

## Barchester Healthcare Homes Limited

# Friston House

### Inspection report

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### Ratings

## Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection was carried out on 25 August 2015. Our inspection was unannounced.

Friston House provides accommodation, residential and nursing care for up to 81 older people. The home comprises of three units. The main building has two floors and accommodates people with residential needs with early onset dementia on the ground floor; and people with nursing needs on the first floor. There is a separate 'Memory Lane Unit' for people who live with dementia and nursing care needs. The home has a garden and courtyard areas available for all of the people.

On the day of our inspection there were 78 people living at the home. People had a variety of complex needs including people with mental health and physical health needs and people living with dementia. Some people had limited mobility, pressures ulcers and some people received care in bed.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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 gave us positive feedback about the home. People felt safe and well supported. They told us that staff were good at communicating and the food was good.

Staff had received training about protecting people from abuse and showed a good understanding of what their roles and responsibilities were in preventing abuse.

We found some unattended prescribed thickener. This powder which is added to fluid to enable people to swallow had been left out of a locked cupboard. This put people at risk because if ingested without following the guidelines, it could lead to people choking if ingested. We made a recommendation about this.

People's safety had been appropriately assessed and monitored. Each person's care plan contained individual risk assessments in which risks to their safety were identified, such as falls, mobility and skin integrity.

The home was suitably decorated, adequately heated and was clean. There was a relaxed atmosphere.

There were enough staff on duty to meet people's needs. Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the service. Staff had undertaken training relevant to their roles and said that they received good levels of hands on support from the management team.

There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Staff had a good understanding of the MCA 2005 to enable them to protect people's rights.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one when required.

People had choices of food at each meal time. People were offered more food if they wanted it and people who did not want to eat what had been cooked were offered alternatives.

People's information was treated confidentially. Personal records were stored securely. Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect, for example staff made sure that doors were closed when personal care was given.

People and their relatives described a service that was welcoming and friendly. Staff provided friendly compassionate care and support. People were encouraged to get involved in how their care was planned and delivered.

Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected. People's care was responsive and recorded.

People were engaged with activities when they wanted to be. The activities plan for the home showed that activities took place every day of the week.

If people complained they were listened to and the registered manager made changes or suggested solutions that people were happy with. People told us that the registered manager and staff were approachable and listened to their views.

There were effective quality assurance systems and the registered manager carried out regular checks on the home to make sure people received a good service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Medicines were appropriately stored, administered and recorded, however prescribed thickening powder had been left unattended which put people at risk.

Staff had a good knowledge and understanding on how to keep people safe. Safeguarding policies and procedures were in place.

The home and grounds had been appropriately maintained. Repairs were made in a timely manner.

There were sufficient staff on duty to ensure that people received care and support when they needed it. Effective recruitment procedures were in place.

Each person's care plan contained individual risk assessments in which risks to their safety were identified, such as falls, mobility and skin integrity.

Requires improvement



### Is the service effective?

The service was effective.

Staff had received training and support relevant to their roles.

Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People had choices of food at each meal time which met their likes, needs and expectations. People with specialist diets had been catered for.

People received medical assistance from healthcare professionals when they needed it.

Good



### Is the service caring?

The service was caring.

People told us they found the staff caring, friendly and helpful and they liked living at Friston House.

People had been involved in planning and had consented to their own care.

Staff were careful to protect people's privacy and dignity and people told us they were treated with dignity and respect. People's information was treated confidentially. Personal records were stored securely.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

Care was offered to people in response to their care needs which had been planned with their involvement. Relatives told us that they were kept well informed by the home.

People were engaged with a variety of activities of their choosing.

People and their relatives had been asked for their views and these had been responded to.

People had been given adequate information on how to make a complaint.

## **Is the service well-led?**

The service was well led.

The registered manager and provider carried out regular checks on the quality of the service.

Staff told us they were well supported by the management team and they had confidence in how the home was run.

People were encouraged to give their views and feedback about the service. The provider had made changes as a result of feedback received.

