

Dove Care Homes Limited

Freeland House Nursing Home

Inspection report

Wroslyn Road
Freeland
Witney
Oxfordshire
OX29 8AH

Tel: 01993881258

Website: www.minstercaregroup.co.uk/homes/our-homes/freeland-house

Date of inspection visit:

06 April 2017

07 April 2017

Date of publication:

03 May 2017

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?

Outstanding ☆

Summary of findings

Overall summary

We inspected this service on 6 and 7 April 2017. Freeland House Nursing Home provides personal, nursing care and accommodation for up to 65 people. On the day of our inspection 60 people were living at the service. This included 10 people staying in 'hub' beds. These were short term placements commissioned as an assessment stage following a hospital discharge. At the last inspection in March 2015 the service was rated Good. At this inspection we found the service remained Good overall.

Freeland House Nursing Home had a clear management structure with an established long standing registered manager. They were supported by staff that had worked at the service for a significant length of time. The registered manager had a 'hands on' approach and was always available to offer support and guidance. The senior team worked closely with staff ensuring the day to day practices were closely monitored.

There was a very high level of confidence in the leadership and management of the service expressed by people, relatives, external professionals and staff. The team at Freeland House encouraged people to raise any issues of concern which were taken seriously. The management team took appropriate action taken as needed.

The registered manager proactively sourced any development opportunities to make sure staff followed current practice and provided a high quality service and that the quality of care delivered was enhanced. The registered manager worked closely with other agencies and promoted an open and transparent culture with a strong emphasis on continually striving to improve the service. There were effective systems in place to monitor the quality and safety of the service provided and the provider had a clear plan on further development of the service.

People told us they were safe. Staff knew how to report any safeguarding concerns and were aware of the provider's whistle blowing policy. People's care plans contained detailed risk assessments that covered areas such as skin integrity, mobility, nutrition and falls. Where people were at risk, their records outlined management plans on how to keep them safe. People were supported by sufficient staff to keep them safe and the provider ensured safe recruitment practices were followed. This helped the management make safer recruitment decisions when employing new staff. Staff were skilled and knowledgeable about their roles and responsibilities and had relevant experience. Staff were well supported, motivated and enthusiastic about working with people.

People received their medicines as prescribed and medicines were stored securely and as per manufacturers' guidance. People were protected from risk of infection as staff adhered to infection control guidelines. People benefitted from continuity of staff and were able to develop caring relationships with staff. People's dignity and privacy were respected. People's wishes in relation to their end of life care were recorded and respected.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to meet their nutritional needs and have a choice of meals. People complimented the food at the service and told us their preferences were catered for. External health professionals were positive about the service and told us people were referred appropriately. Records showed people had access to a range of health professionals and their advice was incorporated into care planning. People's care records were detailed, reviewed regularly and updated when people's needs changed.

People had opportunities to engage in choice of activities. People benefitted from an impressive environment and many communal areas that included a tea room and well maintained garden. People knew how to raise any issues and their concerns were responded to by the registered manager. The registered manager ensured peoples' and relatives' views were sought and appropriate action taken when required.

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 improved to Good.

Staff knew how to act on any concerns of suspected abuse.

People received their medicine as prescribed.

Risks to people's well-being were identified, recorded and measures were in place to manage these risks.

There were sufficient staff in place to keep people safe.

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?

Outstanding ☆

The service was very well-led.

The registered manager provided strong leadership to the team, stability and a track record of ensuring compliance. There was a strong emphasis on continually striving to improve the service.

The team promoted a positive, open and inclusive culture that put people at the centre of service operations.

The registered manager worked with a number of external partners to enhance the quality of the service and ensure continuous staff development.

People, relatives and professionals all described the registered manager as an excellent role model.

Freeland House Nursing 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 and to look at the overall quality of the service.

This inspection took place on 6 and 7 April 2017 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). The provider had completed and submitted their PIR. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to tell us about.

Throughout our inspection we spent time observing care throughout the service. We spoke to 11 people and four relatives. We also spoke with the registered manager, one nurse, two senior care practitioners, a care assistant and the chef. In addition we spoke with one external healthcare professional.

We looked at records, which included nine people's care records and sixteen medication administration records (MAR). We checked recruitment files for five staff and staff training and supervision records. We also looked at a range of records about how the service was managed.

Following the inspection we contacted a number of external health and social care professionals, commissioners and six more relatives to obtain their views about the service.

