Leonard Cheshire Disability

Freshfields - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 11 and 12 October 2016 and was unannounced.

Freshfields is a care home providing support for up to 35 adults with physical disabilities. The building has single rooms as well as single self-contained rooms with bathroom and kitchen areas. It also has 2 bungalows within the grounds, close to the main building. Communal space in the building includes a dining area, lounges, activities areas and outside garden space. Freshfields is located in Formby, within walking distance of local shops, pubs and the beach and is close to a local railway station.

During the inspection, there were 33 people living in the home.

A registered manager was in post. 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. We asked people their views of how the home was managed and feedback was positive. Staff told us the registered manager was, "Approachable" and that they could raise any issues with them and were confident they would be listened to.

People we spoke with told us they felt safe living in Freshfields. All staff we spoke with were able to explain types of abuse and how they would report any concerns and we found that appropriate safeguarding referrals had been made.

We looked at the systems in place for managing medicines in the home and found that these were managed safely. Staff had completed training in relation to safe medicine administration and had their competency assessed.

The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety and that measures had been put in place to minimise risks. The safety of the environment was also assessed and regular maintenance checks were completed to ensure the building and equipment remained safe.

Although the home was safely maintained, we found that older parts of the building were in need of some refurbishment and the registered manager told us this was planned and due to commence in January 2017.

We looked at how staff were recruited within the home and found that most safe recruitment practices were followed. People living in the home were involved in the recruitment of staff. We looked at how the home was staffed and found that there was adequate numbers of staff on duty to meet people's needs.

Supervisions and annual appraisals had not been completed in line with the Leonard Cheshire policy, which states that staff should receive a minimum of four one to one supervision sessions per year and an annual

performance review. Staff were supported in their role through an induction and on-going training to help ensure they had the knowledge and skills necessary to support people effectively.

The service was working within the principles of the Mental Capacity Act 2005 (MCA). DoLS applications were made appropriately and people's consent to care and treatment was sought.

When asked about the food available, people told us they always had a choice of meal and feedback regarding meals was positive. There was also a coffee bar available where people and their relatives could make their own drinks whenever they wanted one.

People living at the home told us staff were kind and caring and treated them with respect. We observed people's dignity and privacy being respected by staff in a number of ways during the inspection and interactions between staff and people living in the home were warm and relaxed.

Care plans were written in such a way as to promote people's dignity. Staff were guided to listen to people, seek consent and promote independence where possible. Care files included information on what was important to the person, what they wanted to achieve and what the staff needed to know in order to support them effectively. We found on discussion, that staff knew the people they were caring for well, including their needs and preferences.

We observed relatives visiting throughout the inspection and people told us their visitors could come to the home at any time. One relative told us, "We are always made welcome."

Care plans we viewed were specific to the individual person and were detailed and informative. They identified people's health and care needs, recorded outcomes and were reviewed regularly.

We viewed a number of care files that contained a pre admission assessment. This helped to ensure the service was aware of people's needs and that they could be met effectively from admission. People had choice over how they spent their day.

Freshfields has a number of volunteers that visit the home and support people to pursue their interests, as well as two activity coordinators who provide a wide range of activities for people to participate in, both within the home and within the local community.

There were processes in place to gather feedback from people and listen to their views. Quality assurance surveys were distributed regularly and people's feedback was also gathered during individual reviews, residents meetings and the home also had a residents committee.

People had access to a complaints procedure and the registered manager told us this was distributed to people on a regular basis. Complaints viewed had been addressed appropriately.

Staff told us they enjoyed working at Freshfields and told us the home, "Runs quite smoothly." Staff were aware of the whistleblowing policy and told us they would always raise any concerns they had.

Freshfields is very much part of the local community and has regular visits from local schools, clergy and volunteers.

People living in the home are encouraged and supported to be involved in the running of the home, to make decisions effecting the service and people told us they are kept informed. Staff told us they were encouraged

to share their views regarding the service and if improvements could be made, the registered manager would make them. Regular meetings took place to facilitate this.

We looked at how the manager and provider ensured the quality and safety of the service provided and found that regular checks were completed to monitor the quality of the service. Best practice was shared between registered managers within Leonard Cheshire

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Freshfields.

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.

People we spoke with told us they felt safe living in Freshfields.

Appropriate safeguarding referrals had been made and staff had a good understanding of this process.