**Good**



# Friston House

## 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 25 August 2015 and was unannounced.

The inspection team consisted of three inspectors, a specialist advisor who was a nurse with expertise in pressure area care and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

Before the inspection, we reviewed previous inspection reports and notifications before the inspection. A notification is information about important events which the home is required to send us by law.

We spent time speaking with 16 people. Some people were not able to verbally express their experiences of living in the home. 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 observed staff interactions with people and observed care and support in communal areas. We spoke with five relatives. We also spoke with 15 staff including, nursing staff, the cook and the registered manager.

We contacted health and social care professionals to obtain feedback about their experience of the service.

We looked at records held by the provider and care records held in the home. These included 16 people's care records, risk assessments, four weeks of staff rotas, eight staff recruitment records, meeting minutes, policies and procedures, satisfaction surveys and other management records.

We last inspected the service on the 10 September 2014 and there were no concerns.

# Is the service safe?

## Our findings

People told us the home was clean. One person told us, “The domestic staff always clean my room every day, they also do my laundry for me”. Another person said, “I think the cleaners are very good. My room is very nice and comfortable and gets cleaned every day. My bed linen is always nice and clean”. People told us that they felt safe with the care from staff. One person told us, “I feel safe. They gave me this Zimmer frame to help me when I walk about; it saves me from falling over. Staff always encourage people in here to use their Zimmer frames when they get up to walk about. When I go out with my son we take the frame and one of the folding wheelchairs so I can get about safely”. Another person told us “I feel very safe. I was just getting up from the table after breakfast and trying to carry too much and one of the staff came over and helped me immediately”.

Relatives told us that they found the home to be clean and well maintained. One relative said, “The home always looks clean when I visit. Today they have just cleaned the carpet in the lounge. The home always smells fresh”. Another relative said, “Looking around the home it always looks well maintained. Mums room is always clean and she also gets her laundry done here”. Relatives told us that they felt their family member was receiving safe care. One relative told us, “She is very safe here. She was falling over at home and would often go back to bed during the day after I visited. Here she hasn’t fallen over, the staff look after her and make sure she gets about safely”. Another relative told us, “Staff care for her as best as they can. She is always turned on a regular basis by two staff. When she came to the home she was able to sit in a wheelchair and three staff would use the hoist to move her. As her health has deteriorated it became obvious that she was no longer safe in her wheelchair, the staff carried out a risk assessment”.

During the inspection we found that fluid thickener, which is used to thicken drinks to help people who have difficulty swallowing, was left unattended in the kitchenette of the ‘Memory Lane’ unit. There was a clear sign in the kitchenette advising staff not to leave the thickener unattended and to ensure it was locked in the cupboard. The sign referenced a patient safety alert which had been

cascaded to providers in February 2015 relating to the dangers of ingesting thickener. This meant that staff had not followed safe practice on this occasion to ensure that thickener was out of reach of people.

**We recommend that prescribed thickeners are appropriately stored to ensure people are safe at all times.**

Staff had completed safeguarding adults training. The staff training records showed that 98.85% of staff had completed training. Staff understood the various types of abuse to look out for to make sure people were protected from harm. They knew who to report any concerns to and had access to the whistleblowing policy. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager knew how to report any safeguarding concerns and was proactive in doing so. Effective procedures were in place to keep people safe from abuse and mistreatment.

Risk assessments had been undertaken to ensure that people received safe and appropriate care. Risk assessments included a list of assessed risks and care needs, they detailed each person’s abilities and current care needs. Risk assessments corresponded with each section of the care plan. For example, one person received their care in bed. They had been assessed as being at high risk of falls, so bed rails had been fitted to prevent the person from falling. Bed rail checks were carried out frequently by staff who documented that they were working effectively.

Risk assessments and care plans had been reviewed monthly or more frequently if people’s circumstances changed. Risk assessments relating to people’s pressure areas were completed within six hours of admission and suitable equipment was put in place to reduce the risks, such as pressure relieving mattresses and cushions. Staff were able to provide care which was safe and met each person’s needs.

