

Minster Care Management Limited

Freeland House Nursing Home

Inspection report

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Freeland
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Ratings

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

Summary of findings

Overall summary

What life is like for people using this service:

People received compassionate support from kind and committed staff. People complimented the support received and told us they formed meaningful, caring relationships with the staff. Staff knew what was important to people and ensured people had support that met their needs and choices. People's dignity, confidentiality and privacy were respected and their independence was promoted.

People received support that met their needs and was in line with care plans and good practice. People's rights to make own decisions were respected. People were supported to maintain good diet and access health services when required.

The registered manager ensured people received safe care and treatment. People complimented the continuity of care provided by skilled and competent staff. People received their medicines safely and as prescribed. Risks to people's well-being were assessed, recorded and updated when people's circumstances changed. The staff ensured any lessons learnt were reflected to improve the service delivery.

The service was well run by the registered manager who was supported by a team of committed staff. The provider's quality assurance processes were effective and there was a focus on continuous improvement. Where an area for improvement had been identified there was a prompt action taken to address it.

People, staff and relatives were involved and felt listened to. The team at Freeland House worked well in partnership with other agencies, social and health professionals and external organisations.

Rating at last inspection:

This was our first inspection of this service since they de-registered under the new provider.

About the service:

Freeland House 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 can provide accommodation and care to 65 people. At the time of the inspection 45 people lived there.

Why we inspected:

This was a planned, routine inspection.

Follow up:

We will monitor all information received about the service to understand any risks that may arise and to ensure the next planned inspection is scheduled accordingly.

More information is in Detailed Findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our findings below.

Is the service effective?

Good 

The service was effective.

Details are in our findings below.

Is the service caring?

Good 

The service was caring.

Details are in our findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our findings below.

Freeland House Nursing 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection team consisted of two inspectors and two Experts 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:

Freeland House is a care home registered to provide accommodation and nursing or personal care. 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.

Notice of inspection:

This inspection was unannounced and took place on 30 October 2018. One inspector returned on 1 November 2018 to complete the inspection and to provide feedback.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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 improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we observed how staff interacted with people. We spoke with 12 people, 4 relatives and one professional to gather their views. We looked at records, which included five people's care and medicines records. We checked recruitment, training and supervision records for four staff. We looked at a range of records about how the service was managed. We also spoke with the director, the registered manager, one nurse, two senior care staff, three care staff, activities coordinator and the chef.

After the inspection we contacted number of external health and social care professionals and commissioners to obtain their views about the service.

Is the service safe?

Our findings

People were safe and protected from avoidable harm.

Systems and processes:

- People told us they were safe. One person said, "Everything is fine here, I feel very safe".
- People were cared for by staff that knew how to raise and report safeguarding concerns.
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management:

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, mobility, skin integrity and individual conditions such as compromised swallowing.
- The provider ensured there were systems in place to manage emergency situations such as evacuation in case of a fire.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Staffing levels:

- People were supported by consistent staff and in unhurried manner. People told us there was enough staff, "The staff are so good you just ring the call bell and they come very quickly".
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.
- Agency staff were used when needed and the provider ensured the individual workers were consistent, had received an induction and that the agency had ensured appropriate recruitment checks had been completed.

Using medicines safely:

- People received their medicines safely and as prescribed. One person said, "I have injections for my diabetes and a sleeping pill and I always get them at the same time every day and the staff watch me take my pills".
- People's medicines were stored securely and in line with manufacturers' guidance, including medicines that required cold storage.
- The register manager ensured people's medicine were administered by trained and competent staff.

Preventing and controlling infection:

- Staff were trained in infection control and had access to protective personal equipment such as gloves.
- The environment was clean and well maintained. People praised the cleanliness at the service. One person said, "They clean my room every day and yes, it's very clean and the home is always clean".

Learning lessons when things go wrong:

- The registered manager ensured they reflected on occurrences where a lesson could be learnt and the team used this as an opportunity to improve the experience for people.

Is the service effective?

Our findings

People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best practice.