Medicines were managed safely within the home.

Systems were in place to assess risk to people the building and equipment.

There were sufficient numbers of staff on duty to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not receive supervisions and appraisals in line with the policy of the service. Staff were supported in their role through an induction and on-going training.

The service was working within the principles of the Mental Capacity Act 2005 (MCA) with regards to consent to care.

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing.

Feedback regarding meals was positive.

Is the service caring?

Good

The service was caring.

People living at the home told us staff were kind and caring and treated them with respect. We observed people's dignity and privacy being respected by staff in a number of ways during the inspection and interactions between staff and people living in the home were warm and relaxed.

Care plans were written in such a way as to promote people's dignity and independence.

We observed relatives visiting throughout the inspection and people told us their visitors could come to the home at any time.

Is the service responsive?

Good

The service was responsive.

Care plans were specific to the individual person and were detailed and informative. They identified people's health and care needs, recorded outcomes and were reviewed regularly.

There was a range of activities available within the home and within the local community.

There were processes in place to gather feedback from people and listen to their views.

People had access to a complaints procedure and those viewed had been addressed appropriately.

Is the service well-led?

Good

The service was well-led.

Feedback regarding the management of the service was positive.

Staff were aware of the whistleblowing policy and told us they would always raise any concerns they had.

People living in the home were encouraged and supported to be involved in the running of the home and to make decisions affecting the service. Staff were encouraged to share their views regarding the service.

There were processes in place to help the manager and provider ensure the quality and safety of the service provided. Best practice was shared between registered managers within Leonard Cheshire

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications.

Freshfields - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 October 2016 and was unannounced. The inspection team included an adult social care inspector.

Before our inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service.

The provider had 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 any improvements they plan to make.

We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with the registered manager, deputy manager, a member of the maintenance team, three people living in the home, two relatives and four members of the care team.

We looked at the care files of three people receiving support from the service, three staff recruitment files,

medicine administration charts, care plans and other records relevant to the quality monitoring of the service. We also observed the delivery of care at various points during the inspection.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living in Freshfields. One person told us, "Staff are always on hand if you need anything."

We spoke with staff about adult safeguarding, what constitutes abuse and how to report concerns. All staff we spoke with were able to explain types of abuse and how they would report any concerns. A policy was in place to guide staff on actions to take in the event of any safeguarding concerns and staff told us the registered manager or deputy were always available to be contacted if they had concerns about people living in the home. A system was in place to record all safeguarding referrals and we found that appropriate safeguarding referrals had been made.

We looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MARs), stock and other records for people living in the home. A medicine policy was available for staff and included guidance on areas such as actions to take in the event of a medicine error, self-administration, controlled drugs, safe administration and covert administration of medicines (medicines hidden in food or drink), though this form of administration was not in use at the time of the inspection. Staff told us and records we viewed confirmed, that staff had completed training in relation to safe medicine administration and had their competency assessed.

We looked at a care file for one person who self-administered their own medicines and found that appropriate risk assessments and plans were in place. People's medicines were stored in locked cupboards in their bedrooms and MAR charts and individual medicine information sheets were kept with the medicines.

MAR charts we viewed had been fully completed when medicines had been administered and contained information regarding people's allergies and how each person wanted staff to support them with their medicine. We checked the stock balance for three medicines and these were correct. There was a process in place for staff to check the balance of all medicines in boxes each time they were administered.

We found that controlled drugs were stored and recorded in line with legislation. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs Act and associated legislation.

The temperature of the medicine stock room and medicine fridge was monitored and recorded daily and was within range. Temperature of people's individual medicine cupboards in their rooms were not monitored, though general environmental temperatures were controlled by a heating system. The registered manager agreed to monitor the temperatures where medicines were stored in people's room in line with best practice guidance.

The care files we looked at showed staff had completed risk assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as nutrition, skin integrity, use of kettles, self-

administration of medicines and use of bed rails. These assessments were reviewed regularly to ensure any change in people's needs was assessed to allow appropriate measures to be put in place, such as regular weight monitoring or pressure relieving equipment.

Care files included a personal emergency evacuation plan (PEEP) which provided staff with information on the support and equipment each person would require to move to a safe area, or evacuate the home in the event of an emergency.