The premises were generally well maintained and suitable for people’s needs. Staff reported that any concerns in relation to the maintenance of the premises were addressed in a timely manner. A staff member told us

## Is the service safe?

'When things get broken they get fixed'. The registered manager monitored maintenance requests to ensure that issues were dealt with as soon as possible. A log of the repairs that needed to be carried out was maintained in each part of the home. This showed that when concerns had been identified steps were taken to remedy the issue.

Records relating to the maintenance of the premises showed that regular checks were made to ensure that the home was well maintained and safe. Checks on fire equipment were made regularly. People had personal emergency evacuation plans in place that detailed how they should be supported in case of an emergency that meant the home needed to be evacuated. Fire drills were carried out regularly in accordance with the fire risk assessment.

Accidents and incidents at the home were clearly and thoroughly documented. One accident report showed that after a person who had lived at the home had a fall, appropriate observations were carried out in the hours that followed to ensure that they had not suffered harm as a result of the accident. The registered manager monitored accidents and incidents at the home. A record was kept concerning the location of falls. This was to assess if preventative measures could be introduced to lessen the risk of falls for people who lived at the home

There were enough staff on duty when we inspected the service. Most of the relatives we spoke with felt that there were enough staff to meet their family member's needs. One relative told us, "I visit her twice a week and as far as I can see there are enough staff". Another relative told us, "I think there is enough staff, they do cope really well". Another relative said, "I am here every day, there seems to be ample staff".

Another relative told us, "Staff are fantastic. In an ideal world you would always want more staff. The staff here are very dedicated". We observed that staff were responsive to people's needs and answered call bells quickly. The staffing rotas showed that there were plenty of staff, on occasions this was reduced due to staff sickness. Agency staff had been booked to cover shifts when this happened.

The provider followed safe recruitment procedures to ensure that staff working with people were suitable for their roles. Robust recruitment procedures were followed to make sure that only suitable staff were employed. Records showed that staff were vetted through the Disclosure and

Barring Service (DBS) before they started work and records were kept of these checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked. Nurses were registered with the Nursing and Midwifery Council and the registered manager had made checks on their PIN numbers to confirm their registration status.

People were protected from the risks associated with the management of medicines. We observed people being given their medicines individually by trained staff. The medicines were dispensed from the medicines trolley and taken to people. They were given at the appropriate times and people were aware of what they were taking and why they were taking their medicines. Appropriate assessments had been undertaken for people around their ability to take their medicines and whether they had the capacity. Staff who administered medicines received regular training and yearly updates. Their competence was also assessed by the deputy manager to ensure the medicines were given to people safely. Staff had a good understanding of the medicines systems in place. A policy was in place to guide staff from the point of ordering, administering, storing and disposal and we observed this was followed by the staff.

Medicines were kept safe and secure at all times. Daily checks were made of the medicines rooms to ensure the temperature did not exceed normal room temperatures. The medicines fridges were also checked and daily records maintained to ensure the medicines remained within normal range. They were disposed of in a timely and safe manner. Accurate records were kept of their disposal and signatures obtained when they were removed. We saw records of medicines disposed of and this included individual doses wasted, if they were refused by the person they were prescribed for. The appropriate containers were used for the medicines being disposed of.

There was a system of regular audit checks of medication administration records and regular checks of stock. This indicated that the registered manager had an effective governance system in place to ensure medicines were managed and handled safely. We reviewed a total of 35 people's medication administration records. They had been completed accurately with no gaps or omissions. Appropriate codes had been used for any refusal of medicines and a record kept of why the medicines had been refused by people. Staff knew people well and

## Is the service safe?

requested a review of people's medicines when needed. For example one person had been discharged from hospital the week before our inspection. One medicine

prescribed before their admission had not been included on the person's discharge summary from hospital. The nurse questioned this and had requested the GP review this when they returned to the home.



