

Ablecare Homes Limited

Frenchay House

Inspection report

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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



Overall summary

We undertook an unannounced inspection of Frenchay House on Tuesday 6 October 2015. When the service was last inspected during January 2014 no breaches of the legal requirements were identified.

Frenchay House provides accommodation for people who require personal care to a maximum of 30 people. At the time of our inspection, the service was undergoing significant refurbishment and maintenance so had reduced admissions to allow for this. At the time of our inspection, 23 people were living at the service.

A registered manager was in post at the time of inspection. 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 service had not ensured that all risks associated with people's individual medical conditions had been

Summary of findings

assessed or care being appropriately planned to ensure their safety. The absence of care planning had resulted in staff having conflicting knowledge that placed people at risk.

People and their relatives felt safe at the service and spoke positively about their relationships with staff. Staff understood how to respond to suspected and actual abuse. There were sufficient staff on duty to keep people safe and recruitment procedures were safe. The service was clean and people's medicines were managed safely. Equipment was regularly maintained to ensure it was safe to use.

People and their relatives said staff at the service provided effective care. Staff received appropriate training to provide a good standard of care. Additional training to meet the needs of people at the service was provided. Staff were supported through supervision and the registered manager told us an appraisal programme would soon be commenced. Staff had the opportunity to obtain national qualifications with support from the provider.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. Staff were aware of how the Mental Capacity Act 2005 impacted on their work and

demonstrated how they empowered people through choice. People received appropriate support with their nutrition and hydration and had access to healthcare professionals where required.

People and their relatives gave good feedback about care the staff at the service provided. The services compliments log also contained similar positive information. Staff knew people well and we made observations to support this. People's visitors were welcomed to the service at any time and staff told us they had good relationships with people's relatives.

People and their relatives felt the service was responsive to their needs and we made observations to support this. Care records contained personalised information and staff used this information to provide person centred care to people. The service provided activities for people to partake in within the service itself and in the local area. The service had a complaints process which people and their relatives felt they could use.

People and their relatives knew the management structure within the service. Staff told us they worked in a positive environment and that they could raise suggestions. The provider and registered manager had systems to monitor the quality of care provided and auditing systems to monitor records and documentation used by staff.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 consistently safe.

People were not fully protected from risks due to the absence of care planning and risk management guidance.

Staff knew how to identify and respond to abuse.

People's medicines were managed safely.

There were sufficient staff on duty and recruitment was safe.

The service was clean and appropriate audits of cleanliness were completed.

Requires Improvement



Is the service effective?

The service was effective.

People told us staff provided effective care.

Staff received appropriate training and were supported through supervision.

The service worked with GPs and other healthcare professionals where required.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported with their nutrition and hydration.

Good



Is the service caring?

The service was caring.

People and their relatives spoke positively of the caring staff at the service.

There were good relationships between people, their relatives and the staff team.

Staff were aware of people's preferences and knew people well.

People's visitors were welcomed at the service.

Good



Is the service responsive?

The service was responsive to people's needs.

People received care which met their needs.

People's care records contained personalised information.

Activities were provided for people within the home and in the local area.

The provider had a complaints procedure and people felt able to complain.

Good



Summary of findings

Is the service well-led?

The service was well-led.

People and relatives spoke highly of the management team at the service.

Staff felt supported and valued by the management team.

The registered manager communicated with staff and staff felt they could express their views and opinions.

People and their relatives were asked for their views and action was taken where required.

There were quality assurance systems to monitor the quality of the service provided.

Good



Frenchay House

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 was carried out by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. When the service was last inspected during January 2014, no breaches of the legal requirements were identified.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR and

information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Some people in the home were living with dementia and were not able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home such as undertaking observations. This included observations of staff and how they interacted with people and we looked at five people's care and support records.

During the inspection, we spoke with six people and one person's relative. We also spoke with seven members of staff. This included the provider, the registered manager, the deputy manager and care staff. We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

Although risks to people were generally assessed and plans were in place to reduce these risks, we found the service had not safely planned care delivery around specific medical conditions to meet people's needs. We reviewed the care records for a person living with diabetes. The care records showed the district nursing team managed the administration of insulin on a daily basis. However, we established the service monitored the person's blood sugar levels daily in the evening. This was not evident through reading the person's records.

