Care Quality Commission

Caring Homes Healthcare Group Limited

Frethey House

Inspection report

Frethey Lane
Bishops Hull
Taunton
Somerset
TA4 1AB
Tel: 01823 253071
Website: www.caringhomes.org

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Ratings

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

Overall summary

This inspection took place on 14 & 15 January 2015. This was an unannounced inspection.

Frethey House can accommodate a maximum of 41 people. The home provides general nursing care to older people. Registered nurses are on duty 24 hours a day.

At the last inspection carried out on 16 May 2013 we did not identify any concerns with the care provided to people.

Since our last inspection the registered manager had left their employment at the home. This was in September 2014. A new manager had been in post since October 2014 and they submitted an application to the Commission for registered manager in December 2014. 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 and associated Regulations about how the service is run.

Summary of findings

People and their visitors were very positive about the care they received and of the staff who supported them. One visitor told us "All of the staff are so kind and they know about everything that is important to my [relative]." Another visitor said "You couldn't get better care. All the staff are so kind and thoughtful. They certainly respect my [relative's] wishes." People appeared very comfortable with the staff who supported them. The atmosphere in the home was cheerful and relaxed. Staff spoke about people in a caring and compassionate manner.

People were cared for by staff who knew them well. There were systems in place to monitor the skills, knowledge and competencies of all staff. Staff told us they felt well supported and received the training needed to care for the people who lived at the home.

People told us they could see a doctor or other health care professional when they needed to. The home was responsive to any changes in people's health and well-being. Staff followed appropriate procedures for the management and administration of people's medicines which minimised risks to the people who lived at the home.

People were provided with opportunities to express a view on all aspects of life at the home. There were regular meetings for people and their representatives. There was also a suggestion box where people could make suggestions anonymously if they wished. The home provided a variety of activities and people were able to choose whether or not they joined in with them.

There were systems in place which helped to minimise any risks to the people who lived at the home. For example, before staff were offered employment, rigorous checks were carried out to make sure they were suitable to care for vulnerable people. Equipment was regularly serviced to make sure it remained suitable and safe to use. Health and safety audits were carried out and people's care plans were regularly reviewed to make sure they reflected their current needs.

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 safe.

Good

The provider had systems in place to help reduce the risk of abuse and avoidable harm. People told us they felt safe living at the home and with the staff who supported them.

People were protected from the risk of abuse. Staff had been trained and knew how to recognise and report abuse.

There were sufficient staff on duty to meet people's needs. The people we spoke with told us staff were available when they needed them.

People received their medicines when they needed them. There were procedures for the safe management and administration of people's medicines.

Is the service effective?
The service was effective.

Good

People spoke highly of the staff who worked at the home and they told us they were happy with the care and support they received.

People could see appropriate health care professionals to meet their specific needs.

Each person had their nutritional needs assessed and met. The home monitored people's weight in line with their nutritional assessment so that any concerns could be identified promptly.

Staff had a good understanding of people's legal rights and of the correct procedures to follow where a person lacked the capacity to consent to their care and treatment.

Is the service caring?
The service was caring.

Good

Staff interactions were kind and respectful. There was a cheerful atmosphere in the home and people appeared relaxed and comfortable with the staff who supported them.

Staff knew what was important to people and they spoke about people in a caring and respectful manner.

Is the service responsive?
The service was responsive.

Good

People received care and support in accordance with their needs and preferences.

People's care plans had been regularly reviewed to make sure they reflected their current needs.

The service responded quickly to any changes or concerns in people's health or welfare.

Is the service well-led?
The service was well-led.

Good

Summary of findings

The manager was committed to providing high standards of care. This ethos had been adopted by the staff we spoke with and observed. Staff morale was noted to be very good and there was a cheerful atmosphere.

The quality of the service provided was regularly monitored and the views of the people who lived there were encouraged and responded to.

Frethey 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 14 and 15 January 2015 and was unannounced. It was carried out by one inspector.

We reviewed the Provider Information Return (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the home.

At the time of this inspection there were 38 people living at the home. During the inspection we spoke with 12 people, seven members of staff and the manager. We also spoke with seven visitors.

We spent time in lounge and dining room so that we could observe how staff interacted with the people who lived there.

We looked at a sample of records relating to the running of the home and to the care of individuals. These included two staff personnel files and the care records of four people. We also looked at records relating to health and safety and quality assurance.

Good

Is the service safe?

Our findings

People told us they felt safe and were comfortable with the staff who supported them. One person said "How could you not feel safe here. The staff are here to help you, not hurt you. They are all very kind." Another person told us "Oh yes; I feel very safe indeed and very well cared for."

People told us staff were available when they needed them. During the visit we saw staff had time to spend with people chatting and socialising as well as responding to requests for assistance. The atmosphere in the home was relaxed and welcoming. People did not have to wait long for staff to respond to call bells. The manager told us staffing levels were determined by the needs of the people they cared for. They told us they used a dependency tool to calculate the minimum number of staff required. However, these were flexible when people's needs changed.

The provider's staff recruitment procedures minimised risks to people who lived at the home. Application forms contained information about the applicant's employment history and qualifications. Each staff file contained two written references one of which had been provided by the applicant's previous employer. We saw applicants had not been offered employment until satisfactory references had been received and a satisfactory check had been received from the Disclosure and Barring Service (DBS). This helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Staff knew how to recognise and report abuse. They had received training in safeguarding adults from abuse and they knew the procedures to follow if they had concerns. Staff told us they would not hesitate in raising concerns and they felt confident allegations would be fully investigated and action would be taken to make sure people were safe. People told us they would raise concerns if they had any. One person said "If I was worried about anything at all they [the staff] would sort it out." A visitor told us "It is such a relief knowing my [relative] is safe and well cared for. I have no concerns. If I did, I would certainly speak to the staff or the manager."

