

Care South

# Fremington Manor Nursing and Residential Home

## Inspection report

Fremington Manor  
Fremington  
Barnstaple  
EX31 2NX

Tel: 01271377990  
Website: [www.fremingtonmanor.co.uk](http://www.fremingtonmanor.co.uk)

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## Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

### About the service

Fremington Manor is a residential care home providing personal and nursing care to 51 people aged 65 and over at the time of the inspection. The service can support up to 60 people.

Fremington Manor is a large country manor house which has been extended and adapted to meet the needs of people who are frail and elderly. There are passenger lifts to all floors with bedrooms on two floors and mainly communal spaces on the ground floor. There are level access garden areas.

### People's experience of using this service and what we found

People told us their experience of care and support had deteriorated over recent weeks due to lower level of staffing. Comments included "We are waiting much too long for call bells to be answered. The staff are doing their best, but they have been very short staffed" and "Staff are always very hurried; they are working hard but there is not enough of them and standards have slipped a little." We heard that up until recently people's needs were being met in a timely way.

The service does not currently have a registered manager, but the deputy manager was acting as interim manager. She and the operations manager were fully aware of staff shortages and were working to address these in a number of ways. They had recently lost 14 staff who left for various reasons and they were actively recruiting to fill these posts. They had new staff waiting to start but this was being held up due to waiting for the right checks to be in place to ensure they were suitable to work with potentially vulnerable people.

Staffing had also been short due to staff having to self-isolate as they had been in contact with someone who had tested COVID-19 positive or had recently tested COVID-19 positive themselves. The acting manager was seeking back up support from agencies but there was a shortage of agency workers to fill these gaps across the county. This was a regional and national issue at the time of writing the report.

The operations manager and interim manager held an extraordinary meeting following our first day of feedback where we identified people were being impacted from the low staffing levels. They agreed that meeting people's basic needs had to take priority and so all staff, including ancillary staff such as kitchen, housekeeping and maintenance staff were being asked to help with tasks to support the care team. This included assisting with getting meals to people and where needed assisting with them eating their meal. The service had already ensured that all staff, irrespective of their role, had received moving and handling training and training on assisting people to eat and drink safely. The activities team were also asked to assist with aspects of care until the care team were up to sufficient numbers.

Following the inspection, we were informed that the provider had sourced four agency staff from outside of the area and had used a recruitment agency to find an interim experienced manager so the deputy manager could support the care team on the floor. We felt that in the circumstances the service were doing all they could to address the staff shortages.

We identified that due to the low staffing levels, records were not always being completed. On the first day we identified a person who was telling us they were hungry and thirsty. They were unable to assist themselves and there was no record of when they had last been supported to eat and drink. The service was in the process of moving from paper records to electronic records so some of the records may have been missed due to this change over. The provider made the decision to continue with the move to electronic records and by the second and third day of the inspection we could see a huge improvement in records such as food and fluid monitoring. Seventeen people had been identified as being at risk of poor food and fluid intake and they had records to show when food and fluid was offered and how much they had eaten and drunk each day. This meant the potential risk identified had been mitigated.

Therefore, people were supported to have a balanced diet. Where people were at risk of poor hydration or nutrition, they were being supported and monitored.

People received their medicines safely, and in the way prescribed for them.

Staff had training, support and supervision to ensure they had the right skills and qualities to meet people's needs safely and effectively. Recruitment processes were robust. Staff understood safeguarding processes.

Systems and quality processes ensured all aspects of care delivery, the building and equipment were being reviewed and monitored on a regular basis. This included ensuring the views of people, their families and other stakeholders were considered.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 21/06/2021 and this is the first inspection. Although there had been no change to the provider, they had changed their legal entity, so this inspection covers all five key questions, and this is classed as their first rating.

#### Why we inspected

We plan to inspect all newly registered services within a 12-month period. We brought this inspection forward due to receiving information of concern that people's needs were not being met due to low levels of staffing. We did find evidence to show staffing levels had fallen below the providers' assessed levels, but this was due to sickness, staff self-isolating due to COVID-19 and staff leaving. The provider and interim manager had done everything they could to mitigate this risk.

We found no evidence during this inspection that people were at risk of harm from this concern, but we identified potential risks to harm which the provider had already identified themselves and had an action plan to address this.

Please see the safe and well-led sections of this full report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Fremington Manor Nursing and Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of three inspectors and a member of the medicines team.

