

Fridhem Rest Home Limited

# Fridhem Rest Home

## Inspection report

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Heacham

Kings Lynn

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## 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

Fridhem Rest Home is a residential care home providing personal care to 23 people at the time of the inspection. The service can support up to 25 people. The home was supporting older people some of whom were living with different forms of dementia. The service is over two floors.

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

There were some really positive aspects to the care people received at the home, it was clear staff and the management team had worked hard during the pandemic and had continued to do so. But there were also some shortfalls which could place some people at the potential risk of harm.

The registered manager and management team were not routinely assessing the risks which people faced and considering how to manage these risks. When plans were made to manage some risks, these were not complete.

The registered manager and management team were also not assessing some risks associated with COVID-19. This included when they took action contrary to government advice. There were no risk assessments completed, advice had not been sought from professionals and the local authority and plans had not been made to manage these risks. Placing people, staff, and the service itself at risk.

Timely actions had not been taken to promote people's safety in response to potential fire risks. Essential staff recruitment checks were not completed. With no further action from the registered manager to try and manage this issue. We also identified shortfalls with the management and auditing of people's medicines.

The management and provider of the service was not effectively assessing, and auditing key aspects of the care provided. When audits were completed these were lacking in information to demonstrate a thorough and effective audit had been conducted.

People spoke positively about living at Fridhem Rest Home, one person said, "You wouldn't get better than here, I count myself lucky everyday for living here." Another person said, "The staff look after us very well. We can do whatever we want to do." A person's relative said, "I'm always made to feel welcomed and there's always tea and biscuits."

There was a positive culture at the home. People felt they were well looked after and had formed friendly relationships with the staff. The staff spoke well of the support they received from each other and the leadership of the home.

The registered manager had made improvements to the home to improve people's experiences of living at the Fridhem Rest Home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 1 November 2017).

#### Why we inspected

This was a planned inspection.

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.

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

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 improvements. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fridhem Rest Home on our website at [www.cqc.org.uk](http://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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified three breaches of the regulations in relation to the leadership of the home and promoting people's safety. Some aspects of people's safety were not being managed appropriately. There was a lack of effective oversight and processes in place to assess and monitor the quality and safety of the service. Staff recruitment checks were not complete to ensure people were safe around staff.

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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Fridhem Rest Home

## 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

This inspection was completed by two inspectors.

#### Service and service type

Fridhem Rest Home 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 service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we held about the service and we sought feedback from the local authority. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service. As some people could not communicate with us, we completed many observations. We spoke with three members of staff. We reviewed two people's medicine records and completed a count of medicines. We reviewed records about the delivery of care for individuals who were end of life, at risk of a skin breakdown, and at risk of choking.

#### After the inspection

We reviewed five people's care records and care plans. Two members of staff's recruitment checks. Three members of staff's competency checks. The management team's audits, complaints and fire safety checks. We spoke with three people's relatives and a further three members of 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 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

- People did not have risk assessments which identified and explored the risks they faced in order to try and manage these risks in a safe way. People had care plans which explored aspects of these risks, but these were not complete. This put people at potential risk of harm.
- Risk assessments and plans were not completed to consider and promote people's safety in relation to COVID-19. For example, when it was decided staff did not need to wear face masks and could eat with people at mealtimes. Also, when people were taken by staff or relatives to out-patient appointments. These risks were not being managed in a safe way, placing people at risk of harm.
- Incident and accident reports were not routinely completed to manage and respond to events about people's safety.
- Fire safety checks were not complete. Recommendations from the last fire risk assessment on 6 March 2019 were not acted upon. There had not been a reviewed and thorough risk assessment of the building for some years. We needed to prompt the registered manager to take timely action in all these areas.

### Using medicines safely

- People's prescribed creams did not have a record of when they were opened, to help ensure they were being used according to the manufacture's guidelines. There was also no system to check medicines were being kept within a safe temperature range.
- We saw staff speaking with people to see if they needed their 'as required medicines.' However, there were no plans or guidance to support staff to do this.

