

# May Residential Homes Limited

# Freshfields Residential Home

## Inspection report

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20 June 2017

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## Ratings

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

## Overall summary

This unannounced inspection took place on 20 June 2017. Freshfields provides accommodation and personal care to a maximum of 36 people, some of whom may be living with dementia. On the day of our visit there were 35 people using the service.

At our previous focused inspection on 22 July 2015, the service was meeting the legal requirements.

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.

The service was well led with evidence of effective quality assurance systems in place to ensure the quality of care delivered was monitored and continuously improved.

There were safeguarding systems in place which were known and understood by staff. Staff demonstrated an understanding of the incident and accident reporting procedure and were able to explain any learning that had taken place following some falls resulting in injuries.

People and their relatives told us they felt Freshfields was a safe place to live. They thought there were enough staff to meet people's needs.

People told us their privacy and dignity was respected. They were involved in how the service was run and told us they were asked their views on issues such as meals and how they spent their time. They told us they were able to make a complaint if they were unhappy with any aspect of their care.

Care plans were person centred and were completed after consulting with people and their relatives. They included people's religious, emotional and physical support needs and preferences.

People were enabled to maintain a balanced diet that met their individual needs. Food and fluid charts and regular weight checks were in place for people at risk of malnutrition.

Staff were supported by an approachable management team that ensured monthly staff meetings took place and supervision. There was a comprehensive induction and training program which ensured staff were up to date with practice and able to deliver evidence based care.

Recruitment systems were robust and included appropriate checks to ensure that only suitable staff were employed.

The service worked according to Mental Capacity Act to ensure that where people lacked capacity decisions

were made in their best interests following appropriate guidance and involvement of relevant professionals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

## 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 told us they felt safe living at Freshfields. Staff were aware of the procedures to follow to protect people from avoidable harm and had attended appropriate training.

There were robust recruitment systems in place to ensure only suitable staff were employed.

Medicines were managed safely by staff who were appropriately trained.

### Is the service effective?

Good ●

The service was effective. People and their relatives told us that staff understood their needs.

Staff sought for consent before they delivered care. They were aware of the Mental Capacity Act, how it applied in their role and had attended relevant training.

Staff were supported by means of regular training, supervision twice a year and monthly meetings. There was no formal appraisal system in place

### Is the service caring?

Good ●

The service was caring. People told us staff were caring and polite.

Staff treated people with respect and were aware of people's needs.

People were supported to be dignified, painfree and comfortable toward the end of their life.

### Is the service responsive?

Good ●

The service was responsive. People told us staff listened to them. They were able to choose what they wanted and how they wanted their care to be delivered.

People and their relatives were able to express any concerns via the complaints system and felt their concerns were listened to.

Care plans reflected people's current physical, emotional support needs as well as their goals and aspirations.

**Is the service well-led?**

**Good** ●

The service was well-led. People and their relatives told us the management team was approachable, visible and listened to their needs. They were open and transparent and kept people and their relatives updated on any changes.

There were effective systems in place to ensure that care delivered was person centred and met people's individual needs.

Staff told us they were supported by the management team and worked closely with the community.

# Freshfields Residential 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.

This unannounced inspection took place on 20 June 2017. It was completed by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information from notifications (information sent to us to let us know of any serious incidents or events). In particular we had received notifications relating to falls resulting in injuries.

The 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 spoke with 13 people in total. Eight of those were a group of four people each who both decided that they did not want answer individually but as a group. We spoke with four relatives, interviewed two care staff, a chef, the deputy manager and the provider. We reviewed three care records, five fluid charts, five topical medicine charts. We looked at audits satisfaction surveys and maintenance surveys. We reviewed eight staff files including supervision records. We observed care in the main lounge, and outside in the garden.

# Is the service safe?

## Our findings

People told us they felt safe living at Freshfields. One person said, "Yes I do. The windows here only open a little and they are secured to stop it going any further. I also have an alarm and they come when I have had to use it." Another person told us, "Yes they are in and out all the time." We noted whilst there the call bell was accidentally hit, the staff came promptly. A fourth person said, "Yes, I feel safe."