Arrangements were in place for checking the environment and equipment to help ensure it was safe. External contractors were utilised to ensure regular checks were completed for; legionella, gas, electricity, fire alarm, fire fighting equipment and lifting equipment such as hoists. We viewed the certificates issued from the contractors and these were in date. There were a range of internal checks completed by the provider, such as weekly fire alarm checks, wheelchair safety, ladders, water temperatures, bed rails and fire doors.

Although the home was safely maintained, we found that older parts of the building were in need of some refurbishment and the registered manager told us this refurbishment was planned agreed and due to commence in January 2017.

We looked at accident and incident reporting within the home and found that accidents were reported appropriately and actions taken to help minimise future incidents, such as referrals to the falls team. Incidents were logged on an electronic system which could be accessed by the registered manager and was monitored by head office.

We looked at how the home was staffed. On the first day of inspection there was the registered manager, deputy manager, one nurse and seven care staff, as well as kitchen, domestic and laundry staff, all supporting 33 people living in the home. The registered manager told us that approximately 14 people required nursing care and 19 people were receiving a residential level of support. A new work schedule was being trialled, with staff starting and finishing at different times to help ensure sufficient staff were available to meet people's needs when they needed it. Staff, people living in the home and residents that we spoke with, all told us there were adequate numbers of staff on duty both during the day and night. One staff member told us staffing levels had improved and agency staff were no longer required which they felt helped with continuity of care.

We looked at how staff were recruited within the home. We looked at three personnel files and evidence of application forms, appropriate references and Disclosure and Barring Service (DBS) checks were in place. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff. We found that not all the files we viewed contained the necessary photographic identification of staff. The registered manager explained that staff had provided this to enable the DBS checks to be made but they had since been destroyed. The registered manager began to address this immediately and before the end of the inspection an audit had been completed of all staff files and the registered manager had requested staff to provide the required identification.

Some people living in the home had received training to enable them to participate in the recruitment of staff. The registered manager told us that one person would show a prospective employee around their home and a second person would join the manager or deputy manager in the interview. The registered manager told us that all people living in the home had been involved in the development of questions for prospective staff to be asked and staff interview records reflected scores from all people involved in the

interview. We spoke with one person living in the home who had participated in staff recruitment. They told us they enjoyed being involved in staff interviews and they had certain expectations of potential staff members.

Requires Improvement

Is the service effective?

Our findings

Records showed that supervisions were completed with staff a couple of times per year and staff we spoke with felt this was sufficient as they felt well supported and could approach the registered manager with any questions or concerns at any time. There was no evidence that annual appraisals had been completed recently and the registered manager confirmed these had not taken place and that this was something they were working on. The Leonard Cheshire policy states that staff should receive a minimum of four one to one supervision sessions per year and an annual performance review, which meant that the home was not adhering to this policy.

We recommend the provider reviews current guidance and best practice in relation to supporting staff and updates its practices accordingly.

We looked at staff personnel files to establish how staff were inducted into their job role. All staff completed the Welcome to Leonard Cheshire induction which was in line with the care certificate. The care certificate requires staff to complete appropriate training and be observed in practice by a senior colleague or manager before being signed-off as competent. We observed induction booklets that were in use by new staff and these were signed off by a senior member of staff. Staff we spoke with told us they shadowed more senior staff when they started in post and that their induction was sufficient to help them get to know people and how to support them safely.

We looked at on-going staff training and support. An electronic system was in place to monitor staff training and this alerted the manager when refresher training was due to be completed. We looked at the electronic system and found that staff had completed training in areas such as safeguarding, moving and handling, nutrition and hydration, whistleblowing, infection control and fire safety.

Staff we spoke with told us they completed training regularly and this was mostly face to face training, but that some eLearning had recently been introduced. Specific training was also provided to ensure staff could meet people's individual needs. For instance, one staff member told us that a person living in the home had been diagnosed with a specific medical condition and training had been sourced to ensure all staff were aware of the condition and effects it may have on the individual.

We looked to see if the service was working within the legal framework of the 2005 Mental Capacity Act (MCA). 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 make 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 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 told us that there were four authorised DoLS in place. We viewed a care file for one

person who had an authorisation in place and it was clearly recorded within this. The registered manager had a system in place to monitor expiry dates of the authorisations to ensure they could be applied for in a timely way and prevent any person being deprived of their liberty unlawfully. We found that staff we spoke with had a good understanding of DoLS, however not all staff knew who had an authorised DoLS in place within the home, though most staff told us they would always check this information with the registered manager if needed. We discussed this with the registered manager who agreed to ensure all staff were aware of who had a DoLS in place and how this impacted on their care and support.