#### Service and service type

Fremington Manor is a 'care home'. People 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.

#### Notice of inspection

The first day of the inspection was unannounced. Prior to the second and third days we gave short notice and the fourth day of the inspection was spent completing telephone calls to relatives and professionals and providing written feedback to the service.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

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. We spoke with 15 people living at the service about their experiences of being cared for. We also spoke with ten staff, including the interim manager (deputy manager), operations manager, senior care workers, care staff, housekeeping staff, maintenance staff and the cook. We reviewed four paper care plans and four electronic care plans and associated records including risk assessments and daily records. We reviewed three recruitment files, training records, supervision records and several audits, meeting minutes and other records relating to the running of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at complaints, care plans and quality assurance records. We spoke with three professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- We had received several whistle blowing concerns about the low staffing levels impacting on the needs of people living at the service. On the first day of the inspection we found the levels of staffing were below what the provider had assessed as being needed to meet people's needs and this had impacted on the quality of care and support being provided.
- We saw examples where people had been waiting long periods of time for their call bell to be answered and this had resulted in them not being assisted to get to the toilet in a timely way.
- People told us they believed there was not enough staff available at all times. Comments included, "We are waiting much too long for call bells to be answered. The staff are doing their best, but they have been very short staffed" and "Staff are always very hurried; they are working hard but there is not enough of them and standards have slipped a little."
- We identified that due to lower staffing levels, records were not always being completed. On the first day we identified a person who was telling us they were hungry and thirsty. They were unable to assist themselves and there was no record of when they had last been supported to eat and drink. Although we identified potential risks to people, we were assured that the provider was being proactive in trying to mitigate risks as best as possible.
- The interim manager and the operations manager were fully aware of staff shortages and were working to address these in a number of ways. They had recently lost 14 staff who left for various reasons and they were actively recruiting to fill these posts. They had new staff waiting to start but this was being held up due to waiting for the right checks to be in place to ensure they were suitable to work with potentially vulnerable people.
- Shortages had also occurred as a result of staff being advised to isolate due to contact with someone COVID-19 positive or having tested COVID-19 positive themselves. This has been a theme locally and nationally at this time. The management team had been working with agencies to try to fill gaps in the care staff rota, but local agencies were also struggling to find staff.
- By the third inspection day, the interim manager had managed to find an agency outside of the area who were able to supply four agency workers for a number of weeks.
- To further mitigate risks of people's needs not being met, the management team had worked with all staff at Fremington and redeployed ancillary staff to support the care and nursing team. All staff, irrespective of their roles had had training in safe moving and handling and how to assist people safely with eating and drinking. This meant all staff could take on roles such as helping with breakfast and lunch trays, assisting people to eat and drink.
- In addition to the above the management team had already agreed they could not take any new admissions until staffing levels were improved with recruited staff who would form part of their team.

- We have been mindful of the extreme pressures all care services were under due to the COVID-19 pandemic and have therefore taken a proportionate view that although staffing was reduced, much of this was outside of the providers' control. The management team had sought to find ways to ensure people's needs were being met. This had included increased checks and hourly ward rounds for named people by the interim and deputy manager.
- The service was in the process of changing over from paper records to electronic. The provider made the decision to continue with this process because the staff had shown to be successful in adapting to this. By the second day of inspection there were 17 people who were being closely monitored with their food and fluid intake. The electronic records gave clear details of what people who were at risk of poor hydration had been offered to eat and drink and what they had eaten and drunk.
- Recruitment processes were robust to ensure that new staff were only employed once all their checks and references had been returned to show they were suitable to work with people who may be vulnerable.

#### Assessing risk, safety monitoring and management

- Some risks and safety monitoring for individuals had not been completed on the first day of our inspection. This was due to staffing being low and staff not having the time to fully complete records. It was also compounded by some confusion about whether to record on paper or electronic records.
- By the second and third visits, this had significantly improved. This was because staff had become more familiar with the use of electronic recording of people's daily needs, risks and how these were being monitored.
- The operations manager explained that they could access the electronic plans and daily records remotely and quickly see if agreed daily tasks and care plan objectives had not been done or recorded.
- There was a full suite of safety audits in relation to the safety of the building, equipment and fire safety. We were assured these were being kept up to date and that the provider had oversight at least monthly.

