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# Freestones Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 11 and 15 January 2016 and was unannounced. The service is registered to provide accommodation and personal care without nursing, for up to 19 older people including people living with dementia. On the day of the inspection 19 people were using the service.

The service had a 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.

The staff had a good understanding of what constituted abuse and of the safeguarding procedures to follow should they need to report any abuse.

Risks were appropriately managed to ensure that people were supported to make choices and take risks.

Staff had been recruited following safe and robust procedures and there were sufficient numbers of suitable staff available to keep people safe and meet their needs.

Systems were in place to monitor accidents and incidents so that preventative action could be taken to reduce the number of occurrences.

Robust arrangements were in place for the safe administration and management of medicines.

Staff had the skills and knowledge needed to support people appropriately and had regular training updates to maintain their skills. A programme of staff supervision and annual appraisals enabled the staff to reflect on their work practice and plan their learning and development needs.

People's consent was sought before providing their care and treatment. People who lacked capacity to make decisions were supported following the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People benefitted from having a balanced and varied diet. Their dietary needs were monitored and advice was sought from appropriate health professionals when needed.

People had regular access to healthcare professionals and were supported to attend health appointments.

Staff treated people with kindness and compassion, dignity and respect.

People had individualised and detailed care plans in place, which reflected their needs and choices on how they wanted their care and support to be provided.

Social, leisure and purposeful activities were provided for people to meet their individual needs and aspirations.

People and their representatives were encouraged to provide feedback on the service; complaints were taken seriously and responded to immediately.

The service was led by a registered manager who continually strived to provide a good quality service. The vision and values of the service were person-centred. People and their representatives were supported to be involved and in control of their care.

Effective management systems were in place to continually monitor the quality of the service.

## 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 were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to provide people's care and support.

Staff had been recruited using a robust recruitment process.

Robust arrangements were in place for the safe administration and management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and supported with regular supervision and appraisal.

People were provided with a varied diet that met their needs and preferences. They were supported to eat and drink sufficient amounts to meet their nutritional needs.

People had access to health care professionals and received appropriate care and treatment.

### Is the service caring?

Good ●

The service was caring.

People were able to make decisions about their care and support.

People were treated with dignity and respect.

People were given the privacy they required.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised and reflected people's individuality.

People were involved in decisions regarding their care and treatment needs.

Complaints were listened to and responded to appropriately.

### **Is the service well-led?**

The service was well-led.

There was a registered manager in post.

There was a positive open culture at the service where staff and people using the service felt included and consulted.

People using the service and their representatives were asked for feedback on the service they received. Their feedback was used to continually review and make positive changes to the service provision.

Robust management quality monitoring systems were in place.

**Good** ●

# Freestones 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 15 January 2016. It was unannounced and carried out by one inspector.

Before the inspection we looked at information from previous inspection reports and statutory notifications (statutory notifications inform us about important events that providers are legally required to tell us about by law). We also sought feedback from commissioners involved in reviewing the care of people using the service.

During our inspection we spoke with six people using the service, three relatives, the registered manager and four care staff. 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 talk with us.

We looked at the care records for four people using the service, two staff recruitment records and other records in relation to the provider's quality monitoring of the service.

# Is the service safe?

## Our findings

All the people we spoke with said they felt safe living at the service. One person said, "I feel very safe". Relatives said they had no concerns about people's safety at the service.

One relative said "I know the staff keep [name] safe, but I do worry about them coming down the stairs". They told us they had spoken with the registered manager about their relative moving to a downstairs room when a room became vacant. We observed that people could independently move around the environment and staff assisted people with mobility problems to move safely using appropriate equipment.

The staff told us they had received safeguarding training on recognising and reporting abuse, the training was also documented within the staff training records. Through our discussions with the staff we established they understood their duty of care towards keeping people safe from abuse and fully aware of their responsibility to report abuse.

We saw that a safeguarding policy was in place that highlighted the different forms of abuse and the reporting procedures. Records held at the service showed that the registered manager had made relevant safeguarding referrals to the local authority and had also informed CQC as required by law.