There was no guidance that showed how the person's diabetes should be managed to ensure their safety. For example, despite the service being responsible for the monitoring of the person's blood sugar level, there was no record of what the person's normal blood sugar level range should be, or the actions staff should take if the person's blood sugar was outside of either the maximum or minimum safe range. There was no guidance for staff on the signs that may indicate the person was unwell as a result of abnormal blood sugar levels and the actions the staff member should take to ensure their safety. We spoke with two senior members of staff about the person's diabetes. They gave conflicting information about what they believed was the person's normal safe blood sugar range. The lack of care planning around the person's diabetes presented a risk they may receive unsafe or inappropriate care.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with and their relatives spoke positively about the service and told us they felt safe. No negative comments were received in relation to people's safety or how the staff that provided care supported them. One person we spoke with told us, "I always get my medicines on time." One person's relative commented, "I am really happy he's safe here."

The provider had appropriate arrangements to identify and respond to the risk of abuse. There were appropriate policies in place for safeguarding and staff had received training. Staff understood their duties in relation to reporting suspected or actual abuse. They explained how they report concerns internally to senior management or to external agencies such as the Commission or the local

safeguarding team. Staff understood the concept of whistleblowing and how they could confidentially report any concerns they may have about the service. The provider had appropriate policies in place to support staff should they wish to report concerns through whistleblowing.

The registered manager had undertaken a monthly review of reported incidents and accidents. This review was to identify any patterns or trends in incidents and accidents and was aimed at preventing or reducing reoccurrence through intervention and support for people. We saw that these reviews involved the use of a clock face to mark the times of incidents to establish if incidents were happening at a specific time. There were floor plans of the building to establish if certain locations were part of a pattern and each incident was reviewed and commented on by the registered manager or a senior member of staff. Recent reviews showed no trends in the reported incidents or accidents.

There were sufficient numbers of staff on duty to support people safely and meet their needs. People and their relatives said there were sufficient staff available and our observations supported this. Staff we spoke with did not raise any concerns about the current numbers of staff and felt people's needs were met. The registered manager told us used a set number of staff within the home which met people's needs. They told us the service were currently recruiting for a small number of vacancies and had been using agency staff to cover additional shifts where required. We established that when agency staff were used, the same member of staff was employed to ensure continuity of care was provided.

Staff files showed that appropriate recruitment procedures were followed before new staff were appointed. There was an application form, employment references and photographic evidence of the person's identity. A Disclosure and Barring Service (DBS) check had been completed for all staff. The DBS ensures that people barred from working with certain groups such as vulnerable adults are identified.

The ordering, retention, administration and disposal of people's medicines was safe. Records showed people's medicines were given to them when they needed them and no recording concerns on people's medicine administration records were identified. Medicines were stored safely in locked and secured trolleys within the

Is the service safe?

service. Medicines that required storage in accordance with legal requirements were also stored correctly. Registers of these medicines matched the stock numbers held.

Medicines that required cold storage were stored correctly and appropriate records were maintained for refrigerators and for room storage temperatures of medicines.

We found the service was clean and domestic staff were employed daily to maintain standards of cleanliness. There was liquid anti-bacterial gel available at the entrance of the building and we made observations that staff wore personal protective equipment such as gloves and aprons when required. The registered manager had an auditing system to monitor the cleanliness and safety of the environment. Recent audits had highlighted matters such

as fraying carpets and cracked kitchen tiles that had been reported to the provider. It was noted within a down stairs toilet the bin was hand operated. To ensure full compliance with the standard, pedal operated bins reduce the need for people to use their hands and reduce the risk of cross infection.

Equipment used within the home was maintained to ensure it was safe to use. Records showed that equipment such as specialist bathing equipment and the passenger lift were regularly serviced. Additionally, we reviewed records that showed the water temperatures within the service were regularly tested to ensure they were safe and specified electrical equipment was subjected to an annual portable appliance test.

Is the service effective?

Our findings

People and their relatives were positive about the effectiveness of staff and the care provided. A relative we spoke with commented how the effective care provided by staff had resulted in an improvement in their health. They commented, "The staff are very good at encouraging resident's to eat. My relative is doing so much better now."