# Is the service effective?

## Our findings

People told us that they received the care and support that met their needs. One person told us, “Staff are very good to me. Yes, they always respond when I need them to do something for me”. Another person said, “Staff know me here and know how I like things done. They call me in the morning. I can wash and dress myself and they help me when I have a bath. I have told them as long as I get my washing done and food cooked I am all right”. Another person told us, “The staff are very helpful and very kind people”. People told us that they were able to make their own decisions. One person told us, “I am able to choose the clothes I want to wear today”. Another person said, “I make my own decisions. If I decide to spend the day in bed it is not an issue with the staff”. Another person told us “I like doing my own washing. I have my own fridge here and like to do some food shopping and sometimes prepare my own meal. Today the staff helped me to get some mashed potato from the dining room and helped me get my corned beef and tomatoes from the fridge”.

People told us that they were involved in making decision about their own care. Relatives told us they had been involved with decision making. One relative told us, “I am involved in her assessment and we go through her medication and her care needs”. Another relative said, “I have been involved in every decision involved in my mother’s care needs. I helped complete the DOLS application with the staff. It was in mum’s best interest, her health was deteriorating quite rapidly and she needed to be safe. It was the first time I have had to do anything like this before and the manager explained it very clearly”.

Relatives told us their family members received effective care, good food and that their health needs were well met. One relative told us, “I am sure that the staff care for her. The doctor always comes into the home and will see her if she needs a check-up. She looks very happy and healthy here”. Another relative said, “As her health has deteriorated the home have been trying to speed up her health assessment with the external health agencies”.

Staff had received training and guidance relevant to their roles. Staff demonstrated that they had a good understanding and awareness of their job roles. Training records evidenced that staff training attendance was mostly high. For example, 100% of staff had attended customer care training, 96% of staff had attended fire

training, and 100% of staff had received an induction and moving and handling training. 94.% of staff had undertaken training in managing people’s skin and pressure areas. People received care and support from staff who had been trained to meet their needs.

Staff told us that they had an induction when they started work. The registered manager explained that this included two days of induction, two weeks shadowing staff with a mentor, completion of an induction folder, online training and observations carried out by a nurse or mentor. Records evidenced that staff received regular supervision. This was done in a variety of ways such as one to one meetings or group supervision meetings.

Staff had been provided with information cards to remind them about the principles of the Mental Capacity Act (2005). There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people’s mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. Staff were knowledgeable concerning the need to seek consent when providing care for people. A staff member told us that even when people could not verbally consent to care it was important to read their body language to see if they were happy with the way in which care was provided.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider had good systems in place in relation to DoLS. Applications were initially completed by nursing staff and then submitted to the registered manager for checking before submission to the local authority. The nursing staff maintained records of applications and whether the application had been approved. For example, we spoke with a nurse about someone who had recently moved into the home. They showed us that the person’s application had been made to the local authority and that assessors had visited the person to assess them. DoLS authorisations made by the local authority had conditions listed which the home must abide by. These conditions had been met. The registered

## Is the service effective?

manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People had choices of food at each meal time and chose to have their meal in the dining room or their bedroom. People were offered more food if they wanted it and people who did not want to eat what had been cooked were offered alternatives. Hot and cold drinks were offered to people throughout the day to ensure they drank well to maintain their hydration. People were offered snacks such as biscuits, chocolate and fruit during the day. We observed one person living with dementia who needed lots of encouragement to eat; we saw that staff offered a variety of foods. Different staff tried to offer encouragement and when this was not successful they offered plenty of drinks included sweetened drinks. This person was offered extra snacks throughout the day to ensure they had enough to eat and drink to maintain their health and wellbeing. People had been weighed monthly to monitor if they gained or lost weight and action was taken as a result of these checks.

The menu was clearly displayed on the wall in each dining room. People's feedback about the food varied. One person told us, "Food is okay, I have just had cornflakes and egg and bread for breakfast. I always get my mug of tea and a glass of apple juice. The lunch menu is on the menu board and there is always a choice". Another person said, "Food is very nice. No complaints. It is nicely cooked and tastes very nice. I always get plenty. There is more than enough food to eat". Another person told us, "It varies like when you cook yourself but it always has lots of flavour. I had the lamb hotpot today, it was very tasty. The other choice was garlic chicken, didn't fancy that. If you don't like the choice they will always do something different. I sometimes ask for cheese on toast".

