

Stonehaven (Healthcare) Ltd

Frensham House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Frensham House a privately-owned care home for older people in Brixham, Devon. The home is registered to accommodate 14 older people, some of whom are living with dementia. On the day of our inspection there were 13 people residing at the home.

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

People and their relatives were happy with the care provided. One relative said they couldn't wish for a better home. Their family visited every day and always felt welcome. They praised the staff for "making their Mum so happy and well cared for." Peoples' comments included, "I love living here, you can't ask for anymore. They are all wonderful."

People had access to healthcare services and were involved in decisions about their care.

Partnerships with other agencies and health professionals enabled effective outcomes for people.

People's care was planned and risks to their safety and wellbeing were assessed. The service reviewed these plans regularly, involving people in these reviews and asking for their opinions.

Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

Medicines were managed safely. People and staff praised the manager and staff team and said they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the registered manager. One staff member said, "We are all treated like we are one big family: residents, families and staff alike. There is always plenty of support from the Stonehaven care group, along with our colleagues and especially our manager who I cannot fault, she does an amazing job."

The staff team was committed to providing a high-quality service. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well.

Care plans contained information about each person's individual support needs and preferences in relation to their care and we found evidence of good outcomes for people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Recruitment practices were safe and relevant checks had been completed before staff worked at the service. The registered manager actively sought the views of people and their relatives about the running of the service, and they dealt promptly with any concerns that people raised.

The provider had systems in place to monitor and improve the quality and safety of the service provided. There was a positive culture throughout the service. Staff told us they enjoyed working at the service and felt valued.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 26 October 2017.

Why we inspected

This inspection was prompted by a review of the information we held about this service and the length of time since the last inspection. This report only covers our findings in relation to the Key Questions Safe and Well Led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Frensham House

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 Health and Social Care Act 2008.

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 was carried out by 1 inspector.

Service and service type

Frensham House 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Before our inspection, we reviewed the information we held about the service which included statutory

notifications and safeguarding and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, 2 care workers, and 9 people who used the service. We spoke to 1 relative visiting the service. We looked at 3 peoples' care records and 3 staff records including safe recruitment; we also looked at various documents relating to the management of the service. Following our visit, we received further information from the registered manager, which included audits and feedback from a further 6 staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were safe and protected from avoidable harm. Legal requirements were met.
- There was a system in place to document and report safeguarding incidents. This included reporting to the local authority safeguarding team and the CQC.
- Staff had completed safeguarding training and staff we spoke with were able to demonstrate how they recognised signs of abuse and poor practice. Staff told us they were able to raise any concerns to the management team and were confident actions would be taken. One staff member said, "We are all treated like we are one big family: residents, families and staff alike. There is always plenty of support from the Stonehaven care group, along with our colleagues and especially our manager who I cannot fault, she does an amazing job."
- All the people we spoke with told us they felt safe and looked after by the staff.
- Staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their lives.
- Risk assessments covered preventing falls, moving and handling, nutrition, communication, skin integrity and choking. Risk management was thorough, for example there were few falls.
- The service used nationally recognised assessment tools, such as the Malnutrition Universal Screening Tool (MUST) and Waterlow pressure ulcer risk assessment tool. These are tools used to assess people's risk of pressure damage. This meant assessment tools were evidence based.
- Staff were very knowledgeable in wound care and knew the importance of regular repositioning of people. No-one had any skin damage.
- Maintenance information and record keeping of contractor visits were accessible. The home was well maintained and homely.
- Regular checks of the building and equipment took place, including fire safety equipment.
- Fire drills were regularly held, and people had individual personal evacuation plans in place to guide staff in the event of a fire.

Staffing and recruitment

- There were enough staff to keep people safe and meet their individual needs. We observed that people were attended to in a timely, unrushed manner. The registered manager used a dependency tool to determine staffing levels required.
- Staff had been recruited in a safe way. Appropriate checks were made of an applicant's work references, full employment history, relevant qualifications and of the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer.

The information helps employers make safer recruitment decisions.

- There was very little staff turnover. Most staff had worked at the service for many years which provided consistency and continuity for people living in the service.
- At the time of our inspection the service was not using any agency staff.
- People were very complimentary about the staff. Comments included, "The staff are very patient and always take time for me."

Using medicines safely

- Accurate records for the receipt, administration and disposal of medicines were kept. There were written protocols to guide staff on the administration of medicines prescribed 'as and when' required'.
- People received their medication safely and at the right time.
- Medicines were clearly recorded within people's medication administration records.
- Regular audits of medication administration took place to ensure continuous safety.

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.

Visiting in care homes

- The provider's approach to visiting followed the latest government guidance in relation to visiting in care homes and visiting was welcomed at any time, either in the garden pod or in the home.

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 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.

