were all working to ensure people were effectively supported.

Staff told us communication was good and they felt well supported. Nursing staff received clinical supervision and support from the deputy manager. One staff member told us, "The nursing staff and [deputy manager] are very supportive". Another staff member told us that the management team were "Friendly and supportive". There continued to be regular staff meetings to ensure effective communication in the service.

The management team worked with the commissioners of the service to review people's needs to ensure the service continued to be able to care for them effectively. They also liaised with healthcare professionals at the local hospital to highlight and flag up concerns and issues relating to discharges from hospital. The management team kept up to date with good practice, local and national hot topics by attending provider and registered manager forums, conferences and events in the local area to help them learn and evolve as well as building a rapport with providers and managers outside of the organisation. The management team had signed up to receive newsletters and information from the local authorities and CQC. They also received information about medical device alerts and patient safety alerts. The management team checked these alerts to ensure that any relevant action was taken if people using the service used medicines or equipment affected.

The management team had taken on board feedback from professionals and CQC and had improved their duty of candour processes. Through the feedback received prior to the inspection people and their relatives had not always felt they had been fully informed of the seriousness of a situation, for example of a person developed a pressure area. The management team detailed how they now made it clear to relatives and people about such situations. The duty of candour ensure that providers are open and transparent with people and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It sets out specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

People were given the opportunity to provide feedback about the service through regular 'residents meetings'. Meetings had taken place in April 2018, March 2018, January 2018 and November 2017. The meeting records evidenced that people were involved in making choices about the service. For example, the November 2017 records showed that people had been shown pictures of colour schemes for Christmas table decorations and crackers and a colour had been selected with a majority vote. People and their relatives continued to receive annual surveys through an external company to enable them to provide feedback about their care and support. The provider then responded to feedback received through surveys by publishing 'you said we did' posters which detailed what they had changed.

The service had received a number of compliments from relatives. One of which read, 'When I had to make the sad decision to place my mother in a care home, as she was suffering from dementia at the age of 90, the first time I visited Friston House care Home I was very pleasantly surprised. Everybody was extremely helpful and assuring in the care that my mother would get in the home. Staff were wonderful from the cleaners up to the top management. A great atmosphere here from the off.'

Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards (DoLS) authorisations and deaths. The registered manager had notified CQC about important events such as safeguarding concerns, deaths, serious injuries and DoLS

authorisations that had occurred.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their inspection report and ratings in the reception area and on their website.