Friary Care Limited

# Friary House

## Inspection report

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15 March 2016

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| 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? | Good |

# Summary of findings

## Overall summary

The inspection took place on 12 and 15 March 2016.

Friary House is registered to provide accommodation and personal care for up to 16 people in a residential area of Weymouth. At the time of our inspection there were 14 older people living in the home.

There was a registered manager in post at the time of our inspection. 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.

Deprivation of Liberty Safeguards had not been applied for where a person who needed to live in the home to be cared for safely did not have the mental capacity to consent to this. The registered manager ensured that this was addressed immediately and the application was made during our inspection.

People were engaged with activities that reflected their preferences, including individual and group activities both in Friary house and the local area. Activities were provided by an activities coordinator and people's individual preferences were sought.

Staff were consistent in their knowledge of people's care needs and spoke confidently about the support people needed to meet these needs. They told us they felt supported in their roles and had taken training that provided them with the necessary knowledge and skills. There was a plan in place to ensure staff received refresher training as deemed necessary by the provider.

Staff understood how people consented to the care they provided and encouraged people to make decisions about their lives. Care plans did not all reflect that care was being delivered within the framework of the Mental Capacity Act 2005 when people did not have clear capacity to make decisions for themselves. However, staff showed they understood the importance of enabling people to make their own decisions wherever possible and understood the need to provide care that is in a person's best interests.

People had support and care when they needed it from staff who had been safely recruited.

People felt safe. They were protected from harm because, although relevant care plans were not always in place, staff understood the risks people faced and how to reduce these risks. They also knew how to identify and respond to abuse. Information about how to report abuse was on a noticeboard in a prominent position and available to staff, people and visitors.

Quality assurance had led to improvements being made and people, relatives and staff were invited to contribute their views to this process. Where improvements were identified as necessary following feedback from external agencies action had been taken. Staff, relatives and people spoke positively about the

management and staff team as a whole.

People told us they received the care and support they needed. They told us they usually didn't have to wait long for staff and that staff explained if they were delayed. They also told us they saw health care professionals when necessary and were supported to maintain their health by staff. People's needs related to ongoing healthcare and health emergencies were met and recorded. People received their medicines as they were prescribed.

Everyone described the food as good and there were systems in place to ensure people had enough to eat and drink. When people needed particular diets or support to eat and drink safely this was in place.

People were positive about the care they received from the home and told us the staff were kind. Staff were cheerful and treated people and visitors with respect and kindness throughout our inspection.

## 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. There were enough staff to meet people's needs.

People felt safe and were supported by staff who understood their role in keeping them safe.

People were supported by staff who understood the risks they faced and spoke competently about how they reduced these risks. The support people needed to reduce risks was not always recorded.

People received their medicines as prescribed.

### Is the service effective?

Requires Improvement

The service was mostly effective. People who were able to consent to their care had done so and told us they directed the care they received. Staff provided care in people's best interests when they could not consent. This was not always recorded as having been decided within the framework of the Mental Capacity Act 2005.

Deprivation of Liberty Safeguards (DoLS) had not been applied for one person who needed their liberty to be restricted for them to live safely in the
home. This was done during our inspection. The person who could not consent to care was relaxed and smiled throughout our inspection. They were not trying to leave; they were however at risk of being illegally detained within the framework of the law until the application was made.

People were cared for by staff who understood the needs of people in the home and felt supported. Staff training was up to date and scheduled.

People had the food and drink they needed. Everyone told us the food was good.

People told us that they had good access to health professionals and that staff supported them to maintain their health.

## Is the service caring?

Good

The service was caring. People received compassionate and kind care.

Staff communicated with people in a friendly and warm manner. People were treated with dignity and respect by all staff and their privacy was protected.

People and their relatives were listened to and felt involved in making decisions about their care.

## Is the service responsive?

Good

The service was responsive. People told us they were supported to live their life the way they chose to. They told us they received care that was responsive to their individual needs and staff shared information to ensure they were aware of people's current needs.

People were confident they were listened to.

There had been one complaint received in the year prior to our inspection this had been addressed and the person had received an outcome.

## Is the service well-led?

Good

The service was well led.

People and staff had confidence in the management and spoke highly of the support they received.

There were some systems in place to monitor and improve quality including seeking the views of people and relatives. Regular monitoring had been effective in identifying where improvements were necessary.

Staff were committed to the ethos of the home and were able to share their views.

# Friary 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 the 12 and 15 March 2016 and was unannounced. The inspection team was made up of one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the home had sent us and information received from other parties. The provider had not been asked to complete a Provider Information Record (PIR). A PIR 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 were able to gather the information contained in this form during our inspection.

