

Leisure Care Homes Limited

Frampton House

Residential Care Home

Inspection report

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Frampton
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Tel: 01205724216

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an unannounced inspection carried out on 9 May 2016.

Frampton House Residential Care Home can provide accommodation and personal care for 30 older people and for people who live with dementia. There were 26 people living in the service at the time of our inspection. The accommodation was a two storey detached house situated in a rural location.

There was registered manager in post. 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.

Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse including financial mistreatment. People had been helped to avoid the risk of accidents and medicines were managed safely. There were enough staff on duty and background checks had been completed before new staff were appointed.

Staff had received training and guidance and they knew how to support people in the right way. People had been assisted to eat and drink enough and they had been supported to receive all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. However, the Care Quality Commission is also required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had not promptly taken all of the necessary steps to ensure that people only received lawful care that respected their rights.

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had been consulted about the support they wanted to receive and they had been given all of the assistance they needed including people who could become distressed. People had been helped to enjoy a range of interests and hobbies and there was a system for resolving complaints.

Most of the necessary quality checks had been completed to ensure that people benefited from the facilities and services they needed. Good team work was promoted and staff were supported to speak out if they had any concerns because the service was run in an open and inclusive way. People had benefited from staff acting upon good practice guidance.

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 was safe.

Staff knew how to keep people safe from the risk of abuse including financial mistreatment.

People had been helped to avoid the risk of accidents and medicines were managed safely.

There were enough staff on duty and background checks had been completed before new staff were employed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Although people were helped to make decisions for themselves the registered manager had not always ensured that care was provided in a way that fully respected people's legal rights.

Staff had received training and guidance and they knew how to support people in the right way.

People were helped to eat and drink enough and they had been supported to receive all the healthcare attention they needed.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate.

People's right to privacy was respected and their dignity was promoted.

Confidential information was kept private.

Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who could become distressed.

People had been supported to enjoy a range of hobbies and interests.

There was a system to resolve complaints.

Is the service well-led?

Good ●

The service was well led.

Most of the necessary quality checks had been completed to ensure that people usually benefited from having the facilities and care they needed.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

Frampton House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons were 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.

Before our inspection we reviewed the information we held about the service. This included notifications of incidents that the registered persons had sent us since the last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We visited the service on 9 May 2016. The inspection was unannounced and the inspection team consisted of a single inspector.

During the inspection we spoke with seven people who lived in the service. We also spoke with three senior care workers, three care workers, a housekeeper and the laundry manager. The registered manager was not available to meet with us and in their absence we spoke with the deputy manager. We observed care that was provided in communal areas and looked at the care records for five of the people living in the service. In addition, we looked at records that related to how the service was managed including staffing, training and quality assurance.

We also 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 speak with us.

After the inspection visit we spoke by telephone with four relatives. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

Is the service safe?

Our findings

People said and showed us that they felt safe living in the service. One of them said, "The staff are pretty good actually and are helpful." Another person who lived with dementia and who had special communication needs pointed towards a member of staff and waved to them to indicate their approval. All of the relatives we spoke with said they were confident that their family members were safe in the service. One of them said, "I felt from the start that it was the right service for my family member because it had a friendly and relaxed feeling to it. It's not posh at all but it's got a lived-in and comfortable feeling to it."

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We noted that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

We saw that there were suitable arrangements to protect people from the risk of financial mistreatment. This included senior staff assisting people to manage their personal spending money by securely holding it for them, recording each time they spent money and checking that the remaining cash balances were correct.

Staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. An example of this involved people being helped to keep their skin healthy by regularly changing their position and by using soft cushions and mattresses that reduced pressure on key areas. In addition, staff had taken practical steps to reduce the risk of people having accidents. Examples of this were people being provided with equipment to help prevent them having falls including walking frames, raised toilet seats and bannister rails. We also saw that some people had agreed to have rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling onto the floor.

We found that staff had been provided with written information and guidance about how best to assist people if there was an emergency that required people to leave the building or to move to a safer area. Staff were confident that they knew what action to take and they appreciated the importance of working together as a team so that people received immediate and effective assistance.

Records showed that there had been only a small number of accidents and near misses involving people who lived in the service in the month preceding our inspection. Most of these events had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this involved a person being provided with a different walking frame that better enabled them to maintain their balance.

We found that there were reliable arrangements for ordering, storing, administering and disposing of

medicines. There was a sufficient supply of medicines and they were stored securely. Senior staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that during the week preceding our inspection each person had correctly received all of the medicines that had been prescribed for them.