Staff had attended safeguarding training and were able to explain how they would identify, report and respond to any allegations or witnessed abuse. They were aware of where to find the policy. We found safeguarding incidents had been investigated and action plans had been implemented to reduce the risk of the same incidents recurring. Staff told us they were able to report any concerns at work and were aware of the whistleblowing procedure.

Prior to our inspection we had received notifications relating to injuries. We reviewed documentation in relation to falls management, incident and accident reporting. Staff were aware of the incident and accident procedure.

We found evidence that appropriate action was taken following falls. A falls register was held and incident forms documented detailed actions of steps taken to avoid repeat events. The falls register was comprehensive and detailed times of falls in order to easily identify and rectify any patterns of times at which falls happened.

There were procedures in place to deal with foreseeable emergencies. Staff had attended first aid training and fire training. They were able to explain the steps they would take to get medical attention for people. They were aware of the steps to take in the event of a fire. Fire drills took place regularly and daily health and safety checks were in place in order to identify and mitigate any risks to people.

Risk assessments were in place for people and their environment. These included moving and handling, falls and nutrition. Staff were able to explain the steps they would take to mitigate any identified risks. For example, they regularly checked on a person who was now bedbound to ensure they were repositioned and offered a drink in order to reduce the risk of developing pressure sores and dehydration.

People told us they received their medicines on time. One person said, "I get my tablets every day." Another person said, "The staff give me my tablets just after breakfast." We observed staff administering medicines safely in the morning and afternoon of the inspections. Medicine trollies were locked when not in use. We checked controlled drugs and saw they were stored properly in a locked cupboard and checked daily to ensure the stock count was correct. Fridge temperature checks were checked every day. However, we noted that temperature checks where the medicine trolley was kept were not always recorded. On the day of the visit the temperature rose to 27 degrees which was not conducive for the medicines. Staff told us there was usually a fan there and the provider immediately arranged for the fan to be returned. We recommend best practice guidelines are always followed to ensure medicines are stored at the correct temperature so to ensure they do not lose their effectiveness.

Four out of thirteen people thought there were enough staff during the day but thought it took longer for the call bell to be answered at night. One person said, "Yeah never really thought about it. There are plenty of people about. Another person told us the call bell was answered, "Sometimes very quickly. Sometimes you have to wait." We observed that staff understood people's needs and made sure they checked on people in their rooms and within the communal areas. Staffing was adjusted to meet the needs of people. For example, staff told us and rotas confirmed that a staffing allowance had been made to enable a member of staff to stay with a person during the last days of their life.

There were robust recruitment systems in place. These included an application process, interview, proof of identity and qualifications, two references and disclosure and barring checks (checks to see if there is a criminal record) to ensure staff employed were suitable to work in a social care environment.

People told us their rooms and environment was always clean. One person said, "A lady comes and cleans. Every day I think." The premises and equipment were clean and well maintained. The maintenance staff made sure all relevant health and safety checks such as water temperature, call bells, emergency lighting were completed. Where risks were identified action was taken to rectify.



## Is the service effective?

### Our findings

People told us staff understood their needs. One person said, "[Staff] are very good to me." Another said, "They do try to listen. So far so good." A third person when asked if staff understood their needs responded, "In time they do. They don't tell us when they someone leaves. It would be nice to know when someone leaves - just to say goodbye."

People told us and we observed that before care was delivered, staff sought consent from people. People we spoke with confirmed this. One person told us, "They always knock on my door and I say yes or no." 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. Staff had received training on the MCA and were able to tell us how decisions would be made where people lacked capacity. They were aware of the processes and were able to explain why people had a DoLS. There were capacity assessments for specific decisions.

Staff told us they were supported by the registered manager, the deputy and the provider. They told us and records showed they were sent on courses regularly and could request for more courses if they felt they needed to improve their knowledge in areas such as diabetes or dementia. Staff spoke about a recent dementia awareness course and how it had enabled them to have a better understanding of people's needs.