During our inspection we observed care practices, spoke with ten people living in the home, two relatives, four members of staff, the registered manager and the owner. We also looked at five people's care records, and reviewed records relating to the running of the service. This included three staff records, quality monitoring audits, training records and accident and incident forms.

We also spoke with a visiting healthcare professional and received feedback from another relative.

Good

# Is the service safe?

## Our findings

People told us they felt safe. One person said: "I always feel safe." Another person told us: "I do feel safe… oh yes definitely." People were relaxed with staff and confident when they spoke with them.

People were at a reduced risk of harm because staff were able to describe confidently the measures they took to keep people safe. For example they described how they reduced risks relating to people's skin integrity and mobility. During the inspection we observed care being delivered in ways that were described in people's care plans to reduce risk. For example, people were using equipment to assist their mobility and staff understood how to use equipment such as mattresses that reduced the risk of pressure sores developing and mobility equipment safely. One person told us that they always felt safe when the staff hoisted them from bed. The support people needed to reduce risks was not always recorded in their care plan. One person was assessed as being at high risk of developing pressure sores and they did not have a care plan recording how staff should reduce this risk. Another person had been at risk of falls and the support they needed was not recorded. Staff all described the same actions as being necessary and the people told us they received this support. The records are, however, important in ensuring the care is appropriate and enabling appropriate review of care needs. We spoke with the registered manager and they assured us that these care plans were reviewed and recorded immediately. Staff were confident they would notice indications of abuse and knew where they would get the contact details to report any concerns they had. Staff told us they had received training on how to whistle blow and were confident to do so if needed.

Accidents and incidents were reviewed and actions taken to reduce the risks to people's safety. For example when people had fallen a range of actions had taken place including seeking input from health professionals and using technology to alert staff if a person got up. Staff understood these actions and described them consistently. This meant that people were at a reduced risk of reoccurring accidents. These actions were not recorded clearly and did not always lead to changes in people's care plans. For example on person had two falls in February and their care plan did not reflect the measures put in place to support them.

There were enough staff to meet people's needs safely and these staff were recruited in a way that reduced the risk of people being cared for by people who were not suitable to work with vulnerable adults. People did not regularly wait to receive care and staff were able to spend time talking with people as well as responding to people's support needs. One person told us "I press my button and they come." Another person told us they sometimes waited short times but that staff usually explained if they would be delayed. We discussed staffing levels with owner who told us they would review if there were any times of the day when people waited longer. Staffing levels were monitored alongside the needs of people living in the home and this was reviewed monthly. We saw that staffing had been increased in response to changing needs within the home.

People told us they received their medicines and creams as prescribed. Medicines were stored safely and we observed people receiving their medicines as prescribed. People were asked if they wanted pain relief that

was prescribed if they needed it and records detailed how staff could tell if people would need medicines they did not take every day. Temperatures in medicines storage areas were recorded automatically and an alert would be raised if the temperature rose above safe levels.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People received care that was designed to meet their needs and staff supported people's ability to make choices about their day to day care. Most people living in the home were able to make decisions about their care and they did so throughout our inspection. One person had been assessed as not having the capacity to make some decisions for themselves such as the decision to consent to their care plan and to have their medicines administered. There was not always a record that the principles of the Mental Capacity Act 2005 (MCA) had been followed. For example, whilst there was a record of a capacity assessment and how the person's  best interests were reflected in relation to their medicines this was not recorded relating to their inability to consent to their care. Another person was able to talk about their care with us in the morning but was very confused in the afternoon. Their care plan described them as being able to make decisions about their care and did not detail that this was variable, or that decisions that could wait should be left until they were not confused. Whilst this recording omission put people at risk of receiving unnecessarily restrictive or inappropriate care we observed that these people were relaxed with staff and responded positively to the care and support they received. We spoke with the registered manager about this. They told us they had a started to review records related to the Mental Capacity Act including relevant Power of attorney documentation.

The home had not applied for Deprivation of Liberty Safeguards (DoLS) to be authorised for a person who was not able to consent to their care. DoLS aim to protect the rights of people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards are used to ensure that checks are made that there are no other ways of supporting the person safely. There were indications that they fit the criteria for deprivation of liberty and could, therefore, be being unlawfully detained. We saw the person was relaxed throughout our inspection and did not refuse any care offered. We discussed this with the owner and registered manager and a DoLS application was made before we concluded our inspection.

