The Freshfields Management Company Limited

Freshfields Nursing Home

Inspection report

Agaton Road
St Budeaux
Plymouth
Devon
PL5 2EW

Tel: 01752360000
Website: www.freshfieldsnursing.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 20 and 23 June 2017 and was unannounced. Freshfields Nursing Home provides care for people who may require nursing care and for people who are living with dementia. The home provides care and accommodation for up to 38 people. On the day of the inspection 34 people lived in the home.
A manager was employed to manage the service who was registered with the Care Quality Commission. 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.

People received their medicines on time from staff members who were trained to manage medicines safely. However, actions for improvement, identified in a medicines audit, had not all been implemented.

People's healthcare needs were met but the care required to meet these needs was not always recorded consistently across people's records and the care provided not always recorded.

Staff had a good understanding of how to support people who lacked the capacity to make their own decisions. However, records were not in place detailing how people's capacity had been assessed. Following the inspection, the registered manager confirmed these records had been put in place.
Recruitment practices were in place but the career history of new staff members had not always been recorded in full, to help ensure they had the correct characteristics to work with vulnerable adults.

New members of staff completed an induction programme but records did not show how this had been tailored to ensure they received all the support they required at this time. Not all staff training was up to date. A senior manager told us they were working with the registered manager to ensure all required staff training was up to date.

Staff had not received as many formal supervisions as required by the provider's policy. The registered manager explained they had now put systems in place to reduce the risk of this happening again.

Quality assurance systems were in place to monitor the quality of the service being delivered. However they had not identified all the gaps in quality identified during the inspection. Recent checks had not identified some windows and a gate did not have locks or restrictors on them. The registered manager told us learning and improvements had taken place as a result of this and they had reviewed security measures.

Relatives were positive about the service their family members received. Comments included, "I'm so pleased we chose for […] to live here. The atmosphere in the home is so positive and she tells me she's very happy here", "There's nothing they can do better" and "I felt I was coming to a special place, which I was." People were treated with kindness and compassion in their day-to-day care. Staff were exceedingly caring

and openly affectionate towards the people they were supporting. One staff member explained, "We aim to give the clients 100% dignity and respect, to be person centred and ensure they're safe."

Staff knew people well and used this knowledge to ensure people's needs were met. One staff member told us, "People come first. People are our number one priority and giving each one person centred care. They're like my grannies and grandads. That's how I treat them."

The registered manager and staff were keen to make people feel a part of the home. People were supported to make decisions and have as much control over their daily lives as possible. People and their relatives were involved in planning their own care and making decisions about how their needs were met. Care plans were in place that explained people's needs and were reviewed regularly.

People's friends and relatives were made to feel welcome at the service, consulted about their loved one's care and preferences and treated compassionately when their family member was receiving end of life care.

Relatives felt Freshfields Nursing Home was a safe place for their family member to live. People were supported by staff who understood how to protect them from abuse and from risks relating to their care needs.

The registered manager knew people and their needs well, valued people's feedback and acted on their suggestions. People's concerns and complaints were encouraged, investigated and responded to in good time.

Staff were positive about how the service was run and told us they were happy in their work.

The environment had been planned with people living with dementia in mind. The service had good links with the local community.

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.

Recruitment checks had been undertaken but had not sought new staff member's full career history.

People's medicines were administered safely but records did not consistently show up to date information about people's medicines.

People were protected by staff who could identify abuse and who would act to protect people.

People had risk assessments in place to mitigate risks associated with living at the service.

Is the service effective?

Requires Improvement

The service was not always effective.

Records did not show how the requirements of the Mental Capacity Act 2005 (MCA) had been followed.

Records did not detail what support new staff had received and supervisions had not been completed regularly.

Staff's training was not all up to date.

People received support from staff who knew them well and had the knowledge and skills to meet their needs.

People's health needs were met promptly.

Is the service caring?

Good

The service was caring.

People were looked after by staff who treated them with kindness and respect.

Staff knew people well and spoke about people with fondness.

People were given time to communicate their views to staff and these were respected.

People received compassionate end of life care based on their individual wishes.

Is the service responsive?

Good

The service was responsive.

People were able to take part in a range of group and individual activities.

People's care plans reflected their individual needs and were regularly reviewed and updated.

The service took complaints seriously and acted on them in a timely and appropriate manner.

Is the service well-led?