Is the service safe?

Our findings

On our last inspection in March 2015 we found people whose medicines were given in variable doses, were at risk of not always receiving their medicines as prescribed. At this inspection in April 2017 we found the provider had taken action and addressed this concern.

People received their medicine safely and as prescribed. Medicines were stored safely and as per manufacturers' guidance. Medicines were kept securely in designated trolleys and only staff in charge had access to these. The room temperature and medicine fridge temperature were monitored and recorded daily to ensure medicines were stored at the correct temperature. People's medicine administration records (MAR) were completed accurately. There were regular audits of people's medicines. Action was taken to address any areas for improvement. For example, where a near miss was identified the staff followed up a process which involved escalating the issue to the registered manager and contacting the dispensing pharmacy. Medicines were managed and administered by trained staff. We observed people receiving their medicines. Staff adhered to provider's policy, for example when people had taken their medicines they signed the MAR to confirm they had been administered.

People were confident they had their medicines as needed. One person said, "They just come with my tablets and they bring painkillers when I want them. It's my choice if I take them. I trust them to do it right".

People benefitted from a clean and well maintained environment. Staff followed the infection control guidance. For example, staff used colour coded cleaning equipment to prevent cross infection.

People told us that they felt safe. One person said, "I've never seen anything that would worry me". One relative said, "I feel comfortable that I can leave [person] here". There were sufficient staff deployed to ensure smooth running of the service. Registered manager used a dependency tool to ensure there were enough staff to keep people safe. People complimented the continuity of staff. One person said, "You get to see the same staff and you get to really know them". Throughout the inspection we saw people's requests for support were responded to immediately. Staff were not rushed and call bells were answered promptly.

People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people.

Risks to people's personal safety and well-being had been assessed and plans were in place to manage these risks. Staff knew how to support people to ensure the risks were being considered. For example, one person was assessed as at risk of developing a pressure sores and their care plan stated they needed to use a pressure relieving equipment. We saw the equipment was in place.

Provider had safeguarding policies in place and staff were aware how to raise safeguarding concerns. Staff were confident any concerns would be followed up by the registered manager. The registered manager was

aware of Local Authority's safeguarding procedures and submitted to us information about notifiable events.

Provider had systems to record all accidents and incidents. Appropriate action had been taken where necessary. For example, medical assistance was sought if needed. The registered manager carried out a monthly analysis of accidents to identify any trends or patterns.

Is the service effective?

Our findings

People were supported by skilled and knowledgeable staff that knew people well. People and relatives complimented staff. Comments included: "They are very willing and will do anything for you" and "The staff are very professional". Staff told us and records confirmed staff received training relevant to their roles. Training included: safeguarding, first aid, dementia, manual handling, infection control and other. Nursing staff were supported with their revalidation process. Staff were well supported and received regular supervision.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made applications to the local authority when people were assessed as being deprived of their liberty. For example, one person was unable to understand they lived at the service and we saw their capacity in relation to this decision was assessed and the DoLS was authorised. The registered manager kept a log of all applications and their expiry date to ensure that if required they reapplied in a timely manner.

Staff were aware of the MCA and adhered to the principles of the Act in their day to day work. People told us their rights to make their own decisions were respected. One person said, "I'm given the freedom to make my own decisions". One relative told us, "All [person's] decisions are adhered to and supported. She's not supposed to have salt but she sometimes decides to have a sprinkle. They (staff) remind her but they let her make a choice". Another relative told us, "[Person] is a loner. They have encouraged her to go to lunch but she wants it in her room, so they're fine with it".

People were supported to meet their nutritional needs and were complimentary about the food provided. One person said, "The food is very good, a nice selection". A relative told us, "[Person] tells me she likes the choice of food. I've been here when they bring the menu, staff have said: if there's nothing on here you like we can get you something else".

People were supported to access health professionals if needed. People's records confirmed people were referred to various professionals when required. Professionals' advice was incorporated in people's care. One person said, "The chiropodist and opticians come regularly. The optician was here a couple of months ago".

Is the service caring?

Our findings

People and their relatives praised the staff. Comments included: "They (staff) are friends really", "The staff are very helpful and very good", "The staff put themselves out for you" and "[Person] has a wonderful relationship with the carers. They have a singing competition when she has a shower".