The kitchen had received a 5 star rating from the environmental health agency when they had visited earlier in the year. Food was appropriately stored within the kitchen. Staff who worked in the kitchen were suitably

qualified and knowledgeable about how to meet the nutritional needs of the people who lived at the home. Checks were made concerning the serving temperature of food to make sure it was properly heated. Staff reported that they were able to access the kitchen at any time if people wanted a snack.

Food and fluid charts were maintained when concerns had been identified relating to eating and drinking. Records were detailed and well maintained

People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. Nursing staff worked on two of the three units. Nursing staff talked to us about arrangements for end of life care. The home had a close relationship with the palliative care team which ensured people received medicines and appropriate care when they were at the end of their life. Staff told us that the GP visited the home regularly. Records showed that the GP had visited the day before we inspected. Records evidenced that staff had also contacted district nurses, the hospice, social services, community psychiatric nurses and relatives when necessary. People received effective, timely and responsive medical treatment when their health needs changed.

People told us that staff responded to their health needs and would get the doctor if they are needed. One person told us, "Staff are very quick at getting the doctor in, the doctor is here a once or twice a week". People told us that the staff will help if they are experiencing pain. One person told us, "When my legs were hurting they called the doctor and he prescribed some cream to help and reduce the soreness. If I'm in a lot of pain the staff will give me painkillers prescribed by the doctor" and "The staff also arrange for the chiropodist to come and check my feet regularly and cut my toenails for me". Another person said, "I am very healthy, if I have a headache the nurse will give me some painkillers".

# Is the service caring?

## Our findings

People told us that they found the staff kind and caring and staff treated them with respect. One person told us, “The staff are very kind and caring. I need help getting into the bath using the seat. They always tell me when I am going up and tell me to hold onto the arms of the seat. They watch over me in case I slip. They wait until I decide to get out”. Another person told us, “Staff are very nice and helpful. Will do anything for me”. Another person said, “The girls [staff] know me and what I like having done”. Another person told us, “Yes staff are very caring. They are always happy and cheerful. Nothing too much trouble”.

Relatives told us that staff were kind, caring and respectful. One relative told us, “Staff are so friendly, they make a fuss of mum; it is like a family, next best thing to home. The residents all get on well. The home caters for my mum’s needs” and “The staff are very good with people who are confused. They are in ‘the moment’ with people, one person often stands by the door believing that they are going to be picked up, the staff take time to chat reassuring them, sometimes they will sit beside them chatting away until they relax”. Another relative said, “First impressions, staff are caring. They are always laugh and joke with her, when they move her position in bed”. Another relative said, “Staff are really good, they came in and talk to her. Since she lost her sight they always speak and give her constant reassurance”.

We observed that people were free to move around the home. When staff passed people in the corridors we saw them stop and chat. One person had put on their dressing gown and we observed a staff member walking alongside talking and then suggesting helping them to take it off.

During breakfast people entered the dining rooms at different times, they were welcomed and attended to promptly. People were not rushed at meal times and there was a pleasant calm atmosphere.

Staff were kind, caring and patient in their approach and had a good rapport with people. Staff supported people in a calm and relaxed manner. They did not rush and stopped to chat with people, listening, answering questions and showing interest in what they were saying. We observed staff initiating conversations with people in a friendly, sociable manner and not just in relation to what they had to do for them. For example, one person was disorientated

to the time and date. They repeatedly talked about things they used to do such as taking shoes to be mended, maintaining and repairing cars and places they had been. Staff were kind and patient and engaged the person in discussion and did this in a sensitive way to support and encourage the person.

People’s rooms had been personalised with their own belongings. One person showed us their room, they told us that they liked their room. All of the bedroom doors were numbered and most had a photograph fixed to the door to help people find their rooms.

Interactions between staff and people who lived at the home were positive and caring. One staff member told us about how they supported a person who exhibited behaviour that others could find challenging. They described the mentoring that was in place from senior managers to help them to support this person in a way that met their needs. The staff member told us they were able to access additional supervision and support if they needed further guidance.

