

# Ablecare Homes Limited

# Frenchay House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Frenchay House is registered to provide accommodation and personal care for up to 30 people. At the time of our inspection, 26 people were living at the service.

We carried out an unannounced inspection of the service on 28 June 2017.

At our last inspection in October 2015, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not always fully assessed the risks to the health and safety of people using the service. At this inspection, we saw the provider had taken the action they had identified in their action plan. As a result, improvements had been made and the service was no longer in breach of this regulation.

At the last inspection, the service was rated overall as Good.

As a result of this inspection, we have rated the service Good.

Why the service is rated good.

We did not find any breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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.

Frenchay House was described by people, relatives and staff as homely. The atmosphere at the home was calm and relaxed. People were treated as individuals and received safe, high quality care.

The registered manager and staff understood their role and responsibilities to keep people safe from harm. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work with people to assess their suitability. Medicines were well managed and people received their medicines as prescribed.

The service was effective in meeting people's needs. Staff received regular supervision and the training needed to meet people's needs. Arrangements were made for people to see healthcare professionals including a GP when they needed to do so. The service complied with the requirements of the Mental Capacity Act 2005 (MCA).

People received a service that was caring. They were cared for and supported by staff who knew them well. Staff treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support. Information was provided in ways that were easy to understand.

The service was responsive to people's needs. People received person centred care and support. They were offered a range of activities. People were encouraged to make their views known and the service responded by making changes.

The service was well led. The registered manager and deputy provided good leadership and management and were supported by the quality and training manager and the provider. A comprehensive quality assurance system was in place. This meant the quality of service people received was monitored on a regular basis and where shortfalls were identified, they were acted upon.

## 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 has improved to Good.

Risks were assessed and plans put in place to keep people safe.

The registered manager and staff understood their role and responsibilities to keep people safe from harm.

There was enough staff to safely provide care and support to people.

Medicines were well managed and people received their medicines as prescribed.

The building and equipment was maintained and managed safely.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Frenchay 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 an updated rating for the service under the Care Act 2014.

This inspection took place on 28 June 2017. The inspection was carried out by one adult social care inspector and was unannounced.

Prior to this inspection, we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law.

We contacted five health and social care professionals involved with the service and asked them for some feedback. We have incorporated what they told us in the main body of our report.

People were able to talk with us about the service they received. We spoke with 11 people. We also spoke with three family members of people using the service.

We spoke with a total of eight staff, including the registered manager, the deputy, the registered provider, the provider's quality assurance and training manager and, four care staff.

We looked at the care records of six people using the service, four staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity and deprivation of liberty, recruitment, accidents and incidents and equality and diversity.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. Comments included; "Yes I feel safe here", "The staff look after us safely" and, "It suits me here, they keep an eye on me but don't interfere too much". We observed people throughout our visit and saw they reacted positively to staff and seemed relaxed and contented in their company. Relatives also said they felt people were safe.

At our last inspection in October 2015, we found people were not always kept safe because risks to their health and safety had not always been identified and, plans put in place to keep them safe. We identified this as a particular concern where people had health conditions that required careful monitoring.

During this inspection, we saw there were comprehensive risk assessments in place. These included risks as a result of specific health care conditions and, risks as a result of choking, poor nutrition, pressure wounds, falls and the delivery of personal care. Risk assessments contained clear guidance for staff and detailed the staff training and skills required to safely support the person. Other health and social care professionals had been involved in advising on safe practices and equipment. Staff had a good knowledge and understanding of individual risk assessments and measures to be taken to keep people safe. Daily records of the care people received were kept. These evidenced people had received care as identified in their individual risk assessments.

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of situations that may give rise to a concern of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff had completed training in keeping people safe. Staff knew about 'whistle blowing' to alert management to poor practice. The registered manager and staff had appropriately raised safeguarding alerts to the local authority within the previous 12 months. These had resulted in action taken to keep people safe, including the provider using their disciplinary procedures effectively.

Accident and incident records were completed and kept. These identified preventative measures to be taken to reduce the risk of reoccurrence. The registered manager regularly reviewed these to identify any themes or trends.