Throughout our inspection we saw many examples of caring and kind interactions. We observed staff calling people by their first names but also using a formal form of addressing where appropriate. This demonstrated staff treated people as individuals and they were respectful of their wishes and knew them well.

People were involved in decisions about the support they received. People told us their consent to care was sought. Comments included: "I'm given the freedom to make my own decisions" and "They give me the opportunity to say yes or no to whatever they suggest".

People were encouraged to remain independent as much as possible. We saw staff took time and supported people to use the stairs rather than use the stair lift. One person, in response to a question about their independence told us, "Carers have independence written across their foreheads". Another person said, "I am well supported to be independent, I'm able to go to the toilet myself and take care of my urine bag. They are very good and kind. I'm allowed, if you know what I mean, to sort myself out". Information about independent advocacy service was displayed in the reception area. Advocates are people independent to the service who help people make decisions about their care and promote their rights.

People's dignity and privacy was respected. Staff knocked at people's door before entering and ensured they did not discuss people's needs in communal areas. People confirmed the support provided ensured their dignity. One person said, "I had diarrhoea in bed recently and they came and washed me and changed the bed. They treated me with dignity, they were very kind, it can't be nice for them either". Another person said, "I had a lovely shower today, one of the girls helped me and I feel better for it. They treat you with dignity. They look out the window when they don't need to be looking. They put a bath sheet around you and tuck it in". One relative said, "[Person] has no memory or mental capacity difficulties, and the staff know this and speak to her as a respected lady".

People's end of life wishes were recorded and respected. Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms or living will documents were in place. People and families were equally supported when people reached their end of life. One relative told us, "[Person] was dying but he wasn't alone. The compassion and kindness was there. They go above and beyond, they're extra special".

People and their relatives as appropriate were involved in planning ahead. Staff ensured when people had their representatives' involved they were lawfully authorised to do so. One relative told us, "A relative visited and told staff that they had Power of Attorney (POA) over [person] but staff knew that was unlikely as I had PoA. They asked the relative if they would mind providing a copy of the PoA and the relative admitted that they didn't actually have it. I think this was handled very well and tactfully. This shows how on the ball they

are. They had asked to see a copy of ours too when we first came". This meant staff ensured people's confidentiality was respected.

Is the service responsive?

Our findings

People were assessed prior to coming to live at Freeland House to ensure staff were able to meet their needs. People's care plans were detailed and regularly reviewed and updated when people's needs changed.

People received support that met their needs. For example, one person told us, "I've just gone onto a soft diet. They understand what the problems are and arranged this". One relative told us, "[Person] had several falls at home which is one of the reasons she came here (Freeland House), but she's not had any since she got here. They (staff) gave her a sensor mat so they know if she is attempting to get up". Another relative said, "[Person] has quite particular wishes and they do their best to accommodate them, always responding to us and her quickly".

People had access to activities. There was an activity calendar in place which was overseen by designated social team staff and supported by volunteers. Activities included art, games, bingo, film time, reminiscing, keep fit classes and quizzes. People complimented activities provided and they said they were looking forward to the champagne reception that was planned for the upcoming weekend. One person told us they recently had animals brought into the home such as goats and ponies and that the following week they would be getting eggs to incubate and watch hatch as they had done the previous years.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. The policy was displayed around the service. One person said, "I feel I could raise any issue with confidence and that it would get sorted". One relative said, "If I had something I was unhappy about I'd not hesitate in raising it". Records confirmed there were two concerns received last year that were responded to by the registered manager. The service also received several compliments since our last inspection.

People were able to give their views about the service in various ways. The registered manager operated an open door policy and people were encouraged to attend meetings. One person told us, "There are residents meeting and I go every time, it's very good". One relative said, "We've been told about the relatives and residents meetings although we haven't been to one yet". The minutes from the meetings showed people were asked for their views on various aspects of the service such as care, laundry, food, entertainment, maintenance and housekeeping.

Is the service well-led?

Our findings

Throughout our inspection the atmosphere at the service was very positive, welcoming and friendly. Visitors and families confirmed this was the norm. Comments included: "I think it's lovely here and [my relative] will say that too", "Absolutely amazing, care and hospitality, they go beyond their duty", "We're always offered coffee and cake and made to feel welcome" and "Freeland House is an excellent service. Senior nursing staff, senior care staff, carers, administrative and ancillary staff are all friendly and approachable".