Eating and drinking:

- People complimented the food, they said, "It's very good and we enjoy it very much", "It's nice and we get a good choice of menu and I never get hungry at night".
- People were supported by to maintain good nutrition and hydration. This included special diets, individual choices and preferences.
- Malnutrition Universal Screening Tool (MUST) had been used to assess the risk of malnutrition and staff used the electronic recording system to log people's fluid and food intake in detail.
- The kitchen staff were aware of people's dietary preferences and ensured special diets were catered for.
- People's dining experience was a positive, social opportunity. We saw people were appropriately supported when required, this included people who chose to remain in their bedrooms.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed prior to their admission to the service to ensure these could be met. Information from the assessment was used to inform the care planning process. People and relatives, if appropriate were involved in these processes.
- When a new person moved into the service staff discussed their life history with them and their families where possible, to ensure support and activities were tailored to meet the person's needs, wishes, choices and preferences.
- People benefitted from a fit for purpose environment and were able to personalise their bedrooms. There was a choice of communal lounges, Lavender tea room, designated reflection and prayer area in the garden and dining rooms.

Staff skills, knowledge and experience:

- People were cared for by skilled staff that received training relevant to their roles.
- Staff told us they were well supported in their roles and had regular supervision meetings with their line manager to discuss their practices and further development opportunities. One staff member said, "They will support you to do any training you feel you need". They added they had been actively supported to develop their leadership and management skills.
- Another member of staff said, "Senior staff always 'hands-on', available for informal supervision and support at any time".

Staff providing consistent, effective, timely care and involvement of health professionals:

- People told us staff knew how to meet their needs. One person said, "The staff are doing a grand job".

Another person said, "I love it here. The staff look after me".

- Staff told us that GPs, District Nurses and other professionals were regularly in contact with people and involved in the planning of care. This was confirmed by the feedback we had from people's relatives and by our examination of people's care plans.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights to make their own decisions were respected. One person said, "They will go away and come back later if I am not ready to have a wash. I also get choice of food and drink". Another person said, "They ask me where I would like to eat".
- People were supported by staff that knew the principles of The Mental Capacity Act 2005.
- Where people were being deprived of their liberty appropriate applications had been submitted to the local authority.

Is the service caring?

Our findings

The service was caring and people told us they were treated with compassion, kindness, dignity and respect.

Treating people with kindness, compassion and respect:

- The team demonstrated caring nature and staff told us the senior team led by example. One relative told us they felt the culture was very welcoming and that the good care 'came from the top down'.
- All people and relatives we spoke with were satisfied with the service received and told us they were able to form meaningful caring relationships with staff. Comments included, "The staff are very kind and very nice" and "They (staff) have good relationships with people".
- Staff talked about people with real consideration and kindness and emphasised their desire to be kind and compassionate in their dealings with people.

Supporting people to express their views and be involved in making decisions about their care:

- People told us their decisions about their care and support were respected. One person said, "If you want to talk, they will sit and chat to you. They are so thoughtful". Another person said, "They ask if I am ready to get up and have a wash".
- People's individual communication needs were assessed and recorded in their care plan. Staff knew how to ensure good communication and they told us they would ensure people's glasses were clean and hearing aids in a good working order.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity were respected. One person told us, "They always knock on my door and they always close the door and they close the curtains". Another person said, "If I need changing, they do it straight away".
- Staff understood the need to ensure people's privacy and dignity and gave us examples of doing this, for example by only carrying out personal care respectfully and with people's permission. We saw interactions between people which showed a great deal of respect and care.
- People were supported to be as independent as possible. One person said, "They sit and chat with me and encourage me to do what I can for myself". Another person said, "They listen to what I have to say and adjust what they do".
- The provider recognised people's diversity and had policies in place that highlighted the need of respecting people's protected characteristics. People's needs in respect of their age and disability were clearly understood by staff and met in a caring way.
- People's confidentiality was respected and their care records were kept secure.

Is the service responsive?

Our findings

People experienced responsive care and support.

How people's needs were met, personalised care:

- People were supported in a way that met their needs and achieved good outcomes. One person said, "When I first came here, I kept falling over and they helped me to get better".
- People and relatives praised the responsive nature of the team. One person said, "If there is anything, I'm not happy with they adjust it".
- One external professional praised the staff for going 'out of their way' for one person that could present challenging behaviour. They gave us an example of 'doll therapy' being initiated by staff and this in turn increased the person's wellbeing.
- People had opportunities to join with activities that were flexible and tailored to what people wanted on the day. There was a wide range of activities offered from board games to hatching of eggs. Special occasions such as birthdays were celebrated. There was a Bible class each week with visiting preacher. Trips out were organised, and they included things like going to garden centres and to the pub. There was an old-fashioned sweet trolley which was taken around the service. There was also live entertainment once a week. There was a team of volunteers, 'Friends of Freeland House' that supported the social programme and the involvement of the local community.
- The staff knew people's needs well. People's care plans reflected people's wishes, choices and preferences on how they like to be cared for. The provider introduced an electronic software to keep care records and the team were in a process of transferring all the records from paper copies to the new system. Staff praised the new system and told us it allowed them to spend more time with people and less completing the documentation.

