Frome Care Village Limited

Frome Care Village

Inspection report

Styles Hill
Frome
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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

Frome Care Village provides care and accommodation for up to 60 people in two separate buildings. Woodlands provides nursing care in a purpose built building and The Parsonage an adapted building provides care and support for people living with dementia. At the time of our inspection there were 56 people living at Frome Care Village.

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

There is a registered manager for the service this is a legal requirement. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The inspection took place on 18 April and 19 April 2018 and was unannounced for the first day and announced for the second day.

People spoke positively about the quality of the meals. One person said, "I always enjoy my meals here and there is always a choice." There were arrangements to make sure people's nutritional needs were catered for and meals were relaxed. However, this could be improved by looking at providing opportunities for some people to choose to have a shared and more social meal experience.

Ongoing improvements to The Parsonage had helped to make the environment suitable for people living with dementia. However, the top floor would benefit from the creating of a more light and airy environment.

People told us they felt safe living in the home. One person said, "I always feel safe here because there are always staff around when you need them." There was an environment which promoted independence and recognised the right of people to live the life they chose. Staff had a real understanding of people living with dementia specifically around how this could impact on people's communication and behaviour.

Staff supported people in a caring, compassionate and sensitive way. They recognised the importance of treating people with respect. One person told us, "You cannot fault the staff they are so caring and kind."

Staffing arrangements had improved since our last inspection with improved retention and recruitment of staff. There was consistency and continuity in the providing of care as a result of this improvement.

There was an approach, to ensure people particularly those with complex mental health needs were supported by specialist services with the home recognising the importance of working with other health and social care professionals.

The provider and registered manager were actively promoting a culture where people could be confident of receiving quality care which met their needs. They recognised the importance of having skilled and trained staff in providing consistent care to people living in the home.

People and staff spoke positively of an approachable management where they felt listened to and encouraged to be part of the home and how decisions were made and care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service is safe.

People benefited from a culture where risk is, as far as possible, managed and alleviated through robust assessment and review of incidents.

Continuity of care and consistent staffing is a key feature of the service benefiting people who live in the home.

People benefited from staff who recognised their responsibilities in protecting people from abuse and risks to their health and welfare.

Is the service effective?

Good

The service was effective

People had the opportunity to have a relaxing mealtime experience and having their dietary needs met. However, improvements could be made in ensuring staff availability to support people where this was needed and providing a more social dining experience for people living on the top floor of the Parsonage.

People living on The Woodlands had the benefit of facilities which met their physical needs effectively. However, whilst efforts had been made to improve the environment of the Parsonage people living on the top floor would benefit from further improvements.

People benefitted from being supported by competent and trained staff.

People could be assured their legal rights were protected particularly where they may lack capacity.

Is the service caring?

Good

The service was very caring

People benefitted from a compassionate and caring approach

where dignity and privacy were respected.

People could be assured staff responded in an appropriate and caring, sensitive way to behaviour which others may view as challenging.

People benefitted from an approach which viewed people as "family" and this promoted a kind, sensitive understanding of the person.

Is the service responsive?

Good

The service was responsive

People had the opportunity to express their views about the quality of care they received.

People benefited from care which was focused on their individual needs, routines and preferences.

People had the opportunity to take part in meaningful activities.

Is the service well-led?

Good

The service is well led

People benefitted from an environment and culture which was open and people felt listened to.

Quality assurance systems were in place to identify and make improvements where these were needed.

People benefited from an open and approachable registered manager.

Frome Care Village

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 checked 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.

The inspection took place on 18 April 2018 and 19 April 2018. It was unannounced on the first day and announced on the second day.

This inspection was carried out by two inspectors, a nurse and an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information that we had about the service including safeguarding records, complaints and statutory notifications. Notifications are information about specific important events the service is legally required to send to us. The provider submitted a Provider Information Return (PIR) before the inspection and we used this to inform our inspection.

We used a number of different methods such as undertaking observations to help us understand people's experiences. We spoke with 12 people who used the service, five people's relatives and two health care professionals. We also spoke with 14 members of staff. We also requested comments from professionals who had had contact with the service and received responses from four health and social care professionals.