#### Using medicines safely

- People were given their medicines in a safe way. There were arrangements to make sure they received any medicines needing to be given at specific times.
- When medicines were prescribed to be given 'when required' we saw that person-centred information was available to guide staff on when it would be appropriate to give doses of these medicines and why.
- People were supported to look after their own medicines if they wished to, and after it was assessed as safe for them.
- Staff received training in safe medicines handling and competencies were checked to make sure they gave medicines safely.
- There were suitable arrangements for ordering, storing, administration and disposal of medicines including those needing cold-storage and extra security.
- Any medicines incidents or errors were followed up and reported, and appropriate measures put in place to try to prevent them recurring. Medicines audits were completed to make sure any issues were picked up in a timely way.

#### Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- Staff had updated annual training on safeguarding and there were clear processes and policies in place for staff to follow.
- The interim manager understood their role in reporting any concerns or incidents of abuse and had in the past worked closely with the local safeguarding teams.
- The provider had a clear process for auditing any accident and incidents so patterns and trends could be looked at. They also shared any lessons learnt across all their services, via managers meetings and weekly updates from head office.



## Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- On the first day of our inspection, we were not assured people were being fully supported to eat and drink at regular intervals.
- By the second day of our inspection and following feedback from us, the management team had introduced measures to ensure people's food and fluid was being made available throughout the day and there were clear records in place to show this. For example, they introduced additional scrutiny on each of the two sections of the home. The interim and deputy manager had increased their walk arounds and checks to hourly and this including checking each person and their room to ensure they had drinks in a place they could reach or support to enjoy their food and drink if needed. They had also extended the care team with additional support at key times like meals times so ancillary staff were available to help with this. These measures assured us people were not at any risk from poor food or fluid intake.
- In response to one person telling us there was no regular food available after teatime, the management team introduced an additional supper trolley to include some savoury snacks as well as what was currently offered, which was hot drinks and biscuits.
- We had received anonymous concerns that the kitchen was locked after teatime, so staff were unable to make snacks or access food. The operations manager explained that the kitchens were key coded for safety, but senior staff had access to these codes. They also said they had plans to include small kitchens in each wing so that staff and visitors could make drinks and snacks without having to access the main kitchen.
- Electronic records we sampled showed there had been significant improvements in the way staff had recorded what people had eaten and drunk.
- The chef and kitchen staff were fully aware of people's nutritional needs and wishes. They operated a flexible menu with two hot choices each meal and a selection of other options. One person told us the menu was limited and not suitable for them. We fed this back to the interim manager who said they would ask the chef to speak with this person about their preferences.
- People's dietary needs were considered when planning menus and the chef told us they always visited a new person to check on their likes and dislikes. Any allergies were clearly highlighted on a whiteboard in the kitchen as well as any food consistencies needed if people had been assessed as a risk of choking.
- People said the meals were good and they could choose to eat them in the dining rooms or in their own room. One person said, "I think they do very well considering they are trying to please all of us. There is plenty of choice and the portions are big."

Staff support: induction, training, skills and experience

- Some staff said they felt less supported than normal, due to the staff shortages. Staff morale was reported as being quite low due to having to cover shifts and running shifts on lower staffing numbers.

- The management team were aware that staff morale was low and had action plans in place to ensure they felt better supported. This included a monthly budget of £100 for the team to spend on treats such as pizza for the team. They had also purchased additional supervision training for senior staff so that supervision sessions would be supportive and more regular. This training was about to be rolled out. They also held meetings with the staff team following our feedback. Staff had received a bonus for working hard during the COVID-19 pandemic.
- The training matrix showed some gaps in staff skill mix, but the operation manager explained this had not been updated and that in fact the data showed the service was at almost 100% compliant on their training updates. The provider was mindful of introducing the electronic system into the service at a time of pressure. To assist with this, they had a small team that came to each service for several weeks at a time to support this process both in training and in inputting data to get the care plans onto the electronic systems. Staff said this had been very helpful and most were very positive about the use of devices to record actions and monitoring of people's needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs and wishes are assessed where possible pre-admission face to face and with significant other key stakeholders. On occasion, emergency admissions meant this process may have to occur over the phone and once the person arrived at the service.
- Ongoing assessment and monitoring of people's needs was done using nationally recognised tools for example for those at risk of poor nutrition, risk of pressure damage and dependency tools.
- The staff team made use of the local nurse educators to follow best practice and use the right tools for ongoing monitoring.
- Records showed people were having their healthcare needs monitored. Due to the COVID-19 pandemic health care professional visits had been limited, but they were still consulted. For example, the GP provided where possible virtual appointments using video links.
- The introduction of the electronic reports made the tracking and monitoring of people's individual healthcare needs much easier to follow. This was still work in progress, but the plans we reviewed showed that understanding people's needs and healthcare conditions were easier to access with the electronic system.
- Some people felt that due to the COVID-19 pandemic, access to other resources such as healthcare appointments had been limited but understood the reasons for this.