Staff we spoke with told us they always asked for people's consent before providing care and we observed this during the inspection. For instance, before entering a person's bedroom, providing personal care and providing support at lunch time. Care files showed that when able, people signed to show their consent in areas such as care planning, having their photograph taken and sharing information.

When people were unable to provide consent, appropriate procedures were followed. For instance, one person's care file showed that they were unable to consent to living within the home and receiving the planned support. A capacity assessment had been completed by a social care professional and best interest decisions were recorded which reflected the views of relevant people. A DoLS application had also been made for the person due to their circumstances.

The registered manager told us they had mental capacity assessment tools to use when needed and records showed that staff had received mental capacity and DoLS training.

People at the home were supported by the staff and external health care professionals to maintain their health and wellbeing. The care files we looked at showed people received advice, care and treatment from relevant health and social care professionals, such as the dietician, speech and language therapist, G.P, social worker and optician.

When asked about the food people told us they always had a choice of meal. One person told us if they did not want what was on the menu, staff would go to the shops to get them what they wanted if necessary and another person told us they could have their meals whenever they wanted them. Recent individual reviews asked people about their views regarding meals and the responses were mostly positive. People we spoke with described the food as, "Good" and "Great." There was a menu on display in the dining room which showed variety and a choice of meals. There was also a coffee bar available where people and their relatives could make their own drinks whenever they wanted one.

Good

Is the service caring?

Our findings

People living at the home told us staff were kind and caring and treated them with respect. They described staff as, "Helpful and always on hand if you need anything", "Amazing" and that they "Go above and beyond." One person told us, "Residents and staff get on well together; it is like one big happy family." Relatives we spoke with agreed and described staff as, "Marvellous" and "Great." One staff member described Freshfields as, "A happy home."

We observed people's dignity and privacy being respected by staff in a number of ways during the inspection. Staff were seen to knock on people's door and wait for a reply before entering their rooms and referred to people by their preferred name. One member of staff told us it was, "Second nature to knock on doors", so much so, that they often knocked on the staff room door. When personal care was required, people were supported in the privacy of their own rooms and we observed that people did not have to wait long if they needed support. Interactions between staff and people living in the home were warm and relaxed.

Care plans were written in such a way as to promote people's dignity. Staff were guided to listen to people, seek consent and promote independence where possible. One care file we viewed reflected that the person's aim was to gain the skills to enable them to move to a supported living environment. We spoke with this person during the inspection and they told us they were due to move to a supported living accommodation in the near future. Another person living in the home told us that it was part of the Leonard Cheshire philosophy to help people to be as independent as they could be. As well as the main building, there were also two bungalows in the grounds. This encouraged people to be more independent whilst providing the security of 24 hour staff support which could be requested through the call bell system as well as planned daily support.

People also told us they were involved in the home and were kept informed of any changes. For example, one person told us they had been informed of the new staff working times before they were implemented so that they were aware of what was happening. Another person told us they were, "Very involved." Staff we spoke with all agreed that people living in the home were involved and that they were consulted about decisions regarding the running of the home.

We found on discussion, that staff knew the people they were caring for well, including their needs and preferences. Most staff we spoke with knew people's needs, including their specialist requirements, such as thickened fluids and soft diets. Care plans also advised staff of specific information that was important to people as individuals. For instance, one person's plan stated that it was important to them to be able to make their own decisions and for staff not to make decisions on their behalf without consulting them. Another person's plan advised that they enjoyed staff reading to them. This helped to ensure that people were supported by staff who knew them well.

Care files were seen to be stored securely in the staff office in order to maintain people's confidentiality. Care plans we viewed contained consent forms that people had signed to show they had been informed where

their records were stored and that they were happy with this.

We found that people were supported to meet their religious needs when necessary. For instance, the registered manager told us that clergy from the local church come to the home and the service would support people to attend the church if they wished to.

We observed relatives visiting throughout the inspection and people told us their visitors could come to the home at any time. The registered manager told us there were no restrictions in visiting, encouraging relationships to be maintained. Relatives we spoke with agreed and told us they could visit whenever they wanted to. One relative told us, "We are always made welcome" and that they, "Can stay for meals."