People told us the staff had the skills they needed to do their jobs. Staff told us they felt supported to do their jobs and told us how guidance from senior staff and their colleagues ensured they were kept up to date with people's needs. They spoke competently about the care and treatment of people living in the home

and told us that their training was appropriate for their role. Training reflected national changes such as the introduction of the Care Certificate which ensures that new staff receive a comprehensive induction to care work. There was a system in place for ensuring that staff training was kept up to date and training was reviewed in respect of the changing needs of the people living in the home. For example a training course had been sourced to improve staff understanding of how dementia can impact on people. Staff told us that they received informal supervision from the management team and colleagues. Formal supervisions were also provided and staff covered practice and development issues both formally and informally. All the staff we spoke with gave examples of how they had been offered development opportunities. They told us they loved their work and felt valued by the management.

People, relatives and staff all told us that the food was good. One person told us that it was : "better than at home", another said it was "very good food". Lunchtime was a calm and social event for those that wanted to eat together. The tables were set with table cloths and condiments and drinks were served in wine glasses. People who needed support to eat and drink received this and where people had guidance in place about safe eating and drinking this was followed. People who chose to eat in their rooms were able to do so and received their meals at the time that they chose. The menu offered a choice of dishes and alternatives were made available if people did not want these. People told us they also had regular meals out and take-away meals. People who needed additional support were a part of these events and they told us their plans were followed discretely to ensure they could take part confidently.

People's weights and other indicators of adequate nutrition and hydration were measured regularly and there were systems in place to make sure that action would be taken if anyone became at risk. For example, one person could not use the scales in the home but their weight was monitored visually and accessible scales could be accessed if necessary. We observed these people were eating and drinking well at the time of our inspection.

People told us they were supported to maintain their health and that they saw medical professionals whenever this was appropriate. One person described how they received input from a vast array of medical professionals and felt supported to do this by the staff. Another person described how they had been supported to discuss concerns with their GP and this had resulted in a medicines review. We saw that this change had been implemented immediately. People told us they saw their doctors and dentists as necessary. We spoke with a visiting health professional who told us that the staff always contacted them in a timely manner and followed guidance competently.

Good

# Is the service caring?

## Our findings

People told us the staff were kind and that they felt cared for. One person told us, "The staff are all really lovely." Another person said: "We have a joke, that is really important." People described how important it was to them that they were able to tease staff and be teased. They explained that this familiarity and humour made the relationships they had with staff positive.

Staff took time to build relationships with people in an individual way and spoke of, and with, people with affection. They spoke confidently about people's likes and dislikes and were aware of people's social histories and relationships. Humour was prevalent but staff spoke respectfully to people living in the home and each other. People told us they could discuss difficult situations and emotions with staff and we observed staff reminiscing with people about their relatives who had passed away. One person told us how staff had supported them to attend a relative's funeral at some distance from the home. They felt this was strong evidence of the care they felt. Staff were attentive to people and were both familiar and respectful in their conversations. They sought to understand people as individuals and communicated with them in a way that reflected this. For example we heard some people and staff laughing together throughout our inspection, other people were spoken with more formally.

Staff and people living in the home had spent time considering what dignity meant to them. The outcome of these discussions had been developed into pictures of "dignity trees" that were framed on the wall in the hallway. There was a shared understanding evident to both groups with words such as choice, respect, valuing being repeated across both trees. People told us they felt respected by staff who made efforts to know them individually.

People were supported to make choices throughout the day and care provided reflected this. People were encouraged to choose their food and drinks, what activities they joined and day to day decisions such as when they got up. One person told us "I live the way I want to here". Another person also described that they arranged aspects of their life and that staff assisted as required. They told us how important this was in maintaining important relationships. This ethos of care ensured that people's independence was respected and promoted. One person acknowledged this saying: "Sometimes they have to nag me a bit ..I really can be lazy."

Care plans included information about end of life care where this was known and it was clear that this was only discussed with people who wished to do so. One person had changed their plans in line with changes in their health and in discussion with relatives, staff and health professionals. Relatives of people who had died in Friary House had written letters of gratitude which valued the kindness and compassion shown by all the staff.

Good

# Is the service responsive?

## Our findings

People told us that they received the care they needed in ways that suited them. One person told us: "You just ask and they help you." People told us they felt well cared for, one person told us: "What I need has changed a lot whilst I've been here. They always get it right." Staff reviewed and discussed people's current care needs and this ensured that people experienced continuity of care. Staff knew people well and were able to describe recent changes in the support needs with confidence.