People who lived in the service said that there were enough staff on duty to meet their needs. One of them commented, "I get all of the help I need and you can't say more than that really. The staff also check on me at night which makes me feel safe." Relatives also told us that the service had enough staff and one of them said, "I do think that there are enough staff because I see people being cared for well enough and the staff don't always seem to be in a rush."

We were told that the registered manager had reviewed the care each person needed and had calculated how many staff were needed. Although there were no documents to show us how this had been done we saw that there were enough staff on duty at the time of our inspection. This was because people promptly received all of the care and company they needed. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered manager said was necessary.

Staff said and records confirmed that the registered manager had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have relevant criminal convictions and had not been guilty of professional misconduct. We noted that in addition to this other checks had been completed including obtaining references from their previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Is the service effective?

Our findings

People said and showed us that they were well supported in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. An example of this occurred when we asked a person with special communication needs about their relationships with staff. The person pointed to a nearby member of staff, smiled and used signs to indicate that the member of staff was their friend.

However, we found that there were shortfalls in some of the arrangements used to follow the Mental Capacity Act 2005 when it was necessary to deprive people of their liberty. People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that the registered manager had not fully ensured that one person was protected by the DoLS. This was because they had regularly requested to leave the service when it was not safe for them to do so. Staff told us that they had politely declined the person's requests on a number of occasions and had gently engaged them in other activities they could do within the service. In addition, during the course of our inspection visit we saw the person expressing a wish to leave that staff tactfully declined. However, records showed that no application for an authorisation to deprive the person of their liberty had been made. We raised our concerns with the deputy manager who said that the necessary application would immediately be made to the local supervisory body which assesses and grants authorisations. The day after our inspection visit we received written confirmation from the registered manager that the necessary authorisation had been sought. This action enabled the staff to continue to support the person concerned to stay safe while ensuring that the care they received respected their legal rights.

Although we noted problems in the way the DoLS had been used, we found that the registered manager and staff were following other parts of the MCA. This was because they were supporting people to make decisions for themselves whenever possible. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this occurred when we saw a senior member of staff explaining to a person who lived in the service why they needed to use a particular medicine in order to promote their good health. Another example involved staff supporting a person to use a lap belt that kept them safe when using their wheelchair. We noted that staff gently explained that the device helped the person to sit correctly so that they did not have to worry about falling forwards and injuring themselves.

Records showed that on a number of occasions when people lacked mental capacity the registered manager had contacted health and social care professionals to help ensure that decisions were taken in people's best interests. An example of this involved the registered manager liaising with a person's doctor and relatives. This was because the person had declined to take a medicine that they needed to use in order to maintain their health. As a result of this process a decision had been made that it was in the person's best interests to have the medicine discretely concealed in their breakfast meal. Staff told us that the person had

not noticed the arrangement, continued to enjoy their breakfast and benefited from their good health being maintained.

Staff said that they had regularly met with a senior colleague to review their work and to plan for their professional development. In addition, we noted that the registered manager regularly observed the way in which staff provided care. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs and wishes. We also noted that care workers had been encouraged to obtain a nationally recognised qualification in the provision of care in residential settings.

Records showed that new staff had undertaken introductory training before working without direct supervision. This involved completing the Care Certificate which is a nationally recognised model for ensuring that new staff have the knowledge they need to care for people in the right way. In addition, we noted that established staff had completed refresher training in key subjects such as assisting people who have reduced mobility and supporting people to promote their continence. The deputy manager said that this was necessary to confirm that staff were competent to care for people in the right way. We found that staff had the knowledge and skills they needed to consistently provide people with the right care. An example of this was staff knowing how to correctly assist people who had reduced mobility including those who needed to be helped using special equipment such as a hoist. Another example involved staff having the knowledge and skills they needed to help people to manage their continence so that they were comfortable and avoided the risk of developing sore skin. A relative spoke about their confidence in staff and said, "There's always a senior member of staff on duty and they really do know what they're doing and they make sure that the other staff do what is needed so that people get the help they need. I've no concerns about the staff."

We noted that there were measures in place to ensure that people had enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked. This had helped staff to reliably identify if someone's weight was changing in a way that needed to be brought to the attention of a healthcare professional. Records showed that when necessary people had been referred to see a dietitian who had then prescribed high calorie food supplements to help the people concerned to stabilise their weight. We saw that staff were checking how much some people were eating and drinking each day. This was done because they were considered to be at risk of not having enough hydration and nutrition.