Staff received appropriate training to carry out their roles. Staff we spoke with told us they felt they received sufficient training and were supported by the registered manager and provider with additional training. We reviewed the training record for the service which showed staff had completed training in key areas to support them in providing effective care to people. This included first aid, moving and handling, safeguarding, infection control and food hygiene. We also saw that with the support of the provider, some staff had complete national qualifications in Health and Social Care and others were currently working towards a diploma.

Staff received additional training to assist them in understanding and supporting some of the people they cared for. The training record showed that training in dementia awareness was provided for staff. Additional training in how dementia can affect people's nutrition and hydration and how to respond to people with dementia was provided. The record showed that additional training how to care for a person at the end of their life, record keeping and equality and diversity was provided. Staff all commented they found this training valuable to support the people they were caring for. It was highlighted to the provider that only a small number of staff and received training in diabetes and there was currently a person in the service being supported to manage this condition. The provider told us they had a training package available and they would ensure that additional staff would undertake this training

We saw that staff were supported through regular performance supervision by the registered manager. Staff told us they received supervision and the registered manager produced the supporting documents. Supervision records showed that matters such as the staff member's performance and role were discussed, together with training and development needs, people's care needs, safeguarding and any matters agreed at the previous supervision. We spoke with the registered manager

regarding annual staff appraisal. They acknowledged that although these had not been completed recently, they were soon to be commenced, so staff would receive an annual appraisal of their performance and objectives could be set for the following year.

New staff received an induction. The provider's induction was aligned to the Care Certificate. They produced the documentation to support this. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. On the day of our inspection new members of staff were receiving this induction training.

People received the support they required to access healthcare services when needed. For example, we saw from a review of people's care records that when the person or service had a concern, a person's GP was called. In addition to this, we also saw the service communicated with and received support from the local district nursing team. Other healthcare professionals such a community psychiatric nurse, opticians and chiropractors also supported people with their healthcare needs when required.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. We spoke with the registered manager who was aware they had the responsibility for making DoLS applications when they felt they were required. At the time our inspection, there were four people within the service who were lawfully being deprived of their liberty. Records showed that additional applications had been made and the service was awaiting the appropriate action from the local authority to progress these applications.

The service had complied with conditions imposed as part of a DoLS authorisation. Within a DoLS authorisation, the local authority who had granted the authorisation may impose a single or set of conditions on the service as part of the authorisation. This could be to ensure the person's care needs are met in the least restrictive way possible or to ensure their health needs are met. The service is obligated

Is the service effective?

to meet the conditions set within the authorisation. Following a review of people's care records, we saw that where specific conditions had been imposed, the service had actioned these conditions where required. For example, where conditions had been placed to liaise with the local mental health service the appropriate referral had been made and liaison with other social care professionals had been completed.

Staff understood the Mental Capacity Act 2005 (MCA) and records supported they had received training in this area. Staff knew how the MCA was relevant to how they supported the people they cared for. Staff gave examples and we made observations of how people were supported with decisions during their daily lives. For example, staff explained how offered choices to people in relation to their personal care, what they wore and what people did during the day. Staff also gave examples of how they respected people's decisions when they made choices not to receive

care and support at a particular time. They told us that if a person declined support at a certain time, they would offer support again later in the day but would always respect the person's wishes.

People received the care and support they needed from staff to ensure they ate and drank sufficient amounts. People's weights were recorded regularly and where required there was a nutritional risk assessment in place to ensure people's assessed needs were met. Where people were assessed as requiring a meal of modified consistency to aid swallowing and reduce any associated choke hazard, they received the support they required. Where required, appropriate food and fluid charts were maintained to monitor people's nutritional needs. We observed the lunch period and observed that staff were attentive to people and support and encouragement was given to people when necessary. Staff knew people's individual choices and if they had a dislike then the kitchen provided alternatives.

Is the service caring?

Our findings

We received positive feedback from people and their relatives about the care provided to them by the staff at Frenchay House. All of the comments we received from people were positive with no information relating to poor care or support being received by any of the inspection team. One person we spoke with commented, "I like living here, it's my home. The girls are really good to all of us." Another person said, "It's really good and the carers look after us so well."

We made positive observations of the care provided by staff and where needed, people who became upset or distressed received the support they needed from staff. For example, we observed that one member of staff had time to sit with a person for over 20 minutes and read the newspaper with them, discussing the articles and news stories between them. Staff encouraged a resident who liked singing to join in on a song which they did several times. The person was laughing and smiling and said, "It makes me happy when I sing."