Visitors were required to sign a visitors' book on entering the building. This was so that staff knew who was in the building in the event of any emergency. It also reduced the potential risk of strangers entering the building, further safeguarded people using the service.

The staff told us they were aware of the accident and incident recording procedures. We saw within people's care records accident reports had been completed and people's risk assessments had been reviewed and updated as required following any accidents and incidents occurring. The registered manager told us they closely monitored all accident and incidents to identify any trends and where changes were needed to identify ways in which the risks of harm to people who lived at the service could be reduced.

Potential risks unique to each individual person using the service were identified through risk assessments being completed. For example, risks of falling out of bed and requiring the use of bed rails.

We saw that risk assessments regarding environmental safety were in place and guidance was available on what to do in emergency situations. People had individual evacuation plans in place in the event of having to leave the building in an emergency situation. The registered manager told us that fire safety equipment was regularly checked and the staff confirmed that regular fire drills took place. We saw this was also documented within the quality management audits carried out by the registered manager.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care service. We saw within the staff recruitment files that employment histories were explored, written references were obtained from previous employers and checks had been carried out through the government body Disclosure and Barring Service (DBS). There was an established team of staff employed at the service and the registered manager confirmed that external agency staff were not used.

People said the staff were always on hand to provide help when needed. One person said "The girls are lovely, they always help whenever I need them". Another person said, "The staff are very helpful, I like to spend time in my room, they always come and check on me to make sure I am alright". One relative said, "The staff are fantastic and are always immediately available to attend to residents' needs as and when they arise". The staff we spoke with felt there was enough staff to support people appropriately. We observed on the day of the inspection there was sufficient staff available to meet people's needs.

People's medicines were safely managed. People told us that they had no problems regarding their medicines. One person said, "I get my medicines given to me by the girls, I have never had any problems with them". Medicines were only administered by staff that had received full training. This was supported in the training records seen at the time of the inspection.

We observed staff administering medicines to people and noted they asked people if they needed any medicines prescribed to treat pain. They respected people's wishes and took the time to give people their medicines carefully, supporting people in a calm and relaxed manner. People were receptive towards the staff approach. The registered manager carried out regular audits on the medicine recording and storage systems and we also saw that external audits had also been carried out by a visiting pharmacist and no areas of concerns had been identified during the audits.



## Is the service effective?

### Our findings

People said they thought the staff providing their care were trained to meet their needs. One person said, "The staff seem to know what they are doing, I have never had any cause to think otherwise". Another person said, "The girls know how I like my care to be provided, I feel confident they are trained to a good standard". One relative said, "The care and attention given to my [family member] by all the staff is top notch".

Staff confirmed they completed induction training when they first started working at the Service. One member of staff said, "The training is very good". The registered manager told us that all staff were assigned to work alongside an experienced member of staff when they first started working at the service. The registered manager also told us they signed up to using Health and Social Care students through the apprentice scheme at a local college. They said that many of the students had stayed on to work at the service permanently on completion of their training.

Staff training records showed that all new staff were provided with induction training that included areas such as, safeguarding, fire safety, moving and handling, food hygiene and infection control. We also saw that service user specific training was provided to ensure staff could meet the full range of people's needs. This included training on areas such as dementia care, pressure area care and nutrition.

Relatives spoke highly about the care their family members received. One relative said, "I have every confidence in the staff, there are a lot of younger staff but they are very mature and professional". During our inspection we observed staff providing people with care; their actions demonstrated they had the right skills and knowledge to care for people living at the service.

The registered manager told us they had regular meetings with the staff to provide them with the opportunity to reflect on their work performance and identify any further training needs. Records seen also evidenced that staff received regular supervision.

People told us that staff always sought their consent and offered them choices before supporting them with their care. One person said, "The staff never assume anything, they always ask first". The staff confirmed that they asked people for consent before providing any care and throughout our inspection we observed staff providing people with choices and seeking their consent.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and DoLS and whether conditions on authorisations to deprive a person of their liberty were being met. The manager was aware of their responsibilities under the MCA and DoLS codes of practice. They informed us of people using the service who had their liberty restricted and we found that related assessments and decisions had been properly undertaken.