We found these issues placed people at potential risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were not effectively auditing whether people had received their medicines as prescribed. There was no record of the amount of medicines received for the auditor to check against the medicines given to people.
- People had anticipatory medicines who were on end of life pathways.

### Staffing and recruitment

- Recruitment checks to promote people's safety around new staff were not complete. Staff did not always have full employment histories and new staff did not have references from former employers or character references.

- Although the registered manager had tried to obtain these, other actions were not taken to reduce and manage this risk.

We did not find people had been harmed as a result of this, but this had placed people at potential risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were good staffing levels available to meet people's needs in a person-centred way.

#### Learning lessons when things go wrong

- Incidents and accidents were not routinely recorded. There was no evidence which showed these events were reviewed. The registered manager said they did reflect on incidents and when things went wrong. However, they did not record this to demonstrate they did this.
- There was no established process to prompt the reviewing of incidents.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and so did their relatives, one said, "[Name of loved one] is happy here and is well looked after." Another person's relative said, "[Name of loved one] is safe at Fridhem."
- The staff we spoke with had a clear understanding what potential abuse could look like.
- Staff knew what they must do if they had concerns. They were knowledgeable of which agencies outside the home they could also report concerns to.

#### Preventing and controlling infection

- The home was clean and well ventilated. Visitors were supported safely into the home.
- Staff wore personal protective equipment correctly.
- The management team's auditing of infection prevention control (IPC) was not always effective.
- We were not assured that the provider was always using PPE effectively and safely.
- We were not assured that the provider's infection prevention and control policy was up to date.
- 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 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 the provider was facilitating visits for people living in the home in accordance with the current guidance.



We have also signposted the provider to resources to develop their approach. To ensure PPE is effectively used at all times. To identify and speak with their regional IPC lead, to ensure people going out are supported to do so, in a COVID-19 safe way. To evidence a thorough IPC audit has taken place.

# 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 and the culture they created did not always support the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- There was a lack of risk assessments taking place to promote and consider people's safety. The registered manager and management team did not understand the importance of assessing risks as a process to manage certain risks. Robust plans were not made to manage risk.
- The management team did not respond to certain risks in a timely way, for example shortfalls in fire safety.
- There was a lack of quality monitoring from the registered manager and provider to assess the service, to identify shortfalls and take action to resolve these. Issues and actions were prompted through this inspection process, rather than by the registered manager's and provider's checks and established processes.
- When audits did take place these were not always effective, for example monitoring people's medicines and IPC practices in the home.
- Processes were not in place to consider and promote if lessons needed to be learnt and actions taken.

We found the oversight of some aspects of people's care was not always effective. No one had come to harm as a result of this, but this was a potential risk to people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We were told how the staff and registered manager consulted with health professionals to meet people's needs. However, there was a lack of consulting with other organisations to improve the service and check they were promoting people's safety.

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

- There was a positive person-centred culture at the home.
- We saw and people told us, they were treated by staff in a caring and thoughtful way.
- Staff spoke well of their colleagues. Staff were friendly and worked as a team.

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

- There was a complaints process which the registered manager followed when complaints were made.
- We reviewed a recent complaint and had no concerns with how this was processed and responded to.

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

- People were involved and consulted with aspects of the care and service people received, especially for food and drinks.
- Staff said they felt confident to make suggestions to improve the service. But staff could not give us examples of when they had done this.
- The registered manager told us they were not formally seeking people's views and feedback about the service, but they will be reviewing this aspect of the service to ensure people and staff are involved with the development of the home.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014- Safe care and treatment.</p> <p>There was a lack of thorough risk assessment and care planning taking place to promote service user's safety. Actions were not taken to promote service user's safety in relation to fire safety and COVID-19 management. Which put service users at the potential risk of harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014-Good Governance.</p> <p>There was a lack of effective assessments, audits and oversight of the service to ensure the care provided was safe. Which put service users at the potential risk of harm.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19 (1) (2) and (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014- Fit and proper person employed.</p> <p>Staff employment checks were not complete. Staff did not have full employments and references. This put service users at risk of</p>

harm.