Staff and people spoke together about the summer fair and their plans to sing at Christmas for their relatives and friends. Staff were witnessed supporting a person who became agitated, engaging with them in a personal way to diffuse the feeling this individual was experiencing. The interaction displayed trust between the staff member and how the staff member worked in a person centred way. This was also noted when a member of staff was witnessed being reassuring, compassionate and caring to a person who had become upset after finding a photograph of a loved one in their bag. The member of staff sat with them and held their hand and listened to them talk about this person.

Staff we spoke with understood people's care needs well and it was clear they aimed to deliver care in the best possible way to people. Through discussions with different

staff, it was evident they all wished to give people a high level of care. Staff knew people's preferences for things such as meals and drinks, but also demonstrated an awareness of their care needs. For example, where people required support to be repositioned in their bed to reduce the risk of skin damage or a pressure ulcer, staff were aware of the frequency the person should be repositioned.

Although the records for the repositioning on the person were mostly completed to the required standard, we highlighted a small number of recording omissions made by staff. The provider told us this would be addressed. We observed staff interacting with some people whilst painting the person's nails. Whilst doing this, staff engaged in conversation which displayed they knew about the person's individual backgrounds and likes again demonstrating they had a good knowledge of the people they cared for.

We reviewed the compliments folder at the service. There were several compliments, all of which reflected the feedback we had received from people and their relatives. We looked at the most recent compliments received and recorded a sample of the content. The first read, "Thank you for all of your care." Another person commented positively and wrote to say they were, "Happy recommend Frenchay House to others." We saw within the compliments some communication from people's relatives. A first comment read, "I feel impelled to thank the members of staff who care for patients." A further relative said, "Thank you for the care to my Mum."

People could be visited by their friends and relatives at any time of day. There were no restrictions on people's relatives or friends visiting the home and relatives were welcomed at any time of the day. Staff spoke about their open relationship with family and friends of people. Staff told us they felt that, "Building good relationships with relatives" was a key part of providing good care.

Is the service responsive?

Our findings

People and their relatives told us that care was person centred and that their needs were met. People and their relatives commented that the service was responsive to their needs and the inspection team made observations to support this. One relative we spoke to told of how the service had ensured that moving their relative during recent renovation was done in line with their needs. They explained how the person's items were moved to replicate their original room and that communication was excellent. The relative told us the move had not caused any distress or worry and described it as, "Seamless."

The provider had introduced a system to ensure staff could access important information about people quickly and be responsive to their needs. We saw that an information folder had been created for current, new and agency staff. The information within the folder was an overview of every person in the service. It showed information such as the person's individual care needs, their hot drink preferences, where they preferred to have their meals and any significant medical conditions such as diabetes. This meant that new staff or agency staff who may not be familiar with people could instantly access information to provide personalised care.

During the inspection we saw examples of how staff responded to meet people's care needs. For example we observed that people had the mobility equipment to hand when they were assessed as needing it. People received the required level of support from staff when moving around the service. When people asked for support to go to a different area of the service, for example the lounge or their bedrooms, staff were attentive to their needs. People who requested drinks throughout the day received them.

There were systems to ensure that care reviews and the reviews of people's risk assessments were completed. People and their relatives were involved in these reviews to ensure that care provided was in line with people's preferences. People's care records demonstrated that care reviews had been effective. Where records and assessments had been identified as requiring updating or altering this had been completed.

Care records showed additional information about people's life histories. Information such as where people were born, their immediate family members and their

employment history was recorded. This information can be of great value to aid communication when supporting people living with dementia. There was also information on individual preferences and interests. Records gave examples of what things that individual liked and disliked and their individual preferred daily routines. During observation of staff interaction with residents it was clear they knew this information and could apply this knowledge to the way they worked with individuals.

People had personalised rooms with items important to them. We saw within people's rooms that items such as soft toys, photographs and personal keepsakes were present. This ensured that people had items significant to them to aid in recollection of their family and historical events throughout their lives.