People were extremely complimentary about the service. One person said, "It's a home from home here and I'd recommend this to other people". Another person said, "I'm really lucky to have found this place". One relative added, "It's like a family there". This was in line with the provider's mission statement that said: "Our mission is to provide a Home that feels like a Home. We will provide a safe, friendly environment where the care is person centred and we celebrate the diversity of our Service Users". This meant the vision and values of the service put people at the heart of the service.

The service was led by an experienced registered manager who had been in their role since 2004. They led their team by example and were an excellent role model for their staff. The stability of management contributed to the stability of the team and therefore the continuity of care provided to people. The registered manager told us "I've got such a stable team, I need to think about development opportunities and keep them enthusiastic about their jobs". The service had a track record of being fully compliant with the regulations since June 2013. The registered manager was committed to delivering a high quality service and they often work weekends to ensure they had regular overview of the service's operation outside the usual office hours. They successfully motivated their senior staff to lead the team well. One of the external professionals said, "[Name] senior nurse is central to the good team working. She has an intuitive understanding of patients' needs and is always cheerful, helping to optimise the environment for the patients and make the best of the staff team".

People knew the name of the registered manager and told us that they felt the registered manager was very hands on and a good listener. This meant people were able to voice their opinions. One person said, "Oh, yes, I know who the manager is. She's very good. She comes by my room and sometimes even responds to my buzzer". Another person said, "I can always talk to [registered manager] and she listens". People's relatives were also extremely complimentary about the registered manager and their leadership at the service. One relative said, "From my point of view it's all been very positive. From something that's been very traumatic they've made it very easy. They even advised us to have lunch with [person] on the day she moved in. I have recommended here to other people". Another relative said, "[Registered manager] has excellent leadership quality and support staff to embrace the change and development. It's the friendliest place, when you go there you feel it's like an experience, you're being dealt with on a very personal basis by all the staff".

Staff were well supported and praised the registered manager. One staff member said, "Long standing manager, which helps. Easy to approach, can go in to the office any time, she always has time, never says I am too busy". Another staff member said, "Very easy to approach, flexible, willing to support staff

development".

There was a robust staffing structure in place. The registered manager was supported by an experienced administrator and receptionists. The nurses were supported by senior care practitioners and care staff. The care staff team were supported by hostesses who helped with tasks around meal times which relieved care staff allowing them to spend more time with people. Kitchen staff worked closely with care staff to ensure any changes in people's dietary preferences had been catered for. There was a team of housekeeping, laundry and maintenance staff that kept the environment safe and clean.

Equally, the registered manager was well supported by the operations manager and directors. They told us they could reach them at any time and one of the directors visited the service regularly. The registered manager told us they appreciated the level of autonomy they had and any requests for things such as any new equipment were always accommodated. One of the relatives told us, "When I've been there I saw the owner who is so supportive to the team, there's a golden thread that goes through the organisation". The provider had plans for a new development of an additional service on the site to accommodate the increasing local need for a specialist dementia service.

The registered manager ensured excellent communication was maintained between the staff, people and relatives. There was a 'Freeland House Newsletter' distributed to people and families. The newsletter listed entertainment opportunities, 'you said – we did' feedback, relatives' testimonies, upcoming birthdays and introduction of new staff due to commence in their roles. Additionally there was a Staff Newsletter that covered areas such as staff meetings, training, reminders in relation to their conduct for example about wearing the correct uniform and the use of mobile phones whilst on duty.

Additionally a number of staff meetings took place, these included: general staff meetings, maintenance staff meetings, registered nurses' meetings and senior practitioners' meetings. We attended the latter. The meeting was arranged to discuss the senior practitioner roles as this was a new role introduced to aid staff development. The meeting reflected the new role was a success as the feedback was that staff referred to senior care practitioners first before they needed to go to a nurse. Staff were asked for their input and ideas and it was apparent that any changes were consulted and agreed with the team that included the night staff before they were implemented. This meant that staff were valued and their views were considered by the management.

A number of staff took roles of designated 'champions' with particular areas of expertise that included moving and handling, equipment, nutrition, continence and infection control, sleeping and resting, dementia and medicines. Training and development opportunities were planned for the champions in their areas of interest, so they kept their skills up to date. Staff recognised what was important to people and introduced a champion whose role was to support people with taking care of their loved pets. They ensured pets were looked after and had access to veterinary services when needed. We spoke to one person who had their own cats and they told us, "My cats are very important to me". The service was a part of the Cinnamon Trust which is the national charity for the elderly, the terminally ill and their pets and they were on their 'pet friendly' homes register.