Requires Improvement

The service was not always well led.

Audits had not always identified the gaps in quality that were identified during the inspection.

There was a positive culture in the service. Staff were motivated and inspired to develop and provide quality care.

The management team provided strong leadership and led by example.

People's feedback about the service was sought and their views were valued and acted upon.

Freshfields Nursing 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.

The inspection took place on 20 and 23 June 2017 and was unannounced. The inspection was prompted by notification of a safeguarding incident. The information shared with the CQC about the incident indicated potential concerns about recruitment practices and the security of the building. This inspection examined those risks.

The inspection was carried out by two inspectors and a specialist nurse advisor.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports and notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with one person and four relatives. Most of the people living at Freshfields were unable to give us their views of the service so we 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 reviewed nine people's records in detail. We also spoke with eight members of staff and reviewed nine staff personnel records and the training records for all staff. Other records we reviewed included the records held within the service to show how the registered manager and provider reviewed the quality of the service. This included a range of audits, questionnaires to people who live at the service, minutes of meetings and policies and procedures. We also spoke with a speech and language therapist and a volunteer.

Requires Improvement

Is the service safe?

Our findings

At the last inspection on 6 and 7 October 2015, we rated the service as 'good' in safe. At this inspection we found some areas of the service, such as recruitment practices, needed improving to help ensure people were not placed at risk.

Recruitment practices were in place and records showed checks were undertaken to help ensure the right staff were employed to keep people safe. However, gaps in employment records had not always been followed up which meant the registered manager could not assure themselves of the staff members past employment or experience. The registered manager told us they would ensure gaps in employment history were recorded fully in the future. Disclosure and Barring Service (DBS) checks had been carried out to make sure people were suitable to work with vulnerable adults. Staff confirmed these checks had been obtained prior to commencing their employment with the service.

Medicines were given to people as prescribed and disposed of safely. Staff were knowledgeable with regards to people's individual needs related to medicines. However, people's records did not always give consistent guidance for staff about when to administer certain medicines. For example, one person had diabetes and their care plan stated they should have milk and sugar if their blood sugars were low, but their medicines records stated a medicine should be given. We found no concerns with the care people received as staff understood people's needs, however, the registered manager told us they would ensure the person's care plan was updated to reflect their prescribed medicines.

Medicines audits were carried out to help ensure medicines management was safe. A recent audit had identified two staff members were not always signing medicines administration records (MARs), if any changes were made to it. However, we found two changes had been made since then with only one staff member's signature and no record regarding why the change had been made. People had still received their medicines as prescribed but the registered manager told us action would be taken to ensure this did not happen in the future.

Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Medicines were locked away as appropriate and, where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured the quality of the medicines was maintained.

Checks were carried out to ensure the home and any equipment used remained safe. Records showed these were done on a regular basis and where necessary, external consultants were used to undertake checks. For example, to ensure the water was free from legionella. However, a recent incident had highlighted that checks had not identified some windows and a gate did not have locks or restrictors on them. The registered manager told us learning and improvements had taken place as a result of this and they had reviewed security measures.

Visitors felt Freshfields Nursing Home was a safe place for their family member to live. People were

protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. The home had a safeguarding vulnerable adult policy and procedure which described the actions staff should take if they had a concern. However, the policy did not clearly describe the role of the local authority as the lead for investigating safeguarding concerns. The provider told us they would review and update this policy. Staff knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police.

People were supported by staff who understood and managed risk effectively. The PIR stated, "A full risk assessment is carried out prior to admission. Care is provided with the least restriction." Risk assessments included a 'Plan of Support' detailing what staff should do to mitigate the risk. This helped ensure people were protected and supported to maintain their freedom. One staff member told us, "We're very quick to act if someone is at risk. For example, ensuring they have a pressure mat, if they are at risk of falls and we make sure people in the lounge are never left unattended." A relative confirmed, "Mum had a couple of falls but that's reduced now. She has a pressure mat in place and there's always a staff member around." Risk assessments were reviewed regularly to help ensure they continued to reflect people's needs. Staff were aware of the reporting procedures for any accidents or incidents that occurred.

People's care was not rushed. Staff confirmed they felt there were sufficient numbers of staff on duty to support people. The registered manager had systems which were flexible to ensure staffing levels were maintained at a safe level in line with people's needs. They confirmed in the PIR, "To keep consistent and sufficient numbers of staff, all residents are assessed using our dependency tool. The home issues the proposed duty rota a month in advance allowing staff changes if necessary. This system has reduced absenteeism and provided consistent staff to get to know the residents well and to build up good relationships with them."