People were supported by sufficient numbers of staff to meet their needs. The registered manager and staff told us additional staff were sometimes made available for planned activities. People said they were able to receive care and support from staff when they needed it. Staff said there were enough staff to safely provide care and support to people. During our visit, we saw there was enough staff to meet people's needs.

Relevant checks were carried out before staff started work. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people. References were obtained from previous

employers. Recruitment procedures were understood and followed by the registered manager.

People were kept safe from the risks involved in the management of medicines. There were clear policies and procedures for the safe handling and administration of medicines. Records evidenced that people received their medicines as prescribed. Staff had received training in administering medicines. Following this training, the registered manager assessed the ability of staff and signed them off as competent to safely administer medicines. Clear guidance was in place for staff, which described the action to be taken to keep people safe if an error in the administration of medicines occurred. Some people were prescribed 'as required' medicines. These were to be administered when people needed them for medical emergencies, pain relief or to reduce anxiety. Clear plans were in place to ensure staff knew when and how to administer these. Medicines were stored safely in locked and secured trolleys. Medicines that required additional measures to comply with legal requirements were managed safely.

Environmental health and safety risks had been identified and action taken to keep people safe. A comprehensive fire risk assessment had been completed. Regular checks regarding fire safety including; system checks, fire drills and fire equipment were carried out and future checks scheduled. Checks had been carried out on electrical equipment. Regular servicing of mobile hoists, the stair lift and the elevator had been completed by appropriately qualified contractors. Systems were in place to ensure the water temperatures were maintained at safe temperatures.

Staff had access to equipment they needed to prevent and control infection. This included protective gloves and aprons. The provider had an infection prevention and control policy. Staff had received training in infection control. Cleaning materials were stored securely to ensure the safety of people. The accommodation was clean, well maintained, odour free and both safe and appropriate for people.

# Is the service effective?

## Our findings

People said their needs were met. Comments included; "The staff are brilliant, my needs are met", "The care we get is good, food's good and the staff are great". Relatives also felt the service effectively met people's needs. Relatives of one person who had recently died at 100 years of age after living at the home for nearly 20 years said, "They couldn't do enough for her. She had really good care and all her needs were met".

Throughout our visit, we saw people's needs were met. Staff were attentive and provided the care and support people required when they wanted and needed it. People using the service had a variety of individual needs, which included mobility. Staff were skilled at meeting these needs and ensured people were able to move about their home independently and safely.

The service had a programme of staff supervision in place. Supervision meetings are one to one meetings a staff member has with their supervisor. Staff members told us they received regular supervision. Staff records showed that supervisions were held regularly. Supervision records contained details of conversations with staff on how they could improve their performance in providing care and support. Staff knew who their supervisor was and those we spoke with said they found their individual supervision meetings helpful.

People were cared for by staff who had received the training to meet people's needs. We viewed the training records for all staff. These were well-maintained and identified when staff had received training in specific areas and, when they were next due to receive an update. The core training completed by staff included; moving and handling, first aid, infection control, fire safety, administration of medicines and safeguarding vulnerable adults.

Newly appointed staff completed induction training, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification. An induction checklist ensured staff had completed the necessary training to care for people safely. Staff confirmed they had received an effective induction.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The 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 are called the Deprivation of Liberty Safeguards (DoLS).



The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training on the MCA and DoLS. Care plans contained an assessment of people's capacity to make specific decisions. These were individual to the person and identified when the person was most likely to be able to make a decision and how it should be explained to them to maximise their understanding.

As a result of these assessments, it had been identified that some people lacked the capacity to consent to their care arrangements. The registered manager and staff had recognised that as a result of this other measures had been put in place to keep people safe, there were restrictions upon some people's freedom. They had made applications to the appropriate authorities in these instances. The outcome of many of these applications had not been received. We advised the registered manager to keep a clear record when they 'chased up' these applications. The registered manager understood they were required to inform CQC of any applications that had been authorised..

Staff understood that people should at all times be encouraged to make their own decisions regarding their care and support. Staff actively promoted people making their own choices and decisions. We saw they asked for people's consent before providing care and support, gave them options to determine what they wanted to do and, respected their decision if they changed their mind.

