

# Shaw Healthcare Limited

# Froome Bank

## 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

We inspected the service on 23 November 2018. The inspection was unannounced. Froome Bank is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to eight people.

On the day of our inspection eighteen people were living at the home.

People continued to benefit from living in a home where staff understood the risks to their safety and where they were protected from avoidable harm, discrimination and abuse. Staff supported people to stay as safe as possible as their needs and their safety needs changed. People were supported to have the equipment they needed to remain safe, and staff encouraged people to use this. Safe staff recruitment processes were used, to further reduce risks to people and there were enough staff to meet people's care and safety needs. People did not have to wait long if they needed any assistance from staff, and people were confident staff would help them when they wanted.

There were systems in place to support people to have the medicines they needed to remain safe and well. Senior staff regularly checked people were administered their medicines safely. Staff were not allowed to administer people's medicines until they had received the training they needed, and their competency had been checked. The registered manager and provider had put systems in place to review any untoward incidents, take any learning from these and reduce risk to people further.

People continued to receive an effective service and people were supported by staff who had received training and developed the skills needed to assist people. Staff assessed people's needs and used this information to help people to settle into the home quickly. People made their own decisions about what they wanted to eat and drink. Where people needed additional support to have enough to eat and drink to remain well, this was discreetly provided by staff. People were confident if they needed any health care from other organisations staff would arrange this. 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. The principles of the Mental Capacity Act (MCA) were followed.

People liked the staff who cared for them and told us the staff were kind. People were treated with respect, and their rights to independence and privacy were acted on by staff. Staff knew what was important to people and encouraged them to make their own decisions about their day to day care. Staff used different ways of communicating with people, based on their preferences, where people needed extra support to make some decisions. People were supported by staff who understood how they liked to be reassured, when this was needed.

People continued to receive a responsive service. People's needs were reflected in the care plans developed with them and their relatives, which were regularly reviewed. Staff adjusted people's care plans as their

wishes and needs changed. Relatives were asked for their views on the care to be offered. People's care plans reflected advice provided by external health and social care professionals.

Some people enjoyed the independence of spending their time doing things they enjoyed on their own, such as reading and chatting to other people who lived at Froome Bank. Other people liked support from staff to do interesting things, and have trips out. The registered manager planned to review people's access to activities, so they could be assured people would continue to enjoy a breadth of fun things to do at the time right for them.

Systems were in place to support people to raise any concerns or make any complaints. None of the people or their relatives had wanted to make any complaints because they considered the care provided was good. People also told us they were confident to talk to staff if they had any suggestions for developing their care or the services provided at the home, further. Staff worked effectively with other health and social care professionals so people's wishes at the end of their lives were met.

The registered manager and provider checked the quality of people's care, to ensure people were receiving safe and compassionate assistance. Where suggestion for developing the home and people's care further had been made by people, their relatives and staff, these were actioned. These included further enhancement of the environment at the home, and improvements in the meals provided. People, their relatives and staff felt listened to by the senior team. The registered manager and provider recognised and celebrated the achievements of people living at the home and the staff supporting them.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains good.	<b>Good</b> ●

# Froome Bank

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 23 November 2018 and was unannounced.

The inspection team consisted of one inspector 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.

Prior to this inspection, we reviewed information we held about the service such as notifications. These are events which happen in the service the provider is required to tell us about. We also considered the last inspection report and information which had been sent to us by other agencies. We also contacted commissioners who had a contract with the service, and Healthwatch. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection, we spoke with eight people who used the service for their views about the service they received, and three relatives. We spoke with the provider's representative, the registered manager, four care staff, the activities co-ordinator and a member of the cleaning staff. We also spoke with a member of staff from the catering suppliers.

We looked at the care records of two people who used the service and the management of medicines and a range of records relating to the running of the service. This included audits and checks and meeting records.

# Is the service safe?

## Our findings

People told us staff understood their safety needs and provided the support they needed to remain as safe as possible. One person told us prior to moving to the home they had a few falls. The person said, "I feel safer here because there's always somebody around." Another person told us they could rely on staff to provide the equipment they needed to remain as safe as possible. The person told us this had helped to regain more independence when walking.