Occasionally people became upset, anxious or emotional. Staff used their knowledge of people to reduce their anxiety. Staff were observed sitting and talking to one person whilst stroking their arm which helped them become less agitated. A relative explained, "The staff have learnt how to avoid aggression. They understand how to distract […] and they communicate well with her. They're extremely patient. The best thing they do is sometimes leave her alone. They then come back later and try again." Detail regarding how to support people at these times was recorded in people's care plans to help ensure staff were consistent with their approach.

The home had plans to deal with unforeseen emergencies. For example on the first day of inspection, there was an on going heat wave with temperatures over 30 degrees. The home had implemented an emergency heat wave plan which ensured people were supported during the hot weather by placing fans close to them, opening doors and windows as well as supplying additional fluids to ensure they remained hydrated. People had personal emergency evacuation plans (PEEPS) in place to help ensure they received the support they needed in the event of an emergency evacuation.

Requires Improvement

Is the service effective?

Our findings

At the last inspection on 6 and 7 October 2015 we rated the service as 'good' in effective. However at this inspection we found improvements were required regarding staff supervision and training and how people's rights to make their own decisions were protected.

New members of staff completed an induction programme and this was recorded. A staff member told us they had shadowed experienced staff for three weeks before working alone. They explained they had been offered further shadowing opportunities but had felt confident in their role. However, there were no records to confirm what support staff had requested, been offered or received during their induction. This meant it was difficult to tell if induction programmes had been tailored to staffs' level of experience and competence. The registered manager said they would ensure clear records were kept in the future. A new staff member confirmed that following their induction, they still received support stating, "The staff always kept asking if I needed any help." The registered manager told us the induction was aligned to the Care Certificate. The Care Certificate has been introduced to train all staff new to care to nationally agreed level.

On-going training was planned to support staffs' continued learning and was updated when required. One person told us, "The staff know what they're doing" Staff told us they felt they had the skills and knowledge to meet people's needs and could request any training they felt they needed. One member of staff told us, "You're always learning things because people's needs change from day to day." However, there was a large proportion of staff whose training required by the provider such as, food hygiene or infection control training, was not up to date. This might mean that they may not have been aware of current best practice in these areas. No concerns were raised during the inspection about staff's skills and knowledge. A senior manager said they were aware some staff training needed updating and were working with the registered manager to address the shortfalls as quickly as possible. Records showed all the nurses working at the service had up to date registration certificates, which meant they had completed the learning required to ensure they were fit to practice.

Staff told us they felt supported in their work and could seek advice from the registered manager or senior staff whenever required, comments included, "I had a supervision last month. We discuss what happens on a daily basis, how I feel and any concerns I have. If any action is required, action is taken." The registered manager told us due to unexpected staff absence, they had been unable to comply with the provider's policy regarding staff supervision, as they had been providing care to people instead. They explained that as a result, nursing staff would now be responsible for the supervisions of care staff and they would supervise nursing staff. This would help ensure formal supervisions continued even if they were unable to complete them themselves.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. Staff

understood which people lacked the capacity to make certain decisions. However, assessments of people's mental capacity were not always in place to show how it had been decided that they lacked capacity. This meant their rights may not have always been protected. Following the inspection the registered manager confirmed all relevant mental capacity assessments had been put in place.

The PIR stated, "Decisions are always made in a resident's best interest." Records did not always show how these decisions had been reached. For example, some people did not have call bells to hand. The registered manager told us this was because they would not be able to use a call bell. However, there were no records to show who had been involved in making this decision in their best interests; and there was no guidance for staff to help ensure these people's needs were met. the registered manager said care staff performed hourly checks to help ensure people's needs were met. Staff told us their knowledge of people and their needs helped them make daily decisions in people's best interests. One staff member explained, "I always offer a choice but if people can't choose, you know people so you know what they like." Following the inspection the registered manager confirmed all best interest decisions had been reviewed and recorded.

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). The registered manager had applied for DoLS on behalf of people however, these were awaiting review by the local authority designated officer.

People told us staff always asked for their consent before commencing any care tasks.