There were systems in place to ensure staff were supported to deliver evidence based care. We saw supervision meetings took place at least twice a year. These gave staff the opportunity to discuss how they were coping in their role and any support they required to achieve their personal developmental goals. We reviewed meeting minutes for monthly staff meetings which were held about work related issues such as training, quality of care. We saw a training plan for the year and saw evidence that staff received mandatory training. Training was a mixture of internal and external training and included an assessment of understanding of the concepts learned.

People were supported to maintain a balanced diet which met their individual preferences. Nine out of thirteen people told us they enjoyed the food. The others thought some vegetables could be cooked better with one preferring their own cooking. One person said, "They ask me what I want and what I like and dislike. They know it very well." Another person said, "The food is quite good. Much better than cooking for yourself."

The menu was varied and provided option for people to have salad or an omelette if they did not like what was on the menu. The chef prepared most of the food from scratch. Fresh fruit was available, regular hot and cold drinks were served to people. Food and fluid charts were maintained for people who required monitoring. Staff weighed people monthly and completed nutritional risk assessments. People were left to eat at their own pace, prompted to eat and assisted when required. There was constant topping up of people's glasses with just a few saying they didn't want any more during lunch.

People were supported to access health care services when they needed. We saw evidence of regular GP visits, annual health checks, district nurses, chiropody, ophthalmology and dental reviews. One person said, "The GP comes every Tuesday afternoon." One group of four people told us, "We have been told that we can see a Doctor if we need to." A second group of four people when asked if they ever saw a GP said "Yes he comes once a week if we need him." Staff told us they always called the GP if they noticed any deterioration in people's health.

## Is the service caring?

### Our findings

People told us staff were kind and compassionate. A group of four people told us when asked what they thought of staff, "Yes, we all think they are kind." Another group told us, "We all think they do care." Another person said, "They [staff] are simply marvellous. Helpful and kind." We observed that staff were aware of people's needs and promptly attended to them when they needed assistance. They knew people's religious or cultural preferences and encouraged them to continue practicing their faith.

People were treated with dignity and respect. Before staff assisted people they explained what they were doing. They addressed people by their preferred names and were aware of people's preferences such as if they liked sugar in their tea, where they liked to sit and when their family and friends visited. We saw staff ensure people were clean and comfortable and assisted to go on comfort breaks if required. They noticed when people were uncomfortable and ensured their needs were met. For example, a person had worn a jumper despite it being very hot. One staff noticed and persuaded the person to change into a more suitable top.

People were supported to maintain their independence. We noted that two people went out as and when they wanted. One person said, "All I have to do is let someone know and sign in and out for health and safety reasons." We saw a person assist to clean the table mats after breakfast. When asked, the person told us they enjoyed doing as much as they could for themselves. Another person said, "They only help me do my buttons or scrub my back."

Twelve out of thirteen people told us that their privacy was respected. The one exception told us, "I have people who come into my room and there is one person in particular. I have told the manager countless times and they say there is nothing they can do to stop her." We spoke to staff and the deputy manager about this and they explained the strategies and regular checks in place to try and stop this from happening. Staff were aware of the need to maintain confidentiality and ensured people's records were kept in a locked cupboard. They were aware of the need to seek consent before disclosing any personal information over the phone or to visitors.

People were supported to be pain free and comfortable during the last days of their lives. People's last wishes were outlined in their care records. Staff demonstrated an understanding of end of life care and told us how they supported people and their relatives at a difficult time. The deputy told us how the team debriefed and thanked whenever they had succeeded in meeting people's end of life wishes.

Information about the service was displayed within the main reception area. This included the complaints procedure, upcoming events and the refurbishment plan. People told us they were kept informed and involved in planning their daily care. Care records showed involvement of people and their relatives at the six monthly care plan reviews.

## Is the service responsive?

### Our findings

People told us they were involved in planning their care and told us staff were attentive to their needs. One person said, "We do meet to discuss my care with the deputy and they ask what I would like." Another person said, "I can pretty much do what I want. They do talk about my care and I tell them if I think anything needs to change as and when."