During the inspection, we looked at 12 people's care and support records. We also reviewed records associated with people's care provision such as medicine records and daily care records. We reviewed records relating to the management of the service such as the staffing rotas, policies, incident and accident records, recruitment and training records, meeting minutes and audits.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. This was evident from our observations particularly on The Parsonage where care staff interacted with people in a supportive way ensuring people were safe. For example, on occasions one person would place themselves on the floor. Staff were aware of this behaviour and responded promptly in a caring way to ensure the person was able to get themselves up from the floor with minimal support. At times, again on the Parsonage, some people were distressed and staff were responsive and able to ensure not only the person but those around them were safe. We observed staff re-assuring and engaging with people to reduce distress, ensuring people were occupied if they wished thereby reducing the risk of behaviour which could escalate to a level which caused distress to themselves or others.

People and relatives told us how they felt safe living in the home. One person said, "One of the reasons I feel safe is that we are like a big family – we try to look out for each other as well as the staff helping – they all talk about 'the family' here and that's what we are – it's our home." Another person said, "I do feel safe here – even at night I am aware of the carers checking on me." A relative told us, "Yes I do feel (Name) is safe here because there are always staff around."

On the Parsonage people were potentially at risk because of aggressive behaviour which could result from living with dementia. Risk assessments were in place about this behaviour and staff were aware of people who could place themselves or others at risk. For example one person was liable to go into other people's rooms and could be aggressive towards anyone in the room. Action had been taken to try and alert staff if they entered another person's room so staff could respond at the earliest opportunity.

There had been a significant number of incidents where people had been subject to aggressive behaviour from others living in the home. Some of which had been referred to the local authority safeguarding team. Others were the subject of discussion with a safeguarding liaison social worker. These incidents reflected the high level of need and complexity of those needs. However, there was a proactive and constructive approach from the registered manager and provider in ensuring wherever possible the risks of such incidents were minimised. This meant there was a professional approach to the management of risk to, as far as possible, protect people's health and welfare.

We had raised concerns about the level of incidents and the provider had acted to address our concerns and provided full and detailed information regarding the management of specific risks and their response to incidents.

The provider had implemented a system whereby staff were encouraged to identify and report potential risk referred to as "Near Miss". A concern had been made about the home's practice regarding people who are prescribed anti-coagulant. The provider and registered manager looked at their practice and ensured new procedures and practice were put in place. This demonstrated the service was open to learning from incidents, reviewing and implementing changes to working practice protecting wherever possible people from harm.

Some people were at risk of developing pressure sores, falls or sustaining injuries because of a physical disability. Risks assessments were in place providing instructions to staff about how to provide care and support people who were subject to these risks. Staff spoke of providing a positive environment where people were able at to take risks. The registered manager in the PIR said, "We manage risk in the least restrictive manner ensuring our family members (this is term used by the provider when referring to people living in the home) are given the freedom to enjoy life whilst remaining safe."

There were personal emergency evacuation plans (PEEP) in place. These identified people's needs so that staff and emergency services could respond as necessary in the event of an emergency.

Staff demonstrated an understanding of their responsibilities about reporting any concerns about possible abuse or welfare of people living in the home. One staff member told us about what signs could indicate possible abuse had occurred i.e. unexplained bruising, finger-marks and changes in the person's behaviour. One staff member said, "We are here to try and make sure people are not abused and if I thought someone had been abused I would go to the manager and they would do something about it." Another staff member said, "They are like family and we should do all we can to make sure people are safe and if we are worried we have to report it to the manager." Staff knew they could go outside the organisation and report concerns if they wished and this was their right i.e. whistleblowing.

When recruiting checks were made as to potential staff being suitable to work with vulnerable adults these included criminal record checks known as DBS.

There were safe arrangements for the administering and storage of medicines which ensured people received their medicines as prescribed. Stock records were accurate including those medicines which required additional security. There was secure storage for medicines with daily checks of fridge and clinic temperatures to ensure they were stored safely.

Medicines reviews took place and where appropriate changes made to the medicines administered to the person. In one instance this had meant a reduction in medicines for one person because of their improved well- being. The approach to use of "as required" medicines meant there were clear protocols and flexibility about their use.

Where people require medicines to be given covertly i.e. in food or drink without their knowledge this is undertaken in liaison with the community pharmacist and through assessment involving relatives and healthcare professional outside of the home. There are two "Medication Champions who have dedicated time to manage stock, order and receive medications." (From PIR)

People told us they felt there was generally adequate staff available to provide the support and assistance needed. One person said, "If I need help then someone is always around even if I have a bit of a wait." A relative told us, "Yes I do feel (name) is safe here because there are always staff around, though half the time I think they could do with more staff."