One relative told us, "[Person's name] is safe here; it's secure, and everything's recorded." Staff knew what action to take to promote people's safety and to minimise the risk of abuse and harm.

Where there had been any concerns for people's safety and well-being this was investigated. We saw staff had involved other organisations with responsibility for helping to keep people safe, as part of this process. Staff told us they felt very confident the registered manager would act if they raised any concerns for people's well-being or safety.

People's individual risk assessments provided the guidance and information staff needed to help to reduce risks to people. Staff gave us examples of the actions they took to help people to stay as safe as possible. This included support to reduce the risks in relation to people's skin health, anxiety and falls.

People told us there was enough staff to meet their care needs and staff knew how to support them. One person told us "[Staff] always come quickly at night and there are always staff around during the day." Care staff advised us they had enough time to provide the support people required. We saw there were occasions where care staff and the registered manager had time to talk to the people living at the home.

One relative we spoke with highlighted staff always contacted them if they had any concerns for their family member's well-being. Staff explained systems for communicating information about people's well-being needs helped to ensure people maintained their safety. This included effective communication between staff and other health and social care professionals if people were anxious.

We saw staff promptly offered support to people and helped them to maintain their independence and safety when choosing to move around the home.

Staff confirmed the provider continued to undertake recruitment checks prior to staff being employed. This helped to ensure people were supported by staff who were experienced and suitable to care for people living at the home.

People received their prescribed medicines safely. One person told us they would be confident to ask staff for any additional medications they may want. We saw staff took time to encourage people to have the medicines they needed and were careful to ensure any time gaps required between medication were observed.

Staff were not allowed to administer medicines until they had the training they needed to do this safely, and their competency had been checked. People's medicines were regularly reviewed by their GPs. The registered manager regularly checked people's medicines, so they could be assured these were given as prescribed.

People told us staff always careful to use the equipment required to reduce the risk of infections. This included gloves and aprons, when providing intimate care. The register manager had considered ways of reducing the likelihood of infections when areas of the home were refurbished. We saw floor coverings were adapted to reflect people's needs living at Froome Bank and the home was clean.

System in place to support people if any accidents or untoward incidents occurred. The provider's representative and registered manager explained how any such incidents were reviewed, so any lessons would be learnt.

# Is the service effective?

## Our findings

People and their relatives told us they had met with staff, so people needs would be assessed before they came to live at Froome Bank. One person told us, "My daughter and son came to the meeting with me in hospital before I came here." People told us the initial discussions with staff helped them to feel at home quickly.

Staff had received the training required to meet the needs of people living at the home. One person told us, "They [staff] do look after you very well." One relative highlighted the difference good staff training had made to their family member. The relative said, "We can see a difference in [person's name]. When [person's name] came in, we were told they only had a few weeks to live, but now they've got a new lease of life and they're enjoying it."

Staff told us about the training they had done, and explained how this reflected the needs of people living at the home. One staff member said, "The training we get here, and knowing people, helps you to personalise things for them." Staff told us senior staff were always available to support and guide them, if they needed any support to provide good care.

People told us they chose what they wanted to eat and drink. One person said, "The food's good. We can choose the day before what we want to eat." Relatives highlighted their family members enjoyed the beverages and food offered. Staff understood people's risks when eating, and supported them to enjoy their meals safely. We saw people chose where to eat their meals.

Records showed us staff monitored people's weight, so they could be sure people were having the nutrition they needed.

People were supported to see health professionals when they wanted this. One person told us, "Staff would notice if I wasn't well." People told us they were supported to see GPs, chiropodist and Nurses from the nearby hospital would also offer support if they required this. Records showed us people also had access to the support of health professionals such as speech and language specialists, audiologists and mental health professionals when they wished. Staff were confident appropriate care would be arranged by the registered manager if they had any concerns for people's health or well-being.

People told us they liked their rooms, and we saw these were personalised, to help people find their own rooms easily. The registered manager gave us an example of changes they had made to one area of the home, which had helped to reduce one person's anxiety. We saw in addition to lounges, there were quieter room, so people had the option to use these when receiving visitors.

Staff were careful to obtain people's consent before care and assistance was provided. One person we spoke with explained staff always checked they wanted the care offered. The person told us, "You're not pushed into doing things."