Care plans were person centred, comprehensive and reflected people's current support needs. They included physical emotional spiritual support preferences and a comprehensive life story. We observed staff were aware of these preferences and supported people accordingly. Care plans were reviewed and updated as and when people's condition changed. A key working system was also in place where staff were allocated to a group of people and responsible for building a good rapport with them and ensuring they had all the supplies they needed.

People were enabled to maintain contact with their relatives and friends. On the day of our visit visitors came throughout the day. They told us they were always made to feel welcome and could choose whether to stay in communal areas or go to their rooms. There was Wi-Fi within the building which was used by some people to stay in touch with their family. One person told us, "My family come to visit. They take me out for tea." An initiative named "Come dine with me" was in use to prevent social isolation. This was a system where people invited their friends and relatives to come and have a meal at the service. Each person had a chance to do this at least once a year. We reviewed feedback from this experience and found relatives and people had found it very positive.

People and their relatives told us they could express any concerns without any fear of reprisal. We reviewed complaints and found them to be acknowledged, investigated and responded to in a timely manner with the exception of one which was yet to be fully resolved. People and their relatives told us they were able to complain and their issues would be resolved. One relative told us, "I would talk to the duty manager, the governor." Another relative said, "I would talk to the DM and she would sort it out." A group of people told us, "Yes and we are confident what to do so [make a complaint] and we would escalate it too if we were not happy."

There were varied indoor and outdoor activities on offer. 10 out of 13 people told us they were satisfied with the activities provided. One group of four told us, "We play games... It is fun and purposeful. Also physical exercises for an hour, plus darts, not with nail pins but like sticky macro, dominoes, bingo and cards and quizzes too." Another group said, "Once and or twice a year they take us out on a coach. Also one of us recently went to a theatre in Hornchurch." The other three people told us they wanted something more "intellectual". There was an activities coordinator in place who worked during the week and care staff continued the activities at the weekend. We saw that regular activities took place. On the day of visit some people did some colouring, played cards, bingo and a quiz. We observed one to one conversations taking place.

## Is the service well-led?

### Our findings

People and their relatives spoke highly of the management. They told us the registered manager, their deputy and the provider were very visible. One relative said, "I think they [management] are good. Everything is spotlessly clean. Germs are imminent in their minds. They are so attentive." One person told us, "It is quite pleasant. People are friendly and helpful. The staff are good too." A group of four said, "We all agree that it is very good here."

There was a registered manager in place. They were notifying us as required by law of any incidents that posed a health and safety risk to people and their environment. People, their relatives and staff told us that there was an openness and transparency that enabled them to approach management with any issues or concerns. Staff told us they would not hesitate to raise any concerns and felt they would be listened to.

The service was well-led. The management team were visible and known by people their relatives and staff. The management team met monthly to plan and discuss issues relating to the quality of care delivered. The provider also met regularly with the registered manager to discuss issues such as work load, maintenance, health and safety, development plans, staff issues, training and people's health and well-being. There were clear governance structures in place with a quality improvement consultant completing regular quality assurance visits to ensure systems in place were effective. The provider completed unannounced night visits to ensure people received consistent care.

People when asked told us they had chosen to come to Freshfields or a relative had heard through word of mouth about Freshfields. One person said, "Put it this way. I came here of my own volition. I was tired of struggling at home. I was told by my GP that Freshfields was very good. When anything happens I am pleased that I am no longer living at home."

Staff understood their roles and responsibilities. The registered manager was supported by the provider, the deputy manager and an independent consultant. The registered manager was hands on when needed and sometimes worked weekends. They also offered a counselling service to staff if they wanted. Staff were able to demonstrate the values and vision of the service in the way we observed them deliver care and individualised support to people. The key working system in place was used effectively to engage with people and their relatives and deliver care that met their individual needs.

There were systems in place to obtain and act on feedback about the quality of care delivered. This included people, their relatives and professionals who visited the service. People had recently participated in ordering and choosing arm chairs and bedroom furniture. People's feedback from the latest survey showed they were happy with the support they received. Similarly staff feedback stated that staff were happy with the support they received. They mentioned a recent outing to encourage team building at a comedy club and support given to a colleague during the last days of their life. Visiting professionals thought highly of the care delivered with 100% of those who completed the survey recommending the service.