Staff told us staffing had improved and there was less use of agency staff. One staff member said, "Staffing is much better we seem to be getting more permanent staff." No agency staff have been used in the home since December 2017 and retention of staff has improved. Records confirmed consistent staffing arrangements in both areas of the home. There is a focus of as far as possible matching people and the differing areas of the home with specific staff. "Our family members are supported by competent staff who have the right skill mix" and "The staffing levels and skill mix are adapted to meet the needs of those living with us." (From PIR) This meant there is continuity of care because of robust and safe staffing arrangements.

Staff demonstrated an understanding of their role and responsibilities in ensuring people were not placed at risk of infection and risks of cross infection were alleviated. They told us how where people had infections which could present risk to others "barrier" nursing took place. This is where the person remains in their room during period when risk of cross infection is highest. Potentially infected items are dealt with in the person's room with specific disposal methods to prevent risk of contamination. There were systems in place to ensure cleaning of all areas of the home took place. There is an infection control champion who managed the domestic and maintenance teams. This meant people's health and welfare were protected, as far as possible, from the risk of infections.

Good

Is the service effective?

Our findings

Before admission to the home a pre-admission assessment is undertaken. A relative told us, "(name) came and did an assessment as (name) was in hospital which was very thorough and made sure they could cope." This can be with mental health professionals where there are mental health needs for example a diagnosis of dementia. Once admitted to the home a care plan was put in place identifying specific needs around areas such as personal care, moving and mental health. Care was provided with the support of professionals such as dietician, community mental health nurse where this was identified as a need to ensure care was provided in an effective way.

Where people may have specific care needs because of a disability, cultural, spiritual or other area related to the individual and to ensure no discrimination takes places these areas are addressed in the person's care plan.

Where people require equipment to support and maintain their independence this is available for example when moving a person who has limited mobility. Efforts had been made to look at automatic medicines dispenser for a person who wanted to self-administer their medicines. Equipment is available for people who may have a visual or sensory impairment.

Staff told us about improved training opportunities. Throughout 2017, we were told by the registered manager, all staff undertook core skills training. "The training through 2017 involved every staff member enjoying face to face training, alongside online training in a supportive environment with other homes in the group." (From PIR) One staff member said, "The training is more interactive and helps us feel confident." A number of staff are undertaking professional qualifications including the Care Certificate a nationally recognised qualification for care professionals. This meant staff were being given the opportunity to achieve competency in the providing of care so people received effective care.

Induction arrangements had improved with a period of two weeks providing an opportunity for new staff to achieve a greater understanding and knowledge of how the home supported people.

A new role had recently been introduced to support and work alongside nursing staff. This role: Care Practitioner, included supernumerary time to support the care team. Training had also been provided by health professionals to support people living with diabetes and other health needs. Nursing staff undertook competency training; one nurse told us they welcomed the opportunity to review their competency and skills.

People told us they enjoyed the meals provided in the home. One person said, "The food is generally good though you get the odd day you don't like it, but you can have something different if you don't like either choice." Another person said, "The chef is around to talk to and some of our suggestions have been taken up by him."

We observed mealtimes in all part of the home and noted differences in the availability of staff to support

people with their meal. In one area a person, whilst encouraged, had not finished their meal after 35 minutes. No staff member sat with the person whilst in another part of the home this was available and observed. There was inconsistency in the giving of a visual choice of meal so people particularly those living with dementia could make a more informed choice. This did not happen across all areas of The Parsonage where people living with dementia were supported. For example if someone was not in the dining room and had their meal in their room or one of the lounge areas. A staff member sat and had their meal and this helped in supporting people having their meal as well as providing a more social and relaxing atmosphere.

We noted on the upstairs of The Parsonage there was no effort to promote a more social and defined dining area. On this floor there was limited space for people to sit and the lounge despite being a bright sunny day was dark and oppressive. This contrasted dramatically with the bright and airy downstairs of The Parsonage which had two functional lounges as well as dining/social area.