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. We saw people's capacity to make decisions was assessed and best interest decisions were made in consultation with appropriate key people and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, correctly recorded and any conditions observed.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We saw staff were following the correct procedures, so people's rights and freedoms were protected.

## Is the service caring?

### Our findings

People were positive about the relationships they had developed with the staff who cared for them. One person said, "Staff are very friendly – they do everything they can to help you." Another person highlighted they got on well with both the staff and the other people living at the home. A further person told us, "The staff are wonderful. I have a windowsill full of plants and they are very patient when I make a mess looking after them. [Staff member's name] had finished hoovering when I spilled soil on the floor, so she hovered again and [staff member's name] didn't mind." The person told us, "Everybody is very friendly and welcoming. You've always got someone to talk to."

People's relatives were complimentary about the caring approach of staff. One relative said, "[Staff] seems so supportive and understanding." This helped to ensure people were confident to ask for assistance when they wanted. We saw people enjoyed talking to staff about trip they had been supported to do this with staff, and how they would like to spend their day.

Staff spoke warmly about the people they cared for, and were patient and reassuring when people wanted this. People's preferences regarding how they liked to be reassured were followed by staff. One staff member told us, "We have great residents, and you get to know them and their families." Another member of staff said, "I love the residents and their stories."

Staff told us they got to know what was important to people by talking with them and their relatives. One staff member explained understanding this helped to include people in life at home on an equal basis. The staff member gave us an example of how everyone could enjoy birthday celebrations, regardless of their dietary needs. The staff member said, "It's about making sure everyone is included." Another staff member gave us an example of other ways people knew they were valued. The staff member explained this was done through celebrating people's achievements, such as best singer.

People and their relatives told us relatives and friends were encouraged to attend whenever they chose. Some people enjoyed going out for a meal with their relatives, others with staff support. People gave us examples of the day to day decisions they made about their care. This included what they wanted to eat, and what interesting things they wanted to do. People made their own decisions about what they wanted to wear and what time they wished to get up.

Where people wanted any additional support from staff to make their own decision this was provided. We saw staff varied how they communicated with people so they would have the best chance of making their own choices. For example, staff showed people objects, so they could decide for themselves. We saw some information was available in picture format, to support people to make informed choices. Other people living at the home were independent in making their own decisions about their care.

People's rights to dignity, privacy and independence were respected by staff. One person said they felt respected, because staff understood they liked to do some things for themselves. One relative told us their family member had been supported to change the location of their bedroom. The relative said this had

helped their family member to gain greater dignity and independence in their life. The relatives said, "[Person's name] loves this." We saw staff treated people's personal information sensitively, and this was securely stored. Staff were also careful to wait for people's agreement before they entered their rooms.

## Is the service responsive?

### Our findings

People told us staff talked to them about their preferences and what care they wanted. One person told us because of this, "I feel confident here, everyone [staff] treats you as an individual." People's relatives told us their views on plans for caring for their family member were also considered.

Staff gave us examples of how they varied the care they provided to people, so their preferences would be met. This included how people liked to be assisted to remain as safe as possible and free from anxiety. Two staff members told us their views were considered when people's care plans were adjusted, as people's needs changed. One staff member said, "[Registered manager's name] does listen to any suggestions we make about residents' care." Another staff member told us they had recently found out one person at the home enjoyed playing the guitar. The staff member said, "We are now going to look out for a guitar for them."

People told us staff knew their care needs, but also worked in flexible ways, so their wishes were respected. One person told us, "If I want anything, [staff] bring it." People told us and we saw they were happy to ask for any additional care or items they wanted. One person said, "They [staff] do all sorts of things to help me and I help them."

We saw people's care plans reflected their histories, preferences and needs. Staff told us if people had very specific needs, for example, in relation to their health conditions, lifestyle choices, or preferred ways of communicating, guidance was available for them within people's care plans. We saw this was the case. We also saw some information was available to people in pictorial formats, in line with Accessible Information Standards, [AIS]. The registered manager told us they were continually reviewing the way information was presented to people, as their needs changed, so they could be sure they were meeting the requirements of AIS. People's care plans were regularly reviewed, so people's needs were met as their circumstances and choices changed.