For people who had no family or friends to represent them, contact details for a local advocacy service were available and were on display within the home for people to access. The registered manager told us there were no people currently using this support, but they would be assisted to access it should they need to. Leonard Cheshire also provides service user support groups and a support line for people to use if they require advice or assistance outside of the home.

Good

Is the service responsive?

Our findings

We looked at how people were involved in their care planning. Most care plans we viewed showed that people and their families had been involved in the creation of care plans. This was evident through signed consent forms when people were able to provide this, but also by the level of person centred information contained within people's care files. People we spoke with told us that they were aware of their care plans and were happy with the care they received. Care plans were specific to the individual person and were detailed and informative. Care files included information on what was important to the person, what they wanted to achieve and what the staff needed to know in order to support them effectively. They identified people's care needs, recorded outcomes and were reviewed regularly.

Individual review meetings took place to discuss care people received and whether any changes were required. Prior to the review, records showed that people were asked when they wanted the review to take place, what time of day was best for them and who they wanted to be present. Reviews also included information as to what has been done since the last review, what was working well, what was not working well and what could be changed. Outcomes were created with actions as to how they could be met to ensure people received care in the way they wanted to achieve their individual outcomes.

We observed care plans in areas such as personal support, choice and control over daily life, planning for the future, keeping safe, mobility, medication, communicating and nutrition. Care files also contained a Hospital Passport. This recorded essential information that people needed to know about the person in order to support them effectively when receiving support outside of their home. We also found that plans were in place to meet people's specific health needs. For example, one file we viewed recorded that the person had been diagnosed with a condition that could cause seizures and there was a detailed care plan in place to guide staff on actions they should take to safely support the person should they have a seizure.

We viewed a number of care files that contained a pre admission assessment and a relative we spoke with confirmed that staff had visited their house prior to their relative moving into Freshfields to complete an assessment. This helped to ensure the service was aware of people's needs and that they could be met effectively from admission.

Most care files contained life histories for people which enabled staff to get to know people, understand their experiences and backgrounds and provide support based on their preferences. Care plans provided information on people's preferences in areas such as how they wanted to be supported with personal care, whether they preferred male or female staff to support them, daily routines, meals, hobbies and activities and preferred support with medicines. From discussions with staff, we found that they knew people well, including their preferences. For example, one staff member described an individual's support needs, recent changes in their care and advised us what activities they preferred to participate in and who they preferred to assist them with their personal care. This information was reflected in the person's support plan.

Staff we spoke with told us they were informed of any changes within the home, including changes in people's care needs through daily verbal handovers between staff and through viewing people's care files.

This helped to ensure that staff were provided with sufficient information to meet people's needs. Visitors we spoke with told us they were kept informed of any changes to their loved one's health and wellbeing. Care files showed that people's general health was monitored regularly, such as their weight, temperature and blood pressure.

People we spoke with told us they had choice as to how they spent their day. For example, some people chose to go out to the local village on a regular basis, whilst other people chose to stay within the home, watch television, participate in activities or just relax in their rooms. Some people had meals in the dining room, whilst others preferred to eat in their rooms. Care plans we viewed evidenced people's choice with regards to their daily routines. People also told us they were involved in the decoration of their bedrooms and chose the colour and theme. Rooms we viewed reflected this as they were decorated in an individual way.

We asked people to tell us about the social aspects of the home. One person told us, "There is always something on" and another person told us, "There are lots of activities." Freshfields has a number of volunteers that visit the home and support people to pursue their interests. There is a volunteer coordinator who actively recruits volunteers who have the same interests and hobbies as people living in the home. For example, one person enjoyed writing and the coordinator arranged for a local published author to review the person's work for them.

Two activity coordinators provided a range of activities both within the home and in the local community for people living in the home as well as people who attend the home's small day service. Activities included pottery, crafts, games, music, bingo and regular trips out to places such as the zoo, pub lunches and Liverpool docks. Theatre trips were particularly enjoyed by people and were scheduled in most weeks to ensure all people who wanted to see the production had the opportunity to. People were supported to attend football matches, play the keyboard or use the jukebox in the function room. There were a number of computers available for people to use and computer buddies had also been organised to support people who could not use the computer independently. There also holidays arranged and one person told us they particularly enjoyed their visit to Scotland and to the Lake District.