Improving care quality in response to complaints or concerns:

- The provider had systems to manage complaints and the records reflected any complaints received were recorded, investigated and responded to in line with the provider's policy.
- People knew how to make a complaint and told us any concerns were dealt with promptly. Comments included, "I've not needed to complain" and "If I had something to complain about I would".
- The registered manager saw complaints as an opportunity to improve the service for people and welcomed any suggestions and comments. They put in place a confidentiality box in a private area of the home and encouraged people to leave feedback so they could 'continue to be transparent'.

End of life care and support:

- The registered manager told us no one was receiving end of life support at the time of our inspection.
- People's end of life wishes had been discussed with people and where appropriate, their relatives.
- People's care records contained 'Do Not Attempt CPR' forms that had been signed by medical professionals. People also had 'Thinking Ahead' and 'Advance Care Plan' forms which recorded people's

wishes for end of life care.

- When delivering end of life care staff worked with professionals to ensure people had a dignified and pain free death.
- There was a team of three staff appointed as champions in end of life care that planned to lead the team to work toward the Gold Standards Framework to further improve the palliative care for people. Gold Standards Framework evidence-based systematic approach to optimising the care of people with any condition, in the last years of life.
- We spoke with one family of a person that passed away shortly before our inspection and they told us, "The level of care observed was fantastic". They also told us the caring approach was extended to the relatives to ensure they were well informed and supported in this difficult time.

Is the service well-led?

Our findings

The service was well-led, the leadership and management assured person-centred care and a fair, open and transparent culture.

Leadership and management:

- People and relatives told us the service was well run. One person said, "It's lovely here".
- The registered manager worked at the service for over 14 years which contributed to the stability and continuity of the senior team.
- Although the service had changed their registered provider last year this was more of an administrative change at the head office level and no changes were made at the service level.
- Staff told us the registered manager was very supportive. One staff member said, "The manager gives you all the support you could ask for".

Plan to promote person-centred, high-quality care and good outcomes for people:

- People and relatives praised the service received and how the service was run. Everyone we spoke with felt the service was well managed and open. One professional said, "Very friendly, positive and always try their best to accept clients on short notice basis".
- The registered manager promoted an open culture which contributed to staff work satisfaction. There was a good team work and staff morale. One staff member said, "I love it here".

Managers and staff are clear about their roles, and understood quality performance, risks and regulatory requirements; continuous learning and improving care:

- The registered manager had number of quality assurance systems in place. The audits included medicine records, care planning, infection control, accidents and health and safety among others.
- The registered manager ensured where an area of improvement had been identified they acted promptly to address it. For example, people's records surrounding mental capacity needed improving and the registered manager showed us they booked training for the week after our inspection for nurses responsible for care planning. The registered manager planned to run additional, individual sessions with the staff if required to assess the effectiveness of the training delivered.
- The provider's senior management provided additional support and the registered manager praised the support received from the head office's property or HR support team.
- There was a clear staffing structure and staff were aware of their roles and responsibilities.
- The registered manager promoted continuous development and volunteered their team for taking part in studies, such as the most recent participation in the 'Princess Study' which looked at the use of pro-biotics for the elderly.

Engaging and involving people using the service, the public and staff:

- The provider involved people in various ways. People had opportunities to attend meetings, complete surveys or raise any comments via an open door policy at any time.
- The staff told us they felt listened to, valued and praised the team work. Staff gave us examples of the management responding positively to suggestions, including creating store rooms on each floor of the service, which helped staff be more efficient and made people's environment safer and tidier.

Working in partnership with others:

- The staff worked well with the local health and social care external professionals. One professional said, "Very much approachable, manager is very welcoming and does her best to accommodate everyone".
- The registered manager was a member of the local provider's associations and they ensured they were updated in terms of any changes to policies or good practice guidance.