People told us that they were asked how they want to be cared for and about their likes and dislikes. Care plans were detailed and clear. They included information about people’s life such as previous occupation, family and friends and important dates and places. One person told us, “Before I came here staff visited me, asked me all about my medication and what I was able to do for myself. They also talked about the home”. Another person said, “I was in hospital when staff came to see me and filled in some paperwork. My daughter was there so helped. I told them what I was able to do for myself”. Another person told us “I have a care plan. The staff fill it in every day. I am able to read through my plan, if I don’t agree I would tell them. I sign my plan to agree what care I should receive”.

Staff treated people with dignity and respect. Privacy was observed. For example, staff knocked on people’s doors and called out to the person before entering. When people had visitors we heard the staff ask people if it was okay to enter the room or if they wanted them to come back later. One person told us, “Staff always talk nicely I have no complaint. They always knock before they come in”. Another person said, “Staff always knock which is nice, and say who it is and you know who you are letting in”. We heard one person chatting to a member of staff. The staff

## Is the service caring?

member left the conversation mid-way through to answer a call bell. The staff member returned to the person and apologised for cutting short the conversation. They explained why they had done so and reassured the person.

Relatives told us that they were able to visit their family members at any reasonable time and they were always made to feel welcome. One relative told us, "We are always made welcome. Mum loves to see the grandchildren; we are all made very welcome, the staff often make us drinks and bring us cakes. The children are often offered an ice-cream".

Staff had a good understanding of the need to maintain confidentiality. One staff member told us, "We don't leave folders lying around and we don't talk about confidential information in hallways". People's information was treated

confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the nurses stations on each of the units to make sure they were accessible to staff. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them. One relative told us, "Staff always speak about her [family member] when we are visiting her, in her room. I haven't heard anyone talking about other residents care needs". Another relative said, "We always speak to nurses in our relative's room or in the office".

People's religious needs were met. One person told us "I don't go but the pastors from the Church of England and Catholic Church come along and hold services. I think there is a notice on the wall".

# Is the service responsive?

## Our findings

People and their relatives told us they knew how to make a complaint if they had a complaint. We observed that people knew the registered manager and engaged the registered manager in friendly banter. One person told us, “I have not had to complain. If I had a problem I would talk to one of the staff. They are all pretty good at sorting things out for me”. Another person said, “I would go straight to the manager if I had a problem”. People told us the staff were responsive to their needs. One person told us, “The only complaint I had here, one of the girls left me feeling a bit wet after using the bed pan. Next time she came into to help I asked if I could have someone else to help. It wasn’t a problem. It has never happened again”.

People told us that there were a lot of activities in the home. One person told us “I like to read the newspaper I get it every morning at breakfast. I have been thinking about adopting a cat and the staff have got me these magazines to read about cats”. Another person said, “We have some very good entertainers here. I like the bingo. I have been out to Dymchurch”. Another person told us, “My son takes me out to Bluewater and we have lunch out. I just tell the staff here I won’t be in for lunch”. One person said, “The activities lady always pops in to see what I would like to do and if I would like to come down to the lounge. Always leaves me the activities programme for the week. I am quite happy watching my television”.

A range of activities was available for people who lived at the home. The activities programme was displayed in the foyer and throughout the home. This included visits from entertainers. A talk on Britain in the 1950s had been arranged for the afternoon of the inspection. This included film clips and the event was enjoyed by more than 20 people. Photographs showed a range of other activities that took place at the home such as knitting club, collage making and sing-a-longs. There was information on display throughout the home showing upcoming activities such as a wine and cheese evening.

One relative told us “There are lot of activities in the afternoon. My sister has been encouraged to knit since she came here”. Another relative said, “When mum was at home she wasn’t interested in anything, just looked at the four walls, here she is so much brighter and takes part in lot of things. She enjoys her trips out, she been out to lunch a couple of times. Today she has had her hair done by the

hairdresser. It is her choice what she wants to do”. Another relative said, “Mum loves dancing, the staff get up and dance with her. She loves the coach trips. She goes up to her daughters house for tea”. Another relative told us “There is always a lot going on for everyone. There are always posters up about the different activities. There is a cheese and wine evening soon for relatives and their families”.