People chose what they wanted to eat. Menus were well planned and the food provided was varied and included a range of choices throughout the week. People told us they enjoyed the food. At lunchtime, we saw people interacted well with each other and staff and enjoyed the food and social engagement. People had access to a variety of drinks throughout the day. People's food and fluid intake was monitored and recorded.

Care records showed relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and were regularly reviewed. There were detailed communication records in place and records of hospital appointments. People had health plans in place that described how they could maintain a healthy lifestyle.

The physical environment was of a high standard and met people's needs. Communal areas were homely and people's own rooms were personalised. Some people showed us their rooms and were clearly proud of them. When necessary repairs were identified these were quickly acted upon.

# Is the service caring?

## Our findings

Throughout our inspection we saw people were treated in a kind, caring and respectful way. Staff were friendly, kind and discreet when providing care and support to people. People and relatives told us staff were caring. They said; "The care here is really good", "Staff are caring, they're dedicated and know what to do", and "Everybody is very kind and caring".

Staff knew people well and clearly respected them. They were able to tell us about people's interests and individual preferences. We saw a number of positive interactions and saw how these contributed towards people's wellbeing. Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. Staff spoke about people in a positive manner.

People's care records included an assessment of their needs in relation to equality and diversity. One person spoke to us about how important their religion was to them. They said staff helped support them with this. Staff we spoke with understood their role in ensuring people's equality and diversity needs were met. Staff had received training on equality and diversity.

People were supported to maintain relationships with family and friends. People's care records contained contact details and arrangements. People spoke with us about their families. Staff said they felt it important to help people to keep in touch with their families. Relatives we spoke with felt considerable efforts were made to ensure people's contact with family and friends was promoted.

Staff sought and responded to people's views, opinions and suggestions. This was achieved through day-to-day discussions, care plan reviews and 'residents' meetings, all of which were clearly recorded. Recently a 'grandchildren day' had been held. This had resulted from a suggestion made by people. The day had been carefully planned around an Alice in Wonderland theme. People spoke enthusiastically about how successful the day had been.

People were treated with dignity and respect. Staff knocked on people's doors and either waited to be invited in, or if the person was not able to answer, paused for a few moments before entering. We saw people's bedroom doors and doors to bathrooms and toilets were closed when people were receiving care.

The service operated a keyworker system, where a staff member was identified as having key responsibility for ensuring a person's needs were met. Staff told us this system allowed them to get to know the person they were keyworker for well and ensure the needs of the person were met.

The registered manager told us the provider had arranged for a counsellor to be available to talk with people using the service and staff if they wanted. We saw posters advertising this service were displayed prominently. Care staff and some people we spoke with were aware of this initiative.

During the day we were struck by the relaxed and homely atmosphere at Frenchay House. People and staff seemed to enjoy each other's company. People were engaged in conversation with each other and staff and

there was a real sense of relaxation and fun. Staff we spoke with all said they would be happy for a relative of theirs to use the service.

## Is the service responsive?

### Our findings

The service provided was person centred. People told us their needs were met and the care provided was person centred. They said; "They care for me really well and organise entertainments", "I have been here a number of years and they know me and my needs well" and, "They involve us as a family and are good with the little touches that matter, like how hair is done".

People's care plans were person centred. They included information on people's life histories interests and preferences. Information on how people had been involved in developing these plans was included in people's care records. Staff said this information helped them to provide care and support in the way people wanted. Daily records of the care people received were kept. These were completed thoroughly and demonstrated people were cared for as outlined in their care plans. Staff told us the daily records were much more comprehensive now. One said, "The record keeping is much better now". Another said, "(Registered manager's name) makes sure we keep good records. These now show how we meet people's needs. They weren't as good before".

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at team meetings or through the shift handover process to ensure they were responding to people's care and support needs. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. A handover is where important information is shared between the staff during shift changeovers.