Care provided in relation to people's health needs was not always clearly recorded. This meant it was not always easy to tell whether care had been delivered according to people's individual needs. For example, care given to one person using a catheter, was not documented clearly. However, we did not identify any concerns with this person's catheter care provided by staff.

The PIR stated, "Careful monitoring of health needs is carried out regularly and other health care professionals are called upon if the need arises." A staff member explained, "If you know people, you know if things aren't right and we report it to the nurse or the manager who will come and check them." A relative confirmed their family member was always referred to the GP promptly if staff had any concerns, and they were kept up to date with any changes. A healthcare professional told us they received referrals for people in a timely way and staff always made sure they had understood the details of any recommendations. One person had an area of sore skin and staff had ensured recommendations about how to care for the person were followed.

People were offered choices about what they would like to eat and drink and staff sought details such as whether people would like sugar in their tea. One staff member told us, "Of course people can eat when they want, it's their home!" Where people could not tell staff what food they liked, family members were consulted. A relative confirmed, "If a meal is not tempting to [...], they won't bother eating anything; so I went through the menu to find the things they would like." This information had been recorded so all staff were aware of the person's preferences. A volunteer told us, "People seem to enjoy the food. I think most plates get emptied" and a staff member confirmed, "People are well fed here!"

When people needed support to eat, this was done in a respectful way and staff were mindful of ensuring people had had enough to eat and drink. A staff member explained, "We sit next to people, explain what the food is and chat to them whilst they're eating." We observed one staff member gently refocusing a person's attention on their food. When a staff member had not succeeded in supporting another person to drink, a different staff member tried. This helped ensure people received enough to eat and drink. During the first

day of the inspection, the temperature was particularly high. Staff took extra care to help ensure people remained sufficiently hydrated.

People's dietary needs and preferences were known by staff. People were referred appropriately to the dietician or speech and language therapists (SALT) if staff had concerns about their wellbeing. Care records highlighted where risks with eating and drinking had been identified and what action staff needed to do to keep people safe. However information displayed in the kitchen of people's dietary needs did not reflect the difference between a soft diet and a pureed diet. This could mean people received food that did not safely meet their needs. The registered manager told us they would ensure this was updated immediately. One person had who had been referred to a dietician was no longer losing weight, as staff had supported them to follow the recommendations made by the dietician.

The environment had been planned with people living with dementia in mind and staff said people had been involved in the choice of décor and furnishings. For example, the PIR stated, "We have added local themed murals to help with memory and reminiscence in communal areas." One was of Plymouth Hoe, which is a particularly significant view for people who had lived in Plymouth. There were chairs placed opposite the picture so people could spend time looking at it. A relative also told us, "They have two seater sofas now which means I can sit next to mum and give her a hug."

Good

Is the service caring?

Our findings

At the last inspection on 6 and 7 October 2015 we rated the service as 'good' in caring.

People were well cared for. People and relatives spoke highly of the staff and the quality of the care they received. Comments included, "Brilliant. The staff and the home are lovely" and "The staff are all beautiful." Compliments received by the service included, "Thank you for all the kindness, love and dignity given to […]" and "Thank you all so much for the wonderful care you are giving […]."

Staff were exceedingly caring and openly affectionate towards the people they were supporting; regularly giving people cuddles and kisses. One staff member was overheard saying to someone who had just given them a kiss, "Oh what a lovely kiss. Everyone will want one!" A relative confirmed, "I visit every day and sometimes when I arrive, the staff are cuddling […]." Another relative told us, "There are no shortfalls in care. Mum sometimes says she likes the staff better than me!"

Staff and people laughed and chatted to each other in a friendly manner and staff members addressed and talked about people with genuine affection. Staff showed interest in people and regularly told people how lovely or smart they looked. A staff member told one person, "That's a beautiful smile", and a relative told us, "They speak to […] in a very nice way." Staff comments included, "I love seeing the smiles on people's faces", and "I'm passionate about my job. I've built a rapport with people and couldn't imagine leaving."

Staff showed concern for people's wellbeing in a caring and meaningful way. We observed staff engaging in conversations with people rather than just passing them by. We regularly heard staff enquiring about people's welfare by asking things such as, "Did you sleep well?" or "Did your husband come in to visit?" One person proudly told us a member of staff had bought them a picture for their wall when they had needed cheering up.