People were complimentary about the food and drink they received at the service. One person said, "The food is very good, if there is anything I fancy that is not on the menu the girls will always try to accommodate". Another person said, "There's plenty of choice, plenty of food and you can have as much as you want, if you don't like what's on the menu you can have something else". Another person told us they could choose whether they wanted to take their meals in the dining room or in their own room. One relative said, "The food is top quality".

During the inspection we observed staff serving people with beverages. People were offered a choice of hot and cold drinks and a selection of biscuits to choose from and it was evident the member of staff knew people's individual preferences. We also saw that jugs of juice and water and bowls of fresh fruit were made available for people to help themselves.

We observed people being supported to eat and drink over the lunchtime. When being seated at the tables the staff offered people a choice of cold drinks and the meals were served by the care staff. We observed that people were supported discreetly by staff to enable them to maintain their independence with eating and drinking. We also saw within people's care records that support was provided for people to access appropriate health professionals, such as the dietician and/or speech and language services to meet their nutrition and hydration needs.

People said they could see their GP whenever needed. One person said, "The staff would not hesitate to contact my doctor if I was not feeling well". Relatives said the staff contacted them whenever their relatives were unwell. One relative said, "The staff at Freestones will always inform the family if there is any change in circumstance or illness, they communicate any changes following Dr's visits and any changes of medication". Another relative said, "The staff contact the doctor straight away if [name] is not well, I have no worries at all about that, they always keep me informed".

One relative said, "My [family member] has been living at the home for a number of years and is now in the late stages of Alzheimer's, they are now cared for in bed and have limited verbal communication. The care [family member] receives is consistently good in all areas. The staff make them as comfortable as possible and any concerns they have are referred immediately to the doctor. They also notify us of any changes in condition and we are always kept informed at all times". We saw records within people's care plans that evidenced the staff promptly contacted the GP or relevant healthcare professional in response to any concerns about people's health conditions.

## Is the service caring?

### Our findings

One person said, "I like it here, I like the company". Another person said, "The staff always have time for you". We observed interactions between people using the service and the staff, there was a light-hearted ambiance and lots of laughter, people and staff joked together and it was evident they enjoyed each other's company. One person said, "We enjoy each other's company, we have made friends here".

We noted that people were well dressed and on the day of the inspection a number of women had their hair done by a visiting hairdresser.

We observed the staff worked with people in a calm manner, going at their individual pace. They took time to fully explain what they were doing and stopped what they were doing to sit and spend time to chat with people. It was evident from their actions and discussions with the staff that they took the time to get to know people and build up strong relationships. People were addressed by their preferred names and the staff responded to requests for assistance quickly.

During the inspection we observed staff were professional in their approach towards meeting people's care needs, for example, staff assisted people to move and transfer from their armchairs into wheelchairs using moving and handling equipment and hoists. We noted they explained to people what they were doing, and what needed to be done to ensure they moved safely, they gently encouraged people to co-operate and assist with the manoeuvres.

People and their representatives were involved in making decisions and planning their care. We saw that each person was encouraged to share information about themselves such as, important events in their lives and the things that mattered to them the most. The information helped tailor the care provided so that people's specific needs and preferences could be met.

The care plans we reviewed contained information about people's choices and preferences, for example, hobbies, interests, likes and dislikes. People using the service and their relatives told us they were involved in the setting up and the ongoing reviews of their care plans. We saw that some people had signed to show they were in agreement with the information contained within their care plans. Where this was not possible, due to lack of capacity they had been signed by the person's representative or family member. We also saw that confidential information about people's care was only shared with professionals involved in their care.

People were supported to maintain relationships with people that mattered to them. People using the service and relatives said they could visit as often as they were able to. One visitor said, "I come here every day to see my [family member]". Another relative said, "Visitors are warmly welcomed to the home at any time and can stay for as long they wish to". All the relatives we spoke with talked of the service having a 'relaxed, homely feel'. One visitor said, "The home has a warm and cosy feel to it".