The registered manager ensured they used opportunities to enhance their practice and strived for excellence through using research and volunteering to take part in various studies. For example, the registered manager volunteered the service to take part in EPIC (Enhancing Person-Centred Care in Care Homes) study. As a result of this, staff had been trained in Dementia Care Mapping with a view to introducing this when the designated dementia unit was up and running. Dementia Care Mapping is an established approach to embedding person-centred care developed by the University of Bradford. It allows staff to take

the perspective of people living with dementia as they assess staff engagement with people and the care provided.

During our inspection the service was taking part in another study, this was PRINCESS study that looked at the effectiveness of probiotics in the care of elderly clients to reduce infections. We spoke to the representative from the university that ran the project and they said, "It's been a great experience, it's a great nursing home, the staff are amazing, good collaboration". The registered manager told us they were looking into a process of working towards their Gold Standard accreditation in delivering end of life care next.

The registered manager worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. The registered manager displayed transparency and an open approach and proactively sourced any advice or support from external professionals. For example, following the introduction of the short term beds, the registered manager contacted the local prescribing advisors to ask for support with auditing the short term patients' medicines. One of the external professionals said, "The management, led by [registered manager] has always been really keen to engage with myself to ensure that they are on the straight and narrow. Registered manager has demonstrated that they regularly carry out audits using our template which is good to see". Another professional said, "I have always found the manager highly approachable as are her team. I have no concerns about this home, it is run professionally with care of staff and patients".

Freeland House Nursing Home was a member of the Oxfordshire Association of Care Providers (OACP) and Oxfordshire Association of Care Providers. This gave them opportunity to participate in information sharing events, benefit from training sessions and meet with other social care organisations.

The provider had comprehensive systems of audits and checks to monitor all aspects of the service including observations of care delivery, medicines management, audits of accidents and incidents, health and safety and infection prevention and control checks and various equipment checks. The registered manager had a robust system of collating all actions identified in individual audits or staff supervision sessions. When an action was required they ensured this was actioned. For example, it had been brought to the registered manager's attention that the staff visibility could be better during the weekend. As a result of this the registered manager worked a number of weekends to determine the best solution and they introduced a weekend receptionist and were looking to increase the hours for hostesses that provide support around meal times. This meant staff spent less time opening the door to visitors and answering the phones and were able to give this time to people.

The registered manager used innovative systems to enhance the service. For example, they showed us a new computerised care record system they were in a process of implementing. The registered manager ensured people and relatives were informed and we saw notices about the new system being introduced displayed around the service. The registered manager explained the new system would allow easier access to people's records and live reporting to the senior team. As a result of using tablets and smartphones to maintain the records staff would spend less time on paperwork and more time directly with people. One member of staff, again took a champion's role to support others with using the system. This meant the registered manager recognized individual needs of staff and allowed sufficient time for them to embrace the change and new ways of working.

Provider had a whistle blowing policy in place and staff were aware how to escalate concerns, including outside of the organisation. The registered manager ensured staff always knew how to report any concerns and following the new online reporting system introduced by the local authority this had been discussed with staff during supervision and recorded in their supervision records. The registered manager told us, "The

staff always have the information how to report concerns to safeguarding team".

The registered manager took pride in the service and strove to improve the quality of care for people both in the services and in the local community. They took time to promote the service and to bring people in. For example, the service's "Lavender Tea Room" and their hairdressing salon were both open to people from the local communities. The tea room was opened last year by the local MP. On the day of our inspection we observed people enjoying a coffee and a cake there. The registered manager told us they expected more external visitor over the summer months. The registered manager also arranged for people to send a birthday card to the Queen and people received a letter back from the lady in waiting. People also made a scrabble collage for the local MP and received a thank you letter. The registered manager supported people to organise a collection for the Poppy appeal charity and a significant amount was donated.

The registered manager ensured they met their legal statutory requirements to inform the relevant authorities including Care Quality Commission (CQC) of notifiable incidents. The registered manager worked closely with the local authority safeguarding team to ensure people were kept safe. They recorded and investigated any near misses and ensured lesson learned was shared with all who needed to be informed. This showed an open and inclusive culture and an understanding of the Duty of Candour. The Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received.