Frome Care Village Limited

Frome Care Village

Inspection report

Styles Hill
Frome
Somerset
BA11 5JR

Tel: 01172872566

Date of inspection visit:
03 September 2021

Date of publication:
18 October 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Frome Care Village provides care and accommodation for up to 60 older people in two separate buildings. Woodlands provides nursing care in a purpose built building and The Parsonage is an adapted building for people living with dementia. At the time of the inspection there were 55 people at the service.

People's experience of using this service and what we found
The environment where people were living was not always safe from the risk of fire, well maintained or clean. Governance systems had not ensured that all areas of the service were monitored and improvements made where shortfalls were identified.

Accidents, incidents and safeguarding concerns were reported and managed. Systems within the service were not always effective in communicating these outcomes.

Procedures were in place to ensure the risk of infections were managed and reduced. Medicines were administered safely. Safe recruitment procedures of new staff were in place. Staff felt supported by the provider.

Staffing changes and shortages had impacted on the service however the provider was working to address these.

People were supported by staff who were kind, caring and committed. Staff were responsive and attentive to people's support needs.

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

Rating at last inspection
The last rating for this service was good (published 2 December 2020).

Why we inspected
We received concerns in relation to the management of safeguarding, staffing and infection control. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Frome Care Village on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Regulation 15 (Premises and equipment) and Regulation 17 (Good governance) at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Frome Care Village

Detailed findings

Background to this inspection

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

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

Inspection team
The inspection was conducted by three 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

Service and service type
Frome Care Village 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.

The manager had changed since the last inspection. The new manager was not yet registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

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

During the inspection
We spoke with seven people and twelve staff members which included the manager. We reviewed a range of records. This included five people's care records and 24 medicine records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, infection prevention and control systems and audits were reviewed.

After the inspection
The Expert by Experience spoke to nine relatives by telephone. We continued to seek clarification from the provider to validate evidence found. We looked at training data, fire risk assessments, staffing rotas and organisation policies. We received feedback from three health and social care professionals.

Requires Improvement

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People were living in premises which were not well maintained. We found areas requiring repair throughout the service. Some wardrobes were broken and not fixed to the wall securely which meant they could potentially topple over onto people. Curtains were ill-fitted, there was worn flooring, chipped paint and bathroom tiles.
- Fire risk assessments had been conducted in April 2021. There were a number of mandatory actions which had been identified to ensure fire safety standards were being met. We could not be assured these areas had been rectified. Following our inspection, we referred our findings to the fire service for further investigation.
- People were at risk due to the environment. For example, we found toilet seats which were not fixed properly, meaning people could slip or get their skin trapped. A relative said, "The home's decor needs a complete refurbishment. In my relative's room there is a wardrobe which has a door hanging off and some of the drawers will not shut."
- People were living in an environment that was not clean and hygienic. Areas of the service were observed to be unclean. For example, handrails were dirty and carpets were not clean. Cleaning schedules were not available for review at the inspection. The service's lack of cleanliness was acknowledged by the provider and steps were being taken such as ensuring there were enough staff in dedicated domestic roles.
- One relative told us they had raised the cleanliness of their relative's room with the home. "[Name of person] room looked unkempt, dishevelled and untidy, the following week the room looked a lot better and it had definitely been cleaned." Another relative commented, "I am not sure how clean everything is."
- People were at risk of accessing food which was potentially harmful. Food and drink stored in mini kitchens had not been dated on opening, which may mean it is no longer safe to consume. We also found items which could pose a risk to people in an unsecured cupboard such as nail polish remover, deodorant cans and cartons of thickener.

This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Checks were conducted on safety systems and equipment. For example, gas, water and mobility equipment.
- Individual risks had been identified for people. For example, around health conditions, mobility and known behaviours. Strategies directed staff in how to support people.
- 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 making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse
● Systems were in place to protect people from abuse. People told us they felt safe. A relative said, "I am reassured my relative is safe here." Another relative said, "Staff seem friendly and caring."
● Staff had received training in safeguarding adults. Staff knew how to identify and report safeguarding concerns. The manager was clear about how safeguarding concerns should be reported to the local authority and Care Quality Commission.
● Actions were taken in response to safeguarding concerns. However, this information was not always visible in safeguarding records or in communications to staff. One staff member said, "I wouldn't know what had happened with a safeguarding outcome."