Where people had been identified as needing support in maintaining a healthy diet and recognising any concerns about loss of weight support is available through health professionals such as dietician. People's weight and general well-being was monitored and reviewed. For some people this entailed the recording of food and fluids so there was an accurate record of their dietary intake, Snacks and high calorie foods were available throughout the day and there was flexibility in people having their meals. This meant people were supported to have a healthy and appropriate diet so dietary needs are met.

There were effective relationships with external health and social care organisations. As part of the health care arrangements an advanced care practitioner (ACP) visited the home weekly. Their role is to make an assessment as to health concerns and where needed can prescribe medicines or refer for a GP visit. Once a month a community psychiatric nurse also visits with the ACP providing an opportunity for a joint physical and mental health assessment. This is in addition to visits from the community mental health team. The home had also established strong links with the Intensive Dementia Support team. A service developed to support staff in care homes with people living with dementia with complex behaviour and needs. There had also been opportunity to work with the re-ablement team where one person was supported to return home.

People had access to a range of health services including on request GP. One person told us, "If ever I feel unwell they will always call my doctor or I speak to the nurse." Other services accessible to people included optician, dentist and podiatrist.

The home had been adapted to support people living with a disability and/or dementia. On the Parsonage there were separate lounges providing choices for people: quieter areas and a television room. There had also been efforts to use colour to help people orientate themselves to differing areas of the home. Signage had also been extensively used again to help people find their way around the home and promote independence. For example clear signage as to toilets with illustration indicating it is a toilet. On Woodlands being purpose built facilities reflected people's physical needs such as wet room and level access.

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

Staff understood the importance of wherever possible establishing people's choices particularly for daily routines. This entailed staff having an appreciation of body language demonstrating how people felt. One staff member said, "We always try and establish people's choices even if it's showing clothing for example. It

is only right we always try and get people to make decisions for themselves." Another staff member said, "We have to get people's consent if at all possible." One example staff gave was a person who behaved in a certain fashion and in a non-verbal way when they wanted personal care. "You can tell by the way they look and behave."

Where people did not have capacity to give consent there were systems in place to undertake best interest decisions for example administering medicines, providing treatment. These decisions were always made with the person's representative and other professionals.

People who lacked 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). Staff and the management knew what to do if a person was going to have their liberty deprived. There were ten people who were the subject of a DoLS none of whom had any conditions on their authorisations the provider was required to meet by law.

Good

Is the service caring?

Our findings

People spoke warmly of the home, staff and the care they received. One person said, "I am very happy with the care I receive – the staff are very good to us helping us to feel like we are at home." Another person said, "I am lucky to be here really. They make me feel special and well looked after." A relative told us, "The staff are all very caring and kind."

Staff told us of how they promoted a culture where people living in the home were seen as "Members of our family." One staff member said, "Love and warmth is the specialty of the home. Feeling all together, like a family." Another described the approach as being about "Warmth and affection."

Staff acted in a caring and sensitive way particularly where a person was upset or disorientated. This was approached by staff with patience and understanding. Staff had a real understanding, especially on the Parsonage, about how people may behave in a verbal and nonverbal manner. There was an acknowledgement of the importance of "Stepping in someone's shoes" and "Being in their reality". From this there was a respect for dignity and privacy.

People were able to move freely around the home as and when they choose. Where some people sought personal contact or comfort from others living in the home this was respected. People told us they were not restricted in how they spent their day and their privacy was respected. One person said, "Staff know I like my own company and that is not a problem." Another person said, "Staff always knock on the door and wait for me to say come in they never just walk in."

Staff demonstrated an understanding and importance of recognising people's preferences. They also understood how the behaviour of one person related to their personal life history and recognised how not to challenge this specific behaviour but work with the behaviour.

People were supported in a caring and sensitive way. One person said, "The male carers are very sensitive and caring when they help me which makes it so much nicer." We observed staff responding promptly to people when they needed assistance. They did so calmly and without a sense of rushing. They intervened on occasion where there was potential for conflict and again this was achieved with the person rather than the person being or liable to feel threatened. Potential for conflict was resolved and alleviated by a thoughtful and compassionate approach. On occasions staff used touch and affection as way to interact with people.

People had the opportunity to discuss their care arrangements this could include relatives and/or representatives. One person told us, "I always get the chance to talk with staff about the help I get especially if I think I need more." A relative told us, "It is very good here we always have an opportunity to talk about the care (name) receives." For some people there is access to an advocate service to act with them in ensuring their wishes are heard. Staff told us they had time to sit and talk with people. One told us, "This is not just about having a chat it's a chance for us to check everything is ok."