A range of daily activities were available for people to participate in. People were observed being involved in activities throughout the day with staff. We saw that painting of Halloween masks and pumpkins was being done by some people in preparation for a forthcoming Halloween event. Staff spoke of the activities available for people and there was an activity board in the corridor which displayed activities for the forthcoming week. Staff demonstrated their need to be flexible with activities as people may change their mind about whether they wished to partake in activities at short notice. The current regular activity co-ordinator was moving onto the care staff team so a new co-coordinator was being recruited. We saw that people were asked if they wished to be involved in the activities and if they declined this was respected by staff.

The service also had external activities for people to participate in. People had the advantage of having access to a minibus frequently to access the local area. Staff and people we spoke with told us they enjoyed going out in the minibus. We saw that recent local trips included trips to Tintern Abbey, Bath, Portishead and Weston-Super-Mare. Photographs of these trips were displayed in the entrance foyer. In addition to this, a Holy Communion service was held monthly for people who wished to attend.

People and their relatives felt able to complain or raise issues within the home. The home had a complaints procedure and this information was available to people and their relatives. The complaints brochure gave guidance on how to make a complaint and the timelines and manner in which the provider would respond. There was information on how to escalate a complaint to the local

Is the service responsive?

government ombudsman should this be required. We reviewed the complaints record within the service that

showed a total of one formal complaint had been received during 2015. The service had acted and responded in accordance with their policy when responding to this complaint.

Is the service well-led?

Our findings

People and their relatives told us they were aware of the management team within the service and knew who to approach should they require any guidance, assistance or support. We received positive feedback from people and their relatives about the registered manager and senior staff. One person's relative commented, "There are good communications between the home and family. Everything they can do they will to make Dad feel at home." The relative also described the registered manager as, "Very approachable."

Staff felt supported by the registered manager and senior management team. We received very positive feedback from staff about the registered manager and senior staff at the home. One member of staff commented the registered manager was, "Amazing." All staff we spoke with felt supported and said they could raise any concerns with management. Staff felt that the registered manager was approachable.

The registered manager was described as being 'visible' and 'hands on' and continually engaged with the staff team. Staff said that the home had a good atmosphere and was a 'nice place to work'. We received positive comments about how the service had changed in the previous year since the registered manager was appointed. Staff said they felt able to contribute to the service and suggest ideas. Staff said they worked well as a team and supported each other. Staff said the use of agency staff had decreased which was beneficial to people and the staff team as it provided continuity in people's care.

Messages were communicated to staff through meetings. Meetings were held with staff periodically to discuss matters important to the running of the service and to the people living within it. Staff confirmed they had attended these meetings and we reviewed the supporting minutes. These showed that matters such as the cleanliness of the service, staff handovers, meeting people's needs and keyworker roles were discussed.

The provider, registered manager and some senior staff attended a weekly meeting to discuss higher level business matters within the service. We saw from the supporting

minutes that financial matters, training, new people arriving at the service, Deprivation of Liberty (DoLS) applications and staff matters were discussed. This demonstrated the provider and registered manager communicated frequently about the service to ensure important business information was shared.

The provider and registered manager held meetings with people and their relatives to receive feedback. These meetings were held approximately every six months and the last meeting was held in May 2015. We saw from the minutes that this meeting was used as an opportunity to communicate messages about the progress of the building work. Other matters such as menu choices were discussed and people and their relatives were actively encouraged to make suggestions. We saw from the minutes an action plan had been produced, this included to communicate more frequently about the building work and to develop new menu ideas which was being undertaken.

A survey was distributed to people, their relatives and healthcare professionals in February 2015 to obtain their views of the service. Positive comments were noted that included, "Everyone is nice, home is clean and everything is fine." People's relatives were asked to comment on matters such as the home itself, the activities provided and the feedback and information they received. Feedback in the main was positive, with one relative commenting, "The atmosphere of the home is always nice, calm and welcoming." A visiting GP who completed the survey described the service as, "A very well managed home."

There were appropriate governance systems to monitor the health, safety and welfare of people. For example, There were infection control audits and medicine audits completed. The provider completed a monthly self-assessment against the five key questions the Commission review as part of our inspection methodology and the key lines of enquiry. We saw that where areas for improvement were identified, an action plan was created and the action signed off when completed. Additional quality assurance systems were completed by the provider in relation to checking care records, audit completions, fire safety records and Deprivation of Liberty (DoLS) applications.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not consistently undertaken or maintained an accurate assessment of the risks to the health and safety of service users.</p> <p>Regulation 12(2)(a) and 12(2)(b)</p>