Adapting service, design, decoration to meet people's needs

- The building has been extended and adapted to meet the needs of frail and elderly people. There was lots of equipment in corridors and the operations manager talked about the lack of storage and what they intended to do to ease this. They highlighted a room being developed specifically for activities and for two kitchen areas being developed for people and their families to have better access to facilities to make drinks and snacks.
- There were sufficient adapted bathrooms, grab rails and other adaptations to ensure people's physical needs could be met.
- Some areas of the home had worn and stained carpet. This was already highlighted by the provider in their service improvement plan for refurbishment.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people

make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Applications to DoLS had been made but none of the people currently living at the service had an approved DoLS in place .
- Best interest decisions and people's mental capacity were being considered by the service.
- Staff had annual training on understanding the act and how to work in the least restrictive way with people.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- On the first day of the inspection we heard how people's dignity may not have always been fully respected due to the shortages of staffing. For example, one person said they had rung the bell three times the previous evening and no one came so they had gone to bed without being assisted to put on their nightwear. We checked the call bell monitoring records and did not see the person had rung the bell three times. They had rung once, and it had been responded to. Nevertheless, they felt their dignity had been compromised. When we fed this back to the management team, they were surprised as this person would have had checks throughout the night. They said they would agree an action to check after supper each night whether this person was ready to retire and assist them with their night wear.
- We heard other examples of where people had needed to wait long periods for their call bell to be answered. This had resulted in a several people not being assisted in a timely way. This was due to the shortage of staff to cover shifts and was not the normal culture and way of working within the home. One person said, "It's not that they don't care, but staff have been run off their feet, they are down on numbers, but they are still very caring."
- Relatives said their family members were treated with kindness and respect. One relative said, "The whole reason I chose this home was the very caring nature of the staff."
- We have already highlighted in the safe section the proactive measures the service had put in place to increase staffing and to monitor how well people's needs were being met. This extended to ensuring their dignity and respect was being upheld. For example, if a door was being left open but the person was in bed in an area where people passed by, screens were put in place.
- People's diverse needs and wishes were being explored and included within the new electronic care planning system. Staff knew people's needs and their individual wishes were respected.
- Equality was being considered within the development of the service. For example, making sure there were quiet areas for people's prayer and contemplation, having access to more kitchen facilities and ensuring people's faith and sexual orientation was considered in planning their care and support.

Supporting people to express their views and be involved in making decisions about their care

- People were being supported where possible to make their views about their care and support needs be included in the review of their plans.
- People had regular opportunities to speak with the management team both one to one and in meetings. Resident meetings had not occurred for some time due to the COVID-19 pandemic, but people's views were still being sought in other ways, such as keyworker one to one time and provider surveys.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- With the introduction of electronic care plans, which contained more detailed information, plans were being updated to be much more personalised and included people's needs, wishes, preferred routines and how they should be supported to have maximum choice. For example, directing staff to ensure choice was offered every day in decisions such as what a person wanted to wear, what time they wished to get up and retire and where they wished to spend their time.
- People said they were able to make their own choices throughout the day and staff knew and supported their preferences. For example, one person said, "I need to stay near a toilet at all times, not doing this makes me very anxious. Staff know this and help me with ensuring my meals are served in my room. If I do need to go out, staff wheel me in a wheelchair as I can't walk very far anymore."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples' plans included whether they needed support or equipment due to sensory impairment such as being hard of hearing or needing glasses to support better eyesight.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During the COVID-19 pandemic there had been periods of time that people had to remain isolated to prevent the spread of COVID-19. Activities had been risk assessed and for some time group sessions had stopped due to not being able to maintain social distancing. Some people told us they missed group activities such as skittles and music and movement.
- The operations manager explained they had included in their service improvement plan the need to revamp and update activities. They had met with the two activity leads and agreed a space for them to have specific sessions such as arts and crafts in one of the lounges. Unfortunately, due to a further COVID-19 outbreak this had been put on hold. Prior to COVID-19 the service had a full range of activities and outings to suit people's wishes and interests.
- One person told us they had been on an outing the day before, organised by the home. They had gone to the seaside and had ice cream which they said they enjoyed "immensely"
- Plans were being developed to reintroduce a whole range of activities once the service was out of lockdown. In the interim one to one activities were being offered with people in their rooms.

#### Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and a full response in writing was given to people to show what had been investigated and if any actions had been taken to resolve issues. For example, complaints about the menu choices were discussed with the chef and alternatives offered where possible.
- The provider sought to gain people's views and opinions with surveys, walk arounds and talking one to one and having suggestion boxes.
- Relatives confirmed their views and the views of their loved ones were considered. One relative said they were anxious their family member may not be eating as well due to them not being able to visit as much. This was fed back to the interim manager who contacted the family straight away to reassure and discuss their concerns and look at how they could improve the person's appetite.

#### End of life care and support

- Fremington Manor had a good local reputation for being supportive and responsive to people who were end of life.
- Where known, people's end of life wishes was recorded and followed.
- Staff had detailed training in end of life care and prided themselves on being supportive to both the person and their family. Families were supported to visit whenever they wanted, including being supported safely through the COVID-19 pandemic, as the service recognised the importance of being able to say goodbye.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's ethos was about ensuring people were empowered and services were fully inclusive. This was demonstrated by the investment in ensuring the service improvement plan included the views of staff and people who lived at the service.
- People said their views were listened to. One person said, "We used to have regular meetings, but the [COVID-19] virus has stopped all that. Matron checks if we need anything."
- Relatives were positive about how the service worked to provide a person-centred approach to the delivery of care and support.
- Staff said there was an inclusive culture and their views were being listened to.
- Professionals said the service did promote good outcomes for people. One healthcare professional said, "The staff team work closely with us to monitor people's specific conditions."
- The management team were very open and honest throughout the inspection process. They had been struggling with staffing numbers but had been proactive in finding solutions to this so impacts for people were minimised.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities in respect of duty of candour. Policies and systems were in place to guide staff about what to do if things went wrong.
- Relatives expressed a high level of satisfaction with the open and transparent discussions they had had with senior staff about for example, falls, deteriorating health and end of life care. One relative said, "They are up front with us as a family, we know (name of person) can be difficult at times, but the staff do their best."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager in post at the time of the inspection. The deputy manager was acting as interim manager and the provider had also worked with a recruitment agency to find an interim manager to support the service. The previous registered manager had recently left, and the interim arrangements seemed to be working well.
- There were clear roles for each staff within the management team. The operations manager had been visiting weekly since the departure of the registered manager to support staff.



- Quality processes and audits were well embedded and gave assurances there were quality monitoring processes for all aspects of the service. This included the physical building, equipment, records and staff competencies. There were daily, weekly and monthly checks and audits for these areas.
- The provider had a good understanding of regulatory requirements and checked the service in terms of each key line of enquiry within each of the five key questions CQC use to inspect services.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider used a variety of ways to ensure people living at the service and their families were engaged and involved. This had been more difficult during the pandemic and lockdown periods. They had made good use of technology to keep in contact via video calls and emails to families.
- The provider had recognised that one of the best ways to engage and involve staff was through one to one discussion. They had invested in a supervision course so more seniors could offer supervisions more regularly and to more staff.
- Engaging with the public had been curtailed somewhat due to the COVID-19 pandemic. Usually Fremington Manor has an annual music festival in the grounds which worked well to keep the local people engaged with the service. It was hoped they could resume some of this safely in the near future.

Continuous learning and improving care; Working in partnership with others

- The provider was fully committed to ongoing learning, training and support to staff. They had recently invested in new training packages for staff. They encouraged staff to look at suitable external courses and to enhance their skills with vocational courses where possible.
- The service had a good working relationship with the nurse educator in the area. They often helped to pilot new ways of working, new tools and new courses.
- Staff said they were encouraged and paid to do additional learning. One staff member said, "They (manager and provider) have been very supportive and ask us what courses and learning we would like. I think they would consider anything if it was going to benefit our residents."