People told us the staff treated them with respect and ensured their privacy and dignity were promoted. The staff understood what privacy and dignity meant in relation to supporting people with personal care. We

observed that staff knocked on people's doors and waited to be invited in before entering. They addressed people by their preferred name and discussed confidential matters in private.

## Is the service responsive?

### Our findings

Some people were more aware than others about having a care plan in place. All the relatives we spoke with said they were involved in reviewing their family members' care plans with the staff.

The care plans we reviewed contained sufficient information about people's needs. We saw documentation that supported that the care plans were regularly reviewed and updated as and when people's needs changed.

People were supported to engage in hobbies and interests according to their individual choice and preferences. One person said "There are plenty of activities, but you are not pressurised into doing anything". During the inspection we saw that people were engaged in various activities; one person was taking great delight and interest in reading out extracts from a wildlife book they were looking through. A small group of people had a game of carpet bowls with the staff, another person was watching TV and said they were waiting to see the news as the English astronaut was about to do a live space walk from the international space station. One person told us they preferred to spend time alone in their room reading and doing crosswords and puzzles. We saw they had a good selection of reading materials and puzzle books.

The entertainment and activities offered for people was based on each person's individual preferences, they included, listening to music, the radio, watching favourite TV programmes, armchair exercises, board games, reading the newspapers and keeping up with current affairs.

There was a complaints procedure in place and information on how to complain was available throughout the service. People told us they did not have any complaints about the service. One person said, "I would speak to the manager if I was worried about anything". The registered manager told us they had not received any complaints from people using the service or relatives.

## Is the service well-led?

### Our findings

There was a registered manager in post and all of the people and relatives we spoke with knew who the registered manager was. One person said, "Because it is a small home, we have that close family feel, the manager and all the staff are very friendly and approachable". Another person said, "Freestones are a professional organisation they provide the highest quality of care for their residents, it is a very highly thought of care home, it has a first class reputation with rooms that are considered sought after".

One relative said, "Due to the fact that my [family member] has been there for a number of years I am in the position to be able to say that the staff and owners are extremely good and I have no hesitation in recommending the establishment to others and have done on a number of occasions".

People using the service and their representatives said they were involved in making decisions about their care and relatives commented that they were kept informed about people's changing needs. One relative said, "I am fully involved in all decisions about my [family member's] care, when [name of person] came to live here it was like a large weight lifted off my shoulders. We went to look around several homes and chose here because of the homely feel it had, we have never regretted it".

Feedback from other professionals involved in monitoring the service was positive. All the staff confirmed they enjoyed working at the service and their comments indicated that they felt valued and involved in decisions making.

Staff told us that they received support from the registered manager and the senior staff team. One member of staff said, "I am really pleased I came to work here, I have built up good relationships with the staff and the residents. The manager has an open door policy and is always approachable".

The staff told us they had regular meetings with the registered manager, they said they were used to share information and ideas. We saw minutes of the meetings that demonstrated staff discussed areas for improvement that had been identified through the quality monitoring audits and areas of good practice were shared.

We found that the day to day management of the service fostered a culture of openness and transparency. Information held by the Care Quality Commission (CQC) showed that we had received all required notifications. Notifications are sent by the provider informing us about important events which the service is required to send us by law.

The staff were aware of their responsibilities to safeguard people. A whistleblowing procedure was in place and the staff were able to describe what they would do to raise any concerns about people's safety or welfare directly outside of the service.

Established systems were in place to seek feedback from people using the service; the registered manager listened to the feedback to improve the service. We looked at records of a quality survey that was carried

out in May 2015 and saw that comments received from people about the service were positive. Relatives had commented about their loved ones putting on weight since moving into the service and their overall health improving. They said the staff always made them feel welcome, that the service had an atmosphere of friendship and intimacy. They also said that they thought people were cared for in a professional manner.

People and relatives told us that the service arranged regular meetings to provide them with updates about the service and to provide a platform to discuss ideas for improvement and any concerns they may have. We saw evidence that the meetings took place on a regular basis, and that feedback was given to people when points were raised.

The registered manager carried out regular checks to ensure that care was provided in line with people's care plans. They also carried out regular management checks to the staff recruitment and training records and the medicine records and storage systems.