Staff confirmed they understood their right to share any concerns about the care provided to people. They said they were aware of the provider's whistleblowing policy and they would follow it to report any concerns. They told us they were confident concerns would be acted on while maintaining their confidentiality.

There were risk assessments which identified risks and the control measures to minimise risks. Examples included mobility and falls risk assessments. People had been provided with appropriate equipment which enabled them to move independently. Assessments had been regularly reviewed to ensure risks to people were minimised.

There were procedures for the safe management and administration of people's medicines. We observed registered nurses safely administering medicines to people. One person said "The nurses bring my medication regularly. I know what they are for." People's medicines were stored securely and they were administered by registered nurses who had received appropriate training. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We checked a sample of stock balances for medicines which required additional secure storage and these corresponded with the records maintained. We saw these medicines were checked by staff at the end of every shift.

Regular checks on hoists, passenger lift and the fire detection system were undertaken to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. There was an emergency plan in place to appropriately support people if the home needed to be evacuated.

Good

Is the service effective?

Our findings

Staff received appropriate training to meet the needs of people. All staff completed a period of induction when they commenced employment to make sure they had the basic skills and knowledge to care for people. A member of staff told us "My induction was really good. I was able to shadow an experienced member of staff for several weeks. I learnt a lot and I wasn't made to do anything until I felt confident." In a recent staff satisfaction survey, 100% of staff confirmed their induction had been good and they understood their role.

There was on-going training in health and safety and training specific to people's needs such as wound management. There was a programme to make sure staff training was kept up to date. Staff received regular formal supervision which monitored their competencies and training needs. Staff told us they found supervision sessions "very useful."

Staff knew about the relevant requirements of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff knew how to support people to make decisions and the procedures to follow where an individual lacked the capacity to consent to their care and treatment. We heard staff asking for people's consent before assisting them.

The manager told us nobody living at the home was subject to Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The manager was aware of the recent court ruling which widened the criteria for where someone maybe considered to be deprived of their liberty. They told us they would be considering whether any person at the home met this criteria and would complete applications to the local authority where appropriate.

People were registered with a local GP of their choice. People saw other professionals such as dentists, district nurses and opticians. People said staff made sure they saw the relevant professional if they were unwell. One person told us "They are very good at calling the doctor. A couple of weeks ago I wasn't feeling so good. No messing; they got the doctor to me."

There were risk assessments in people's care records which included skin care and mobility. We saw that where someone was assessed as being at high risk appropriate control measures, such as specialist equipment had been put in place. For example, one person had been assessed as being at high risk of pressure damage to their skin. We saw they had the correct pressure relieving equipment in place. We viewed the records for another person who was being treated for a pressure ulcer. We saw the person received effective treatment. Records maintained by the registered nurses showed the wound was healing. Treatment had been regularly reviewed to ensure this remained effective.

Each person had their nutritional needs assessed and met. The home monitored people's weight in line with their nutritional assessment so that any concerns could be identified promptly.

Lunch time was relaxed and sociable. People did not have to wait long before their meals were served. Staff supported those who required assistance in an unhurried and dignified manner. Plate guards and cups fitted with a lid enabled some people to maintain a level of independence when eating and drinking. People told us they had enough to eat and drink. One person said "The food is very nice. I get plenty to eat." Another person said "I think I've put on weight since I've been here. I never feel hungry and I get plenty to drink." Menus had been produced in a pictorial format to assist people with cognitive or visual impairments to make an informed meal choice. Information about people's likes and dislikes had been recorded and important information about people's preferences, abilities and risks were made available to catering staff.

Good

Is the service caring?

Our findings

There was a cheerful and relaxed atmosphere in the home. Staff interactions with people were kind, caring and professional. It was apparent staff cared about people and people responded in a positive way when staff interacted with them. One person became tearful. A member of staff went to comfort them immediately and remained with them until they became more settled. Another member of staff responded quickly to one person's request to get something from their bedroom. We saw the person smile and hug the member of staff and say "You are so kind and you know me so well."

Staff treated people with respect. They addressed people using their preferred name and they knew about the things that were important to people. For example, items which gave people comfort, their musical preferences and where people preferred to spend their day. All of the visitors we met had nothing but praise about the kindness and compassion shown by the staff. One visitor told us "All of the staff are so kind and they know about everything that is important to my [relative]." Another visitor said "You couldn't get better care. All the staff are so kind and thoughtful. They certainly respect my [relative's] wishes."

We saw people could choose how and where they spent their day. Some people told us they preferred to spend time in their bedroom. One person said "I choose to be in my room. They [the staff] know that. They take such good care of me." People told us they were able to make choices about their care. They told us they could choose when they got up or went to bed and whether they took part in an activity or not. Care plans recorded people's life histories so staff would know what the person's interests were. We observed some people were nursed in bed because of their frailty. We observed staff checking people throughout the day. They spent time with people checking they were comfortable and assisted them in a very kind and caring manner.

People told us they were able to have visitors at any time. Visitors said they were able to visit without making an appointment. One visitor said "I visit every day and I am always made to feel welcome. It's so welcoming here it's more like being part of a big family." The home supported relatives whose loved ones had passed away. We heard about relatives who continued to visit the home for a chat, drink or lunch.

Good

Is the