A range of individual activities were planned with people based upon their hobbies and interests. On the day we visited people enjoyed watching a film. Nine people watched this in the lounge with popcorn, crisps, strawberries and drinks provided. A programme of activities was on display on the activity board in the corridor. This detailed daily activities on offer at the service and listed days out planned. Activities in the home included; keep fit, bingo and a visiting singer. Photographs of activities and trips out were on display. Staff spoke enthusiastically about the range of activities offered to people. People and relatives said they felt there were enough activities.

People's views were actively sought and acted upon. Regular meetings for people were held. We looked at the records of the most recent meetings. A range of areas had been discussed including staff, activities and food.

The provider had a policy on comments and complaints. The policy detailed how complaints were responded to, including an investigation and providing a response to the complainant. Two complaints had been received in the 12 months leading up to our visit. These had been dealt with appropriately and fully resolved. With each, the provided had made changes to avoid a reoccurrence of the concern that gave rise to the complaint. Staff at Frenchay House had also assisted people to make complaints to other agencies. This showed staff recognised people's rights to expect certain standards and, to make representations when these were not met.

# Is the service well-led?

## Our findings

People received a service that was well-led.

Throughout our inspection the registered manager and deputy manager demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided and care staff were well supported and managed. The registered manager told us they received support from the provider, the quality assurance and training manager and managers at the provider's other homes.

People and relatives told us they liked the registered manager and were able to talk to them when they wanted. One relative said, "The manager (Registered manager's name) is wonderful, so is (Deputy Manager's name). They've done so much to organise the place. Redecoration, entertainment it's all improved in recent times". Staff spoke positively about the management and felt the service was well led. They said, "(Registered manager's name) fights for 'residents' and their needs. If they need something put in place or done she will sort it out", "We now have the managers in place who can and will deal with any problems" and, "The care has improved very much. In the past, it was task focussed, now it's more person centred. That's because of the training and the management".

Staff said they were able to contact a manager when needed. The registered manager told us the provider operated a 24 hour on call service, for staff to contact a senior person for advice, guidance or support. Staff told us the 'on call' system worked effectively and provided the advice, support and guidance they required.

Feedback from professionals questioned whether management cover was always sufficient to respond to untoward events. This followed the local authority needing further information and finding both the registered and deputy managers were on leave at the same time. We discussed this with the registered manager. They said they would try to avoid this in the future. Through looking into this more closely with the provider we found rotas had been organised to ensure that there was always a senior carer available during this period, with the senior care staff being briefed appropriately before the management leave commenced. Additional support was provided from head office. The administration manager was available in the office next to the home, the quality assurance and training manager made extra visits as necessary and the company director was also available and dealt with the enquiry from the local authority.

Comprehensive systems were in place to check on the standards within the service. These included weekly checks on areas such as; medication, equipment, care records and health and safety. The provider's quality assurance manager also carried out regular checks. Each month an audit to determine if the service was complying with the CQC Key Lines of Enquiry (KLOES) was completed. This assessed whether the provider felt their service was safe, effective, caring, responsive and well-led. Annual satisfaction surveys were carried out to gain the views of people using the service. The results of these were collated and plans developed to address any concerns raised or suggestions made.

We viewed the most recent records of each of these audits. In each case where remedial action was

identified this had been carried out. This meant the provider and registered manager were taking corrective action when required and, were working to ensure the continuous improvement of the service provided to people.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The registered manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events. Health and safety management was seen as a priority by managers and staff. Action had been taken to minimise identified health and safety risks for people using the service, staff and others.

The registered manager had a good understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and ensured they kept up to date with best practice and service developments. The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service during the 12 months before this inspection.

Staff meetings were scheduled and held regularly. We looked at the minutes of previous meetings and saw a range of areas were discussed. These included; individual care and support arrangements, activities and staff related issues. Staff told us they found these meetings helpful. Records of these meetings included action points, which were monitored by the registered manager to ensure they were completed.

The policies and procedures we looked at were regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

A copy of the most recent report from CQC was on display at the home and accessible through the provider's website. This meant any current, or prospective users of the service, their family members, other professionals and the public could easily assess the most current assessments of the provider's performance.

At the end of our inspection, feedback was given to the registered manager and deputy. They listened to our feedback and were clearly committed to providing a continuously improving, high quality service, valued by people, families and professionals.