Learning lessons when things go wrong
● Accidents and incidents were reported, recorded and managed at the time. However proactive action to prevent recurrence was not always taken or disseminated to staff.
● Communication to share and learn from when things had gone wrong, such as safeguarding and incidents was not consistently effective. For example, an incident where a hot drink was thrown on a person was not in the communication book for staff awareness. We have reported on this further in the well-led domain.

Staffing and recruitment
● We were not able to determine if staffing numbers were kept at the level deemed safe by the provider, as a staff dependency tool was not available despite being requested after the inspection.
● The provider was open about the current challenges with staffing and recruitment. There were a number of staff vacancies. Due to managing the implications of COVID-19 and staff shortages, staff had needed to cover different roles. This was not always shown on the worked rota so it was not clear what role or area of the service staff had conducted their hours in. One relative said, "There have been a lot of staff changes over the last few months." Staff we spoke with highlighted the difficulties in the current staff situation.
● The provider had consistent agency staff employed to support with current shortfalls. One staff member said, "We have the right numbers of staff with agency." Observations showed staff were responsive and attentive to people's needs.
● The service operated safe recruitment processes to ensure staff employed were suitable for the role. This included Disclosure and Barring Service (DBS) checks and checks on previous employment.

Using medicines safely
● Medicines were stored, managed and administered safely. Temperatures of medicine storage areas were monitored.
● Medicine Administration Records (MAR) were completed accurately. People had topical creams administered as prescribed.
● Protocols for, 'as required' medicines were in place to guide staff when they may be needed and how people would communicate this.
● Medicines that required additional storage in line with legal requirements were stored appropriately and

systems for stock checks were in place.

Requires Improvement

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality, person-centred care.

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

- We could not be assured effective systems were in place in some areas to monitor, review and improve the quality of the service. For example, the premises and environment.
- Staff told us how maintenance issues were reported. However, systems had not ensured the home was well maintained and fire actions completed. The provider told us that non care staff had been redeployed through the COVID-19 pandemic to assist with staffing shortfalls and ensure people's emotional well-being was prioritised. However, this had impacted on other areas of the service.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Systems were in place to monitor and take action in relation to people's clinical and emotional needs. The manager produced a summary called, 'page of the day.' This had been developed to summarise, communicate and enable follow up of people's care and support needs to staff.
- The provider had displayed their Care Quality Commission (CQC) assessment rating at the service. Due to a technical error, it was not displayed on their website. This was promptly addressed after the inspection to ensure the rating was visible.
- Notifications were submitted as required. A notification is information about an event or person which the service is required to submit to CQC. Notifications help CQC to monitor services we regulate.

Continuous learning and improving care; Working in partnership with others

- Improvements were required to ensure effective communication around learning from incidents and safeguarding concerns. Different communication systems were in place such as communication books, page of the day and groups chats. However, we received mixed feedback about communication with staff. One staff member said, "Communication isn't always very good."
- The service sought external support when required such as health professionals and GPs. One relative said, "[Name of relative] had a visit from a mental health professional who has changed their medication and they seem a lot calmer now."

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

- Changes and challenges in staffing had impacted on staff morale in some areas of the service. However,

staff told us they strove to deliver person centred care for people. One staff member said, "We provide good care." Another staff member said, "I love it here."

● Staff told us the provider was supportive. One staff member said, "I feel supported and valued." Another staff member said, "There is good support from the provider." A third staff member said, "We have a new manager, they are learning and doing OK."

● People spoke positively about the staff. One person said, "I get on with staff well. I tell them if I am not happy." Another person had told a health and social professional that staff were, "Kind," and they were, "Comfortable and looked after."

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

● Regular staff meetings were held. Staff told us they could raise any concerns and actions were taken. The service sought feedback from staff members. A staff member told us, "Head office sends out questionnaires."

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

● The provider understood their responsibilities under the duty of candour. A relative said, "The home does seem to contact me quite quickly when anything happens." Another relative said, "I do get called if my relative is under the weather or having to go to hospital." However, one relative told us they had not been notified of a fall.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Regulation 15 (1)(a)(e) The provider had not ensured the premises were properly maintained and clean.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1)(2)(b) The provider had not ensured effective systems to assess, monitor and improve the quality and safety of the service.