The PIR stated, "We aim to develop positive relationships with residents, demonstrating compassion and kindness and treating them with dignity and respect." This was evident in the care provided during the inspection. Staff members showed people how much they cared by paying attention to small details. For example, one staff member noticed a person had new slippers on which they then complimented.

People's privacy and dignity was respected by staff. Comments included, "They always cover me up whilst they're washing me." Staff knocked on bedroom doors before entering and asked people if they were happy for care to be given.

Staff knew the people they cared for and were able to tell us about individuals' likes and dislikes. The PIR stated, "Life histories are reflected in the memory box in each person's room", and a staff member told us, "People's families tell us what people would or wouldn't like and it's recorded in their life history."

Staff knew people's individual communication skills, abilities and preferences. Some people were unable to communicate verbally. Staff were able to interpret actions and facial expressions to understand what the

person wanted. One staff member explained, "We repeat information for people and sometimes point to things. They have plenty of opportunity to tell us what they want."

People were given information and explanations throughout the day and as they required them. Staff told people, "I just need to move your chair" or "I'll be back in a minute for you and we'll go and get some dinner." We observed staff members, when supporting people to move or sit down, giving people clear directions about what they needed to do. They gave them time to take each action and congratulated them when they had finished.

The registered manager and staff were keen to make people feel a part of the home. The PIR explained, "Residents feel at ease to approach staff and enjoy a sense of belonging". A senior manager explained, "When we assess people before they move in, we are already thinking which residents they might like to spend time with." We observed that as staff supported people to sit in the lounge, they introduced them to the person they were sitting next to." This helped people feel included.

Staff told us people were encouraged to be as independent as possible. One staff member explained, "We encourage and guide people to feed themselves and if they are still mobile, we try to keep them moving as much as possible. We try to get them involved in washing too, for example giving them their flannel to wash their face with." A relative confirmed, "[…] was not able to walk in hospital but within three days here, they got her to sit on the edge of the bed and then to stand. She now walks a little with her walking frame. It's because they don't give up, even on days when she's not interested."

People's end of life wishes were discussed with them and, where possible, documented as part of their care plan. The service had achieved accreditation from a local hospice for the quality of end of life care they offered. Two staff members had attended specific training to become end of life champions so they could advise on care at this time. One staff member told us they were particularly keen to ensure people received a quality of life at the end of their life. They explained, "We record what people want and will then comply with that whether it's playing music or having their family there." The PIR stated, "An annual remembrance service is held at the home for relatives and friends whose loved one has passed away during the year." The registered manager explained, "We invite friends and relatives to the remembrance service and share a cake in the person's memory. During the service everyone can write their memories on a balloon and we let them all go." There was also a 'remembrance board' displayed in the home containing pictures of people who had lived in the home.

People's friends and relatives were also considered at this time. The PIR explained, "Every support and comfort is afforded to relatives, when we are providing end of life care to someone. For example, making available the use of a visitor's room with refreshments provided by staff." During the inspection the registered manager and staff treated the family members of a person who had recently passed away with compassion; hugging the family and offering their condolences. A compliment received by the service said, "All of you made […]'s passing easier to bear as you were all so caring." The PIR stated, "Following a death, the home reflects on the care it has given and completes a Significant Event Analysis as a reflective tool to improve practice." This helped ensure any learning could be identified to improve care provided in the future.

Friends and relatives were able to visit without unnecessary restriction. Visitors told us they were always made to feel welcome and could visit at any time. One staff member told us, "We offer visitors a cup of tea. It makes them feel comfortable and part of the place." We observed staff members chat to visitors in the lounge whilst also ensuring people were included in the conversation as far as possible.

Good

Is the service responsive?

Our findings

At the last inspection on 6 and 7 October 2015 we rated the service as 'good' in responsive.

People's need were responded to by staff who knew them well. One staff member told us, "People come first. People are our number one priority and giving each one person centred care. They're like my grannies and grandads. That's how I treat them."

People and their relatives were involved in planning their own care and making decisions about how their needs were met. The PIR explained, "During pre- admission and admission assessment staff discover the person's needs, preferences and choices for care, taking into account whenever possible, the person's own views and those of the GP, family and friends. The residents and relatives are actively involved in discussing different options of treatment, how care will be planned, managed and the expected outcomes." This helped ensure staff members had a clear understanding of people's needs and wishes when they started providing care to them. A relative told us, "I've seen […]'s care plan and I'm happy with the content."