Two activities coordinators were employed and they ensured that activities were arranged on a regular basis that reflected the needs and interests of people who lived at the home. It was identified that some people were not able to join others in the communal areas for activities as they had mobility difficulties that made this difficult. When this was the case, the activities coordinators spent time with them on a one to one basis to ensure they were not socially isolated. Records were kept concerning what activities people had taken part in.

Trips out on the home’s minibus were also arranged and photographs were on display from a visit to Herne Bay. Special events were celebrated and an armed forces day had been held recently. Recent activities also included an event for National Care Home open day, armchair exercises and a photo-shoot session. The home was visited regularly by a Pet as Therapy (PAT) dog. There was a suggestion box in the lobby of the home that could be used to make requests for particular activities. Details and photographs of recent activities were available in the house newsletter

People’s care files contained detailed assessments of their care needs. Assessments had been carried out by nursing staff prior to the person moving to the home. People and relatives told us they had been involved in the care planning process. People said that they had been given a choice of who could assist them with their personal care. One person told us, “When I was asked did I have a preference for helping me wash, I told them I preferred woman”. Another person said, “I told them I don’t mind who does it for me as long as they are gentle”.

Care files (where appropriate) included an advance care plan that included information about the wishes of the person at the end of their life. Care plans were regularly reviewed and this included input and comments from relatives. One review was seen that documented that the relative was pleased with the care provided for their family member. They said that they were ‘Always washed and in clean clothes’ and that staff were ‘Caring and friendly’. A

## Is the service responsive?

staff member confirmed that care plans were developed as soon as a person moved into the home. One relative told us, “When the nurse reviews mum’s care I am invited. We go through all her medication, what she is able to do for herself and what she likes to get help with. The activities she gets involved with. We then discuss if there are any changes to her care. She has settled in here so quickly. Mum has a nervous disposition but took to living here like a duck to water the staff are so welcoming”.

Staff were aware of the home’s complaints procedure and this was displayed within the lobby of the home. A review of four complaints documented for this year showed that they were responded to within the time period stated within the complaints policy. The response included an investigation and when warranted an apology was provided. The person who made the complaint was provided with a clear explanation of the steps that were taken to prevent the issue from being a problem in the future.

The provider carried out an annual survey of people through a market research company. The manager

explained that the surveys were due to be sent out to people shortly. We saw that these had just arrived in the post. The previous surveys were completed in 2014. The collated survey results showed that 42 people had responded to the survey. The survey results were generally positive.

One relative told us, “I filled in a survey on the company website I was able to read the comments on the website. I know there is a relatives meeting usually on a Wednesday but I haven’t felt the need to come. Mum is well looked after”. The home had received 18 recommendations on [www.carehome.co.uk](http://www.carehome.co.uk). One positive comment stated, ‘The care he received was excellent the carers could not do enough for him and his every need was catered for. The nursing care was exceptional and the palliative care as good as a hospice. He never complained and was smiling and cheerful. The food again was very good and he enjoyed it. I cannot thank the manager and staff enough for making both our lives pleasant at such a difficult time. I would recommend Friston 100%’.

# Is the service well-led?

## Our findings

People told us they felt that management listened to them and that they had been asked for their views about the service. One person told us, “At the residents meetings they ask if you are satisfied with the care and service. They ask what we think about the food and ask if we have any concerns. We always get answers to any queries we have. They ask us what we think of the activities and tell us what is being planned”. Another person said, “The manager is often at the residents meetings and asks if we have any issues”. Another person told us “Staff listen to me. They always ask if I am comfortable. I have filled in a survey about the home”

People told us that they felt that it is a well-run home and the registered manager was easy to talk to. One person told us, “The manager runs the place well. She likes me and I like her”. Another person said, “I think it is very well run. It is easy to ask them things. You can make enquires and they will always give you an answer”. Relatives told us, “The staff seem to know what they have to do. I have not seen staff argue, they appear to help each other. I would recommend this home”; “It is excellent here, cannot fault it” and “It’s run very efficiently, with an individual touch”.