A new sensory room was being developed which included a massaging chair, relaxing lights and a water bed. This was almost completed and people would be able to access this room in the near future. A fish pond had been built within the home for people to enjoy and the registered manager told us it was popular.

We looked at processes in place to gather feedback from people and listen to their views. Quality assurance surveys were distributed regularly and had last been completed in March 2016. The survey asked people for their views regarding quality of life, satisfaction with care received and whether people would recommend the home to others. The responses were positive and 100% of people agreed that the support they received at Freshfields helped them to have a better life. People's feedback was also gathered during individual reviews, residents meetings and the home had developed a residents' committee. Minutes from residents' meetings showed that views were sought on areas such as activities and meals and people voted on decisions regarding the home, such as how to spend funds and whether to change times of parties to enable more people to attend. Records showed that actions were taken following this feedback. For example at one meeting people requested chair based exercises and records from the next meeting reflected that these had taken place and were now part of the activity schedule.

People had access to call bells in their rooms to enable them to call for staff support when required. People we spoke with told us staff always responded quickly when they used their buzzer.

People had access to a complaints procedure and the registered manager told us this was distributed to people on a regular basis. People living in the home and relatives that we spoke with all told us they knew how to make a complaint and felt comfortable raising any concerns. There was a system in place to log all complaints and these were shared with staff in head office. The complaints we viewed had been investigated and responded to in line with the Leonard Cheshire policy.

Good

Is the service well-led?

Our findings

The home had a registered manager in post. We asked people their views of how the home was managed and feedback was positive. Staff told us the registered manager was, "Approachable" and that they could raise any issues with them and were confident they would be listened to. Staff we spoke with also told us the deputy manager had made a number of positive changes since being in post and that the home was now more 'stable.' People living in the home agreed and told us they could go to the registered manager with any concerns they had.

Staff told us they enjoyed working at Freshfields and told us the home, "Runs quite smoothly." A number of staff who were employed by an agency have now undertaken permanent contracts within the home. Staff we spoke with were aware of the responsibilities of their role. Staff were aware of the whistleblowing policy and told us they would always raise any concerns they had. Having a whistle blowing policy helps to promote an open culture within the home.

Freshfields is very much part of the local community. As well as the large number of volunteers that support the home, clergy visit from local churches, local school and scout groups visit and the home supports older school children to volunteer within the home. The registered manager told us children complete this as part of their Duke of Edinburgh award and assisted at tea time by serving meals and clearing tables. The home provides a day service for local people and supports student nurses who work in the home as part of their training. People living in the home access the local community regularly.

People living in the home were encouraged and supported to be involved in the running of the home, to make decisions affecting the service, such as recruitment of staff and spending of funds and people told us they were kept informed. Records showed that people voted on decisions during meetings and that those decisions were implemented.

We looked at processes in place to gather feedback from people and listen to their views. As well as resident and committee meetings and quality assurance surveys, there were also regular staff meetings held to ensure views were gathered from staff. Records we viewed showed that staff meetings took place every few months and covered areas such as staff rota's, medicine competency, nurse's revalidation needs and results from most recent resident surveys. Staff told us they were encouraged to share their views regarding the service and if improvements could be made, the registered manager would make them.

During the visit we looked at how the manager and provider ensured the quality and safety of the service provided. Records showed that the registered manager provided a monthly report to the operations manager, which covered areas such as health and safety issues, vacancies, any safeguarding concerns or complaints, use of agency staff, hospital admissions and views on what has happened in the home that month. The operations manager also visits the service each month and completes a themed review and provides supervision to the registered manager.

The registered manager told us that all local Leonard Cheshire managers meet every other month to share

best practice and discuss any areas of concern and they also attend an annual conference. The organisation completed a full quality assurance review every two years which was last completed in August 2016. All outstanding actions are tracked by head office and the registered manager provides them with updates each month to ensure improvements are made. Regular heads of department meetings were undertaken to enable effective communication and allow staff to raise any issues relating to their departments.

We viewed completed internal audits which included areas such as medicines management, completion of person centred plans, infection control and accidents and incidents, health and safety of the environment, food hygiene, window safety, completion of risk assessments and hoist sling checks. Actions were recorded when needed and updated when they had been completed. This meant that systems were in place to monitor the quality and safety of the service.

The registered manager had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Freshfields.