People had care plans that clearly explained their needs and some preferences. The PIR stated, "In preparing the person centred care plan residents are asked who and what is important to them and what gives a sense of belonging and security. A Life Story book will be completed with the aid of relatives and friends, and likes and dislikes are recorded together with preferences on a wide range of subjects and all information is recorded in the care plan." However, care plans did not always contain information regarding people's preferred routines. Staff could describe these but as the information was not recorded, staff may not have been providing care in a consistent way for people. A senior manager told us care plans were due to be transferred to a new, electronic system and they would ensure this level of information was included.

Care plans were reviewed regularly to help ensure they remained up to date. A staff member told us, "I read the care plans all the time and they are updated monthly"; and a relative confirmed, "I've been asked recently if I am still happy with it."

Handover between staff at the start of each shift enabled staff to share important information about any changes to people's needs. Staff members explained, "Any recommendations (from external professionals) are added to the handover for at least a week and it's also put in our communication book" and "At handover we discuss every resident; for example whether they have had visitors, any incidents, whether they've eaten well. We can read the handover sheets anytime, if we need to catch up on anything." This helped ensure staff remained up to date with people's needs.

People were empowered to make choices and have as much control and independence as possible. For example, as staff brought people into the lounge, they always asked where the person would like to sit, explaining they could sit near the television or so they could look at the garden. People's bedrooms were personalised and people had their own belongings and furniture with them if they chose to.

People had a range of activities they could be involved in. There was an activities co-ordinator in place who

was responsible for helping people remain physically and cognitively active. Staff members also supported people with daily activities they enjoyed. One staff member explained, "We try to provide personal things like painting their nails or giving them a shave. Things you know they'd do at home."

People were able to choose what activities they took part in and suggest other activities they would like to complete. Musicians regularly visited the home and there was also a regular church service and coffee morning. The registered manager told us local school children also came to sing to people at Easter and Christmas. A relative commented, "They do great activities. Mum's been to the seaside and I've got a lovely photo of her, in a hat, with a beaming smile!" Staff members were aware of people's preferences regarding how they spent their time. One person enjoyed counting and we observed a staff member join in, taking it in turns to count with the person. They carried on patiently with this activity for most of the morning. The staff member reported this was something they regularly did with the person. People who preferred to stay in their rooms were visited regularly by staff. One person told us, "[The activities co-ordinator] pops in to see me." A staff member confirmed, "The activities co-ordinator goes in every morning to say 'Hello' to everyone."

The activities co-ordinator used their knowledge of people to help ensure activities were successful. For example they told us, "I'm only taking one person to the memory café today as they haven't been before. I think they'll like it though." The person's family member confirmed, "[….] doesn't usually like to get up early and the staff leave her till later but the activities co-ordinator has just got a way with her and she's out already! I'm astonished they've got her to go out!"

The service had good links with the local community and used these to people's benefit. The PIR stated, "Involvement with the local school through the Archie Project has resulted in more contact with the community. Children, families and teachers regularly visit the home and our residents visit the school." The Archie Project is a dementia awareness project linking schools, care homes and businesses. The registered manager told us, "The children love coming over here. They know the residents by name. It's lovely to see. At Christmas the children made every resident a card and went round to deliver them to each resident. That meant a lot to the residents."

The activities co-ordinator was proactive in finding new activities and opportunities for people. For examples, they told us, "I like to take people to the local memory café. It also helps me get ideas to use here." They had organised a 'Friends of Freshfields' meeting and relatives had suggested gardening as an activity. This had been arranged and had led to the development of an area where people could take part in this.

Staff were proactive in enabling people to maintain relationships that matter to them. The PIR stated, "Relatives are involved as much as possible and some visit daily to give support and company to a loved one. One staff member explained, "Family members sometimes get involved in the activities here too."

The service had a policy and procedure in place for dealing with any concerns or complaints. The policy was clearly displayed in areas of the home. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. One person told us, "I could talk to the manager or the staff if I had a concern"; and a relative told us, "If I had any concerns I'd talk to the manager." People's concerns and complaints were encouraged, investigated and responded to in good time.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection on 6 and 7 October 2015 we rated the service as 'good' in well-led. However at this inspection we found audits had not identified the gaps in records that we highlighted.