People told us that they had been kept informed when there were any changes. Records showed that the front door had been replaced. One relative told us, “When they were replacing the door on the front we were all informed how we could get into the home”. One relative said, “I don’t think there is any improvements that the home can make. The security protected door has been good. We know that everyone is safe from people getting in, as well as getting out”.

The home manager and the deputy home manager both carried out unannounced visits to the home on evenings and overnight to monitor the operation of the home at these times. Information about these unannounced visits was documented to show any observations and confirm that the home was being run as it should at these times.

The home maintained links with the community. Children from a local school visited regularly to spend time with people who lived at the home. Visitors also came into the home such as local church groups. We saw that a photography club had visited and taken photographs of people who lived at the home. These photos were on

display within the lobby of the home. The registered manager explained that they attended a local provider forum, when they were unable to attend the deputy manager attended in their place. This enabled the management team to meet other local providers and the local authority to discuss key issues and keep themselves updated with local news and events.

Handover sheets were used to ensure that important information was passed on when shifts changed at the home. This included information about people’s medical needs and any action that needed to be taken such as referrals to the GP. This meant that care was consistent and communication was effective.

Staff told us that the culture of the home was open and they could admit to mistakes and additional support would be provided. Staff were positive about the support they received from the registered manager. One staff member told us that the registered manager “Always listens” and provides them with constructive feedback on their work performance. Nursing staff were supported and supervised by the clinical lead nurse. Staff reported that communication was good within the home and meetings were regularly held so they could discuss concerns. A staff member told us “Everything is considered and aired”.

There was an ‘Employee of the month’ system in operation that was displayed in the main hallway. The registered manager explained that people, relatives and other staff could nominate a staff member for employee of the month. Nominations were reviewed and counted by the registered manager on the first of every month. The winner was presented with chocolates or wine and a poster was displayed in the home to show who had won. Staff received messages of thanks from the management team and received long service awards from the provider.

The registered manager and provider had audits systems in place. A number of audits were carried out at the home that monitored the quality of the service and identified any areas where improvements were required. An audit from 18 June 2015 had noted that there were issues with the front door not closing properly. This concern was then documented on an action plan. This had been remedied and action had been taken appropriately.

## Is the service well-led?

Audits were carried out that monitored areas such as the provision of training for staff and access to supervision and appraisal. Infection control and health and safety audits were also carried out at the home to make sure people were safe.

Meetings were held on a daily basis to discuss the running of the home. These included members of maintenance team and housekeeping team. Some meetings included members of the catering team. Discussions were documented to show what actions had been agreed at the meetings.

Regular meetings were held with people. Suggestions and ideas were taken and acted on where possible. One person had made a request for rabbit to be served on the menu. This had been arranged and it was reported that other people had also enjoyed this dish. Another person had requested more salad on the menu. It was documented that this request had been taken forward and the registered manager had spoken with catering staff to ensure that the menu included more salad in the future.

Relatives had been asked for feedback through completion of a survey. The results were analysed and an action plan had been developed to address any concerns that had been identified. It was noted from the 2014 survey that concerns were raised in relation to the variety of food on the menu. An action plan showed that steps were taken to address this concern.

Weekly bulletins were sent to home managers from the organisation to make them aware of pertinent and important information. This included information about medical devices alerts and changes to regulations. Staff received information and news about other homes and services within the provider's organisation through a staff newsletter. This gave staff opportunity to get involved in different projects as well as providing career development within the organisation.

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as injuries, Deprivation of Liberty Safeguards (DoLS) authorisations, safeguarding, any deaths and if they were absent from their role. The registered manager explained that they had good support from their manager and the provider. They received supervision meetings, monthly managers meetings, which enabled them to link up with other registered managers in the organisation to gain and provide peer support.

Policies and procedures were in place to support the staff to carry out their roles effectively. Records completed by staff were clear, concise. These had been completed thoroughly, without gaps. This meant that people's care records contained up to date and relevant information about their care.