People told us there were no restrictions on relatives and friends visiting the home. One person told us, "My

relatives can come at any time to see me." Another person said, "My relatives can visit anytime – it doesn't matter, they just have to sign in the book." A relative said, "We are always made to feel welcome it is never a problem when we visit."

Good

Is the service responsive?

Our findings

Care plans were comprehensive in providing guidance to staff about how to meet people's care needs. The plans focussed on the person and how care staff could and should support the person. Where people had specific health and physical care needs these were outlined and guidance given. For example, catheter care and monitoring a person's diabetes. People needing support with their mental well being had this detailed specifically in relation to behaviour. Following an incident in the home improved care planning had taken place in relation to people who were on anticoagulants. One person's care plan detailed the risks and care needed to the person when on anticoagulation therapy.

Staff spoke of how they ensured people received care and support which was the person's choice and fitted their preferences and routines. For example, staff were able to tell us about how one person could become distressed or upset and how they could respond and what signs to look for. Another person had said they did not wish to have a male carer and this had been respected.

There were opportunities for people to take part in meaningful activities. However, it was observed particularly on The Parsonage "activities" were of a more spontaneous nature i.e. sitting and interacting with people, doing a jigsaw, helping someone build a model. There were more formalised activities and people told us they enjoyed the opportunities for art, gardening and crafts. For one person they were able to continue their contact with the local church. Another person was supported in undertaking social activities in the community. Others visited the local supermarket, enjoying a drink in the café.

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Options are given to people and their representatives about how they receive information i.e. e mail, in the post, in written form considering any visual impairment.

Two complaints had been made and the provider had fully investigated the concerns raised and taken action to address those concerns. People told us they knew they could make a complaint if they wished. One person said, "I know I could make a complaint but have never had to I always speak to staff and they are very good at hearing what I have to say and will always try and do something." Another person said, "I would go to the manager if I was unhappy about anything she would do something I am sure if she could that is."

The home recognised the importance of end of life care and how to ensure people's wishes and needs were understood. "It is the deep compassion shown when someone is approaching the end of their life. There is such a thing as a good death." (From PIR) Treatment escalation plans were in place providing information about people's wishes. One relative told us their mother had not wished to go into hospital when ill and this decision had been respected by the home.

Good

Is the service well-led?

Our findings

People told us of a home where there is a culture of openness and management being approachable. One person told us, "The manager always comes over to see us – she lovely and so approachable." Another person said, "(name) (the registered manager) is very approachable – you can tell her anything and she will listen and try to help." Staff told us they felt well supported by the management team and nurses. One told us, "It feels like we are all together, like a family."

The registered manager told us how they hoped to consolidate the approach to care the home promoted. This centred on the notion "Being a family" and "Creating family, living well and dying well." This approach had been echoed by staff we spoke with who clearly had a real understanding of the thinking behind "Being a family." The registered manager spoke of how there had been solid improvement particularly around recruitment and training. An important aspect was the valuing of staff through training opportunities and ability to progress professionally i.e. Care Practitioner role.

There were systems in place to review and monitor the quality of care. These included auditing of care plans, accidents and incidents analysis and wound prevalence. There was continuous reviewing of care arrangements in the home, learning from incidents and improvement had been made to reflect this reviewing of practice i.e. new procedure around anti-coagulant therapy. This meant the provider was open to ensuring lessons were learnt and improvement made to the quality of care provided in the home.

People and their relatives had an opportunity through questionnaires and regular meetings to discuss their views about the care provided in the home. "We welcome feedback and see this as a supportive means to enable us to move forward." (From PIR) We received a number of compliments which spoke of a "Caring home" and "Team are some of the most dedicated, caring and compassionate people."

There was a collaborative approach where working closely with health and social care organisations was central to the service. Where concerns had been raised there was a pro-active approach i.e. improvements in liaison arrangements with Somerset Safeguarding team. The registered manager and provider had responded positively to CQC concerns and requests for further information to evidence the quality of intervention and care for people who could be at risk of harm. We received notification of incidents, serious injury and deaths as required.

Links with the local community had continued to be established. The local dementia alliance met regularly in the home.