- The service was working within the principles of the MCA.
- Mental capacity assessments were completed for people. These had followed best practice and current guidelines. MCAs were decision specific, such as, can someone consent to bed rails being used, or do they consent to remaining at the care home. It was clear if a person was able to understand, retain, weigh up and

communicate their decision. When someone was not able to do this, a best interest checklist was completed with all relevant relatives and healthcare professionals.

- Staff empowered people to make their own decisions about their care wherever possible.
- We heard staff asking people for their consent before assisting them and offering people choices about how and where to spend their day
- Staff knew about people's capacity to make decisions and were able to communicate with people well in a variety of ways to support this.
- Staff demonstrated best practice around assessing mental capacity, supporting decision making and best interest decision making.
- Staff confirmed that they had undertaken training in relation to the MCA.

Learning lessons when things go wrong

- The service had an effective system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The registered manager explained that following any incident or accident, a review would be undertaken so that any learning or improvements could be considered to prevent any re-occurrences.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- There was a friendly, open, positive, and supportive culture at the home. We observed that staff interacted with people in a kind and considerate manner, treating them with dignity and respect. One relative said they couldn't wish for a better home. Their family visited every day and always felt welcome. They praised the staff for making their Mum so happy and well cared for. Positive reviews on a national care home website included, "Mum moved to Frensham House a month ago, I could not be more pleased with the standard of care she has received. It was heart-breaking having to place her in care, and the staff, from the manager to the care staff and cook, etc. - have been so kind to both Mum and me. She is so well looked after and seems to be much happier. I couldn't recommend Frensham House more highly. The staff are so caring and kind, they've really tried to get to know Mum and are so helpful and accommodating."
- The registered manager and staff were motivated to provide the best possible person-centred care and support for people, and we saw people enjoying their day and being well supported.
- The registered manager was visible and spent time with people and staff, carrying out a morning walk about every day. People and staff were complimentary about the registered manager and said they were very approachable, and they would have no hesitation in raising concerns or making suggestions.
- People all said what a lovely home it was, smiling and hugging the staff. Staff comments included, "Our manager is very approachable to deal with any work-related issues or any personal problems and I have no issues going to see her. The residents are very well looked after and all feel part of our family." Staff wanted to tell us about the lovely outings and how much people had enjoyed them. For example, a recent trip to the beach where they had seen a steam train and enjoyed ice creams.
- People and staff told us they felt involved in changes and were provided with opportunities to give feedback and offer suggestions for improvements. For example, best practice ideas from staff were used to improve care.
- Care plans included information about people's diverse needs and how these could be met. For example, supporting people with religious and cultural needs. Staff knew people well and were constantly checking people were well or noticing if they did not seem themselves.
- Staff and people described a caring, relaxed environment to live and work.

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; Continuous learning and improving care

- People using the service told us the service was well managed. Comments included, "I love living here, you can't ask for anymore. They are all wonderful."
- We had no concerns regarding duty of candour. We found the registered manager was open and

transparent throughout the inspection. They and the staff team were proud of the service they provided and clearly put people at the heart of all they did.

- There were systems in place to monitor the safety of the service and the maintenance of the building and equipment. This included audits of people's nutrition, medicines, staff records, care plans, health, safety, accidents, and incidents. We were shown examples of quality audits that had taken place at the home recently. This gave an overview of all the checks and audits that were completed on either a daily, weekly, monthly, or quarterly basis, with thorough provider oversight.

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

- The registered manager understood the importance of their role and responsibilities. They demonstrated a strong commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was achieved.
- The registered manager had a very good understanding of people's needs and maintained a good oversight of the service. They were thoughtful and cared about people's quality of care. For example, they made sure the garden was accessible and beautifully maintained so people could access those spaces and be involved in gardening if they wished. We heard how people who had been close to the end of their life had improved and were continuing to enjoy their time at the home.
- Staff were positive about working at the service and felt valued. They told us they were well supported. Comments included, "I find working at Frensham House is really a great experience and I am so happy to be a member of the team. I enjoy working here and it gives me immense pleasure to work with these people. The management is highly focused on providing a high standard of care to the residents and a good working environment for the staff."
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.

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

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf.
- There had been a recent survey carried out with relatives and people who used the service which showed good levels of satisfaction.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service.
- Regular relatives/residents' meetings were also in place. Many thank you cards further echoed relatives' satisfaction.
- The stable staff team ensured staff were familiar with people's needs and provided person-centred care. Staff all said how much they enjoyed their work and had job satisfaction.

Working in partnership with others

- Staff worked well with people, their relatives, and professionals to ensure people were supported safely and in the way they wanted.
- Records showed people were supported to access services in the community including GPs and specialist professionals to promote people's health and wellbeing when required.
- Information showed the service worked closely with others. For example, the local authority and other healthcare professionals and services to support the delivery of quality care provision.