Staff supported people to enjoy trips to local garden centres, and visits from singers and were supported to maintain their links with the local community. One person told us they had been invited to be involved in making poppies which were displayed in the town. The person told us they had enjoyed making this contribution to "Bromyard Day."

Two people told us there were occasions where they would like more support to do things they enjoyed. We spoke to the registered manager about this, who advised us the amount of support people received with activities was being reviewed, and would be adjusted if this was needed. We saw some people enjoyed a bingo or quiz sessions with support from staff. Other people took pleasure in chatting to other people living at the home and doing things they enjoyed, such as reading newspapers and books, independently.

People told us they could talk with staff if they had any concerns or complaints. None of the people we spoke with or their relatives we spoke had needed to make a formal complaint because they considered the care to be good. Staff knew how to support people if they wanted to raise any concerns or make any

complaints and systems were in place to manage and review any complaints made, so any learning would be taken.

Staff gave us examples of the ways people had been supported so their end of life care was provided as they wished. We saw plans of care to support people at the end of their life were in place, where this was appropriate. The registered manager gave us examples of the way staff had worked with other organisations to ensure people received good care at the end of their lives, and the training staff had undertaken to equip them with the skills they needed to provide good care to people at this time.

## Is the service well-led?

### Our findings

People told us they saw the registered manager and senior staff often, and were happy to make any suggestions for their own care, or plans to develop the home further. One person told us because of the way the home was managed, "I like it very much – it's excellent." Another person highlighted how comfortable they were to make suggestions to senior staff. The person said, "[Registered manager's name] is very pleasant." The person explained this meant they were happy to ask for some changes to their room layout, in due course.

Relatives were positive about the way the home was run, and found staff to be approachable. One relative told us, "I've only ever heard good things from any of the family. I've never heard any cross words here." Another relative said they could not fault the care, and, "It feels so homely here." We saw the registered manager knew people well, and spent time chatting to them.

Staff told us there were clear expectations about how they were to support people. Staff told us this was done through checks made by senior staff and regular meetings with their line managers and the rest of the staff team. One staff member told us, "[Registered manager's name] does some shifts with us, and always give us feedback on what we have done."

Staff told us the registered manager wanted the best care possible for people, and for people to be supported by staff who knew them well. Staff gave us examples of how they worked together and with other health and social care professionals so people would receive the care they wanted. One staff member explained they sometimes came into work to support people to do things they enjoyed in their own time, as they were passionate about providing the care people needed.

The registered manager told us, "People know this is their home. We work in ways which encourage staff to reflect on the care given. We use care awards to acknowledge staff's passion for the work they do. This has helped staff to gain confidence in the care they give, and this is what I am most proud of." The provider's representative told us this was achieved through a "Whole team approach" to providing good care. This was conformed in comments made by staff, who gave us examples of how they worked together to meet people's needs.

People gave us examples of how they were involved in the running of the home. One person told us they had helped to plan improvements to the garden area of the home, so all people would enjoy using these more. Two people told us about the residents' meetings, where they were encouraged to make suggestions for interesting things they may like to do.

The registered manager checked the quality of care provided and people's experience of living at the home by chatting to them, and checking and acting on their responses to surveys on the care they received. The registered manager gave us examples of things which had changed because of this feedback. This included changing how their meals were supplied, so people would continue to enjoy these. The registered manager was also in the process of reviewing the amount and breadth of activities for people to do.

People benefited from living in a home where other checks were made on the quality, safety and effectiveness of the care provided. One staff member told us, "You can rely on [registered manager's name] to give you guidance." Another staff member told us, "Shaw [provider] do come in to check the care and we are told if we need to make any adjustments."

The registered manager highlighted the good working relationships which had been developed with local community groups and other health and social care professionals. By working in this way people were supported to access to the care they needed and to remain active in the local community.

Records showed us staff were encouraged to focus on the needs of the people they cared for and to reflect on their practice and any untoward incidents, so any learning could be taken from them. Meetings with staff were also used to celebrate good support provided by staff and to communicate specialist advice from external health professionals.

The registered manager was supported to provide good leadership by sharing best practice with the provider's other local managers, through research and attending specialist conferences and training events, so people's care would be based on best practice standards.