We were present when people dined at lunchtime and we saw that when necessary staff gave people individual assistance when eating and drinking so that they could enjoy their meal in safety and comfort. We noted that staff had arranged for some people who were at risk of choking to be seen by a speech and language therapist. As a result of this, staff had been advised how to specially prepare these people's meals and drinks so that they were easier to swallow.

We saw that there was a written menu and people said that they could choose between different dishes at each meal time. When we observed people dining at lunchtime we noted that they were enjoying the different meals they had chosen.

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals. A person spoke about this and said, "The staff are good about contacting the doctor straight away if I'm not well." Relatives also commented on this matter with one of them saying, "I think that the staff are pretty much on the ball when it comes to healthcare and make sure that any medical care needs my family member has are met."

Is the service caring?

Our findings

People were positive about the quality of care that was provided. One of them said, "The staff are fine with me and I find them all very caring." Another person who lived with dementia and who had special communication needs was seen to hold the hand of a passing member of staff who smiled and danced with them for a short while. Relatives told us that they were confident that their family members were treated with genuine kindness. One of them said, "If I wasn't confident about people being treated in the right way my family member wouldn't be there in the first place."

During our inspection we saw that people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing care for people. We noted how staff took the time to speak with people as they assisted them and we observed a lot of positive conversations that supported people's wellbeing. An example of this occurred when we heard a member of staff chatting with a person about the weather forecast for the week ahead while they assisted them to sit in a comfortable position on a garden seat.

We also observed an occasion when a member of staff who was called away to help a colleague when they had been assisting a person to find a wrapped sweet they had dropped on the floor. We noted that before they left the person, the member of staff explained why they were leaving the room and assured them that they would return as soon as possible. A few minutes later we saw the member of staff go back to where the person was sitting after which they found the item that had been lost. This took quite a long time as the sweet had rolled underneath a large piece of furniture. There was a good deal of laughter all round as the member of staff used various means to reach far enough to the back of the piece of furniture in order to retrieve the sweet. Later on we spoke with the person concerned and they said, "The staff are always willing to lend a hand and I don't have any problems with any of them."

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. An example of this involved a member of staff speaking with a person about their memories of working as a skilled tradesman and the various tasks they completed. The person concerned smiled and was thoughtful as they recounted this important time in the life.

We saw that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local advocacy groups who were independent of the service and who can support people to express their opinions and wishes.

Staff recognised the importance of not intruding into people's private space. People had their own bedrooms that were laid out as bed sitting areas. This meant that they could relax and enjoy their own company if they did not want to use the communal lounges. We saw that staff had supported people to personalise their rooms with their own pictures, photographs and items of furniture. We also noted that communal toilets and bathrooms had locks on the doors and so could be secured when in use and we saw staff knocking and waiting for permission before going into bedrooms, toilets and

bathrooms. In addition, when they provided people with close personal care they made sure that doors were shut so that people were assisted in private.

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. A relative commented on this saying, "When I call to the service I can speak to my family wherever I want to. We normally stay in the lounge but it wouldn't be an issue if I wanted to speak with them in private."

We saw that paper records which contained private information were stored securely. In addition, electronic records were held securely in the service's computer system. This system was password protected and so could only be accessed by authorised staff. We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

Is the service responsive?

Our findings

Records showed that staff had consulted with people about the care they wanted to receive and they had recorded the results in a care plan for each person. People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. Records confirmed that each person was receiving the assistance they needed as described in their individual care plan. Examples of this included staff ensuring that people had a full wardrobe of clean clothes from which they could choose. Another example was the way in which staff supported people to use aides that promoted their continence. In addition, we saw that staff regularly checked on two people who were being cared for in bed. They did this to ensure that they remained comfortable and had everything they needed. A person spoke about the care they received and said, "The staff help me with lots of things from getting up in the morning to going to bed at night and they're nice about it too. I don't feel like I'm being a nuisance to them."

We noted that staff were able to effectively support people who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that a person who was sitting in one of the lounges was becoming upset. This was because they thought that another person who lived in the service had said something unkind about them. The member of staff quietly explained to the person that the reference they had heard had been to an event that was entirely unrelated to them. After this we saw the person was smiling and relaxed. The member of staff had known how to identify that the person required support and had provided the right assistance.