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the home. For example, the registered manager undertook an audit each month of a selection of care plans to ensure that they were up to date. Twice a year, an external consultant also reviewed care plans and provided feedback on how they were being maintained. However, even though the provider had identified and acted on gaps in staff training and supervision, they had not identified other concerns found during the inspection such as gaps in staff career history and lack of guidance about people's preferred routines and mental capacity. This meant their quality assurance systems were not fully effective.

A senior manager explained that a new auditing tool was being implemented which would enable them and the provider to check audits were being completed and action was being taken as a result. The senior manager would then spot check records on behalf of the provider to ensure audits were accurate. They told us they regularly discussed the results of audits with the registered manager on behalf of the provider. Meetings were also held with the provider to discuss all aspects of the service and agree areas for improvement.

Relatives felt the service was well led. Comments included, "I'm so pleased we chose for […] to live here. The atmosphere in the home is so positive and she tells me she's very happy here" and "There's nothing they can do better." Staff members told us, "I absolutely love working here" and "I wouldn't change working here for any money in the world. It's such a rewarding job." A compliment received by the service commented, "I felt I was coming to a special place, which I was." A healthcare professional told us they thought the service provided good care for people who could be challenging to the staff.

The registered manager took an active role within the running of the home and was a role model for staff. Staff had clearly adopted the same ethos and enthusiasm for providing a high standard of care to people. One staff member explained, "We aim to give the clients 100% dignity and respect, to be person centred and ensure they're safe." Staff said they respected and liked the registered manager and felt supported by them. Comments included, "I'm happy to go to the manager with concerns, they'd listen!", and "The manager is very approachable and supportive. We work as a team."

There was a positive culture in the service. This was evident in the way staff cared for people and in the way staff valued each other. A volunteer who attended the service regularly to support people with activities had been nominated for, and won, an award to recognise their contribution to the service. The staff member who had nominated them told us, "She's such a wonder to us."

The registered manager knew people personally and was able to describe in detail, conditions people were living with as well as the support and care they needed. A healthcare professional confirmed the registered manager knew people well. One person told us, "The manager pops in. I like her."

People and relatives described the management of the home to be approachable, open and supportive. One relative told us, "I see them (the registered manager) every day." People and relatives had confidence the registered manager would listen to them and any concerns or ideas they had. Comments from relatives included, "The manager definitely listens" and "I noticed mum found it easier to drink from a straw and they took that on board."

Staff told us they felt empowered to have a voice and share their opinions and ideas they had. A staff member had requested someone's bed be moved so they could see out of their bedroom window. The registered manager reported that this change had been made for the person. Another staff member told us that in response to concerns raised about cleanliness when only one of the cleaning staff was on duty, the registered manager had taken action to ensure there were always two cleaning staff available. The staff member told us this had improved the cleanliness of the home.

Staff told us they were encouraged and supported to question practice and action had been taken. One staff member explained, "Staff are happy to raise concerns. We discuss concerns, queries, everything gets discussed. It all gets sorted out and changes are made." Staff meetings were regularly held to provide a forum for open communication. Minutes of staff meetings showed discussions had been held regarding ideas to improve the service for people, for example reviewing food options and ordering extra equipment to meet people's needs.

The registered manager sought to ensure the service reflected best practice and embraced opportunities that improved the quality of the service. The PIR stated, "The home is always seeking innovative ways to improve the service and uses online research information to keep abreast of current developments in dementia care." The service had been awarded the dementia quality mark in 2016. This signifies that the care being given meets the needs of people with dementia. The home was also part of the Archie Project which was designed to enable local children and people living at the service to spend time together. The registered manager and staff were proud of the positive impact this had had on people's lives. The PIR stated, "Freshfields staff were invited to speak at the (Archie Project) conference and received very positive feedback from all." One relative told us, "I also attended the Archie project conference with mum and spoke about how mum benefitted from the children visiting."

The registered manager valued people's feedback and acted on their suggestions. A senior manager, representing the provider, told us they also regularly visited the service and always asked people and their family members whether they were happy with the service. The PIR explained, "The home gathers the views of residents both informally and formally, through a residents meeting. The home has a twice annual relative's survey affording opportunity for assessment and comments on the quality of the service. An analysis is kept of the results and action taken to remedy and improve any shortcomings. A suggestion box is also at the entrance." The last survey had been completed in May 2017 and actions were being taken to address any shortfalls identified.

People benefited from staff who understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.