People were involved in developing the care and support they received at Friary House. They told us they were able to decide how and when they received care although people who referred to records said they had not seen these. People's care needs were assessed and these were recorded alongside personalised plans to meet these needs. Records showed that people's needs were usually reviewed monthly and reflected changes. For example one person had a mobility care plan that had been changed when they began to use a hoist. A plan was put in place at this time describing how the hoist should be used safely. Needs were assessed and care plans written to ensure that physical, emotional, communication and social needs were met. The detail of how people preferred this care was not always captured in these records however most people told us they were confident to tell staff what they wanted and that they liked to be able to decide what they wanted and when. Promoting people to direct their own care enabled staff to provide personalised and responsive care. Records indicated that relatives were kept informed and their knowledge about their relative was valued and sought out. Relatives also told us that this was the case explaining that they always felt they were informed and consulted appropriately.

The staff kept records which included some references to personal care people had received; how they had spent their time and physical health indicators. These records were sparse at times and did not always link clearly to people's care plans but rather reflected general observation about them. Records are important tools in monitoring the quality of care people receive and ensuring it can be reviewed effectively. We spoke with the registered manager about this and they highlighted that they had been working with the owner to develop report writing. They had been undertaking an ongoing discussion about the most effective method to ensure records reflected the needs of the management, the staff and people living in the home.

People told us they felt listened to and were able to approach all the staff. We heard from people about residents meetings and how these gave them further opportunities to contribute to decisions about the whole home rather than their own individual care. We saw that these meetings happened regularly and were recorded. The last meeting had covered a variety of subjects. The layout of the lounge was discussed, with everyone saying that they liked it and felt it was welcoming. Menus options were agreed and passed on to the registered manager and events and trips out were discussed and planned.

Activities were planned for groups and individuals. When necessary additional staffing was provided for large events such as the Christmas dinner or to ensure people had the right support for personal trips. During our inspection some people did a crossword, chatted with each other or spent time engaged in their own choice of activity in their rooms. Staff told us that a wide range of activities were offered including music, discussion, and baking. People were supported to maintain links with the community and many of

the people living in the home were from the local area. They told us they went out to visit friends and relatives and were able to welcome visitors. People told us they had been asked about activities they enjoyed. We spoke with the activities coordinator who was passionate and committed to ensuring people enjoyed a range of opportunities that reflected their wishes. One example was a plan to have a "build a bear" event in the home. This had arisen because a person had mentioned they would like to have toys available for their grandchildren when they visited. People with higher support needs were included in events. A relative described how the registered manager had ensured their relative could attend a Christmas meal for staff, families and people by ensuring that their specialist chair was transported to the venue on the day prior to the meal. This had meant they could all take part in an important event in the home's calendar.

People told us they would be comfortable raising concerns and complaints. One person told us "Oh gosh I'd tell them." Another person described how they had discussed a situation they had been unhappy with the registered manager. They told us their concern was acknowledged and addressed thoroughly. They felt involved in the decision making and were satisfied with the outcome. There had been a complaint received in the year prior to our inspection. This had been investigated and the person was informed of the outcome. There was information in the hallway available to all people and visitors about how to make complaints. This included external agencies that could be contacted.

Good

# Is the service well-led?

## Our findings

Friary House was held in high esteem by the people living there, relatives, and staff. People told us they thought the home was "excellent" and "lovely" and made comments like "I love it." Staff also said they loved it, one member of staff described it as: "my dream job". Everyone identified the registered manager and owner as being important. People told us the registered manager was "very good, very efficient" and commented on the kindness and availability of the owner.

There were systems and structures in place to ensure that the quality of service people received was monitored and improved. These included checks on medicines, health and safety and care plans. These audits had been effective in ensuring change. A care plan audit had identified areas missing form a care plan and we saw that these had been addressed. An audit of medicines had led to the need to review whether people wanted to look after their own medicines with them. This had made the home safer and more responsive for people living there.

The registered manager worked closely with the owner to ensure ongoing improvement to the quality of care people received and the support available to staff. They used feedback from people and staff to inform this process. For example people and relatives had shared concerns about the laundry provision in the home. This had led to the purchase of a labelling machine and the introduction of staff hours dedicated to caring for people's clothing and checking the laundry processes were working effectively. The owner was in the process of introducing some independence to the feedback process by recruiting a volunteer to speak with people about their experiences rather than staff undertaking this task. This was planned to afford people the opportunity to share views they might feel uncomfortable sharing with staff.

Staff had a shared understanding of the ethos of the home and understood their responsibilities. One member of staff told us: "We are a close team and we work together to make this their home. It is their home." They described both individual and a team commitment to ensuring that this was how people experienced Friary House and feedback from people was that they were being successful in this aim. Staff meeting minutes reflected discussion and a staff team who sought to improve the experience of people living in the home through team work. Staff, people and relatives told us that the management team were accessible and that they felt heard.