There was an activities coordinator who was present in the service three days each week and who supported people to pursue their interests and hobbies. We were not able to examine the records of the work undertaken by the activities coordinator because they were not on duty during our inspection visit and had locked away the documents in question. However, people told us that they enjoyed taking part in a range of social activities. These included things such as arts and crafts, quizzes and gentle exercises. The deputy manager said that the activities coordinators also called to see people who spent a lot of time in their bedrooms. This was so that these people also had the opportunity to become involved in activities that interested them. In addition, we were told that there were entertainers who called to the service to play music and engage people in singing along to their favourite tunes.

We noted that although the activities coordinator was not present during our inspection visit people were still involved in a number of activities. These included chatting with staff, reading the newspaper and watching television. After lunch a number of people sat outside in the summer house where they enjoyed the spring sunshine in a pleasant garden setting. All of the people we spoke with said that there were enough social activities in the service. One of them said, "There's enough to do and I don't really get bored. There's a lively atmosphere and there always seems to be something to do or watch."

We noted that there were arrangements to support people to express their individuality. These included people being supported to meet their spiritual needs by attending a religious ceremony that was held regularly in the service. We also noted that suitable arrangements had been made to respect each person's

wishes when they came to the end of their life. This had included establishing how relatives wanted to be supported to acknowledge and celebrate their family member's life.

Although no one living in the service at the time of our inspection had requested special meals, the chef said that arrangements would be made to prepare meals that respected people's religious and cultural needs should this be required. We also noted that the registered manager was aware of how to support people who had English as their second language including being able to make use of translator services.

People and their relatives said that they would be confident speaking to the registered manager or a member of staff if they had any complaints about the service. A relative said, "I've never had to think about complaining. If there are minor things I'll just have a word with the manager who's very approachable and helpful."

We saw that each person who lived in the service had received a document that explained how they could make a complaint. In addition, the registered persons had a procedure that was intended to ensure that complaints could be resolved quickly and fairly. We were told that the registered persons had not received any formal complaints in the 12 months preceding our inspection.

Is the service well-led?

Our findings

Records showed that the registered manager had regularly completed quality checks to make sure that people were reliably receiving all of the care they needed. These checks included making sure that people received the practical assistance they needed, medicines were safely managed and staff were properly supported. We also noted that checks were being made of the accommodation and included making sure that the fire safety equipment remained in good working order. In addition, records showed that the registered manager had arranged for contractors to complete inspections of hoists, gas appliances and the electrical wiring installation to ensure that they remained in good working order.

However, we noted that some quality checks had not effectively identified and addressed the problems we have described in our report relating to shortfalls in the use of the DoLS and the adequacy of the records kept by the activities coordinator. Immediately after our inspection visit the registered manager informed us that new checks had been introduced which would ensure that these matters would be closely monitored in future so that any problems could be quickly identified and resolved.

People who lived in the service said that they were asked for their views about their home as part of everyday life. We saw an example of this when a member of staff discussed with a small group of people what attractions they would like to enjoy when the service held its annual summer garden party. We also noted that people had been invited to attend residents' meetings at which they could discuss with staff any improvements they wanted to see introduced. We were told that the registered manager had acted upon people's suggestions and so for example had made arrangements for a greater variety of external entertainers to call to the service. Speaking about their involvement in the running of the service a person said, "It's all informal which is good and we can all say what we want and the staff listen to us and try to do their best."

In addition, we found that relatives had been invited to complete quality questionnaires in order to give feedback about the service. Records showed that the registered manager had made changes in response to suggested improvements. An example of this involved a relative having expressed concerns about used crockery not being quickly returned to the kitchen. We saw that the registered manager had raised this matter with the kitchen staff to ensure that used crockery was quickly returned to the kitchen and during our inspection visit we saw this being done.

People and their relatives said that they knew who the registered manager and deputy manager were and that they were helpful. During our inspection visit we saw the deputy manager talking with people who lived in the service and with staff. They knew about the care each person was receiving and they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

We found that staff were provided with the leadership they needed to develop good team working practices that helped to ensure that people consistently received the care they needed. There was a senior member of staff in charge of each shift and during out of office hours there was always a senior manager on call if staff

needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. Staff said that they were well supported by the registered manager and they were confident they could speak to them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

The registered manager had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this involved the registered manager attending a local meeting run by the local authority to promote good standards of hygiene in order to reduce the risk of cross infection. We noted that people who lived in the service had benefited from this because the registered manager had followed guidance and completed additional checks to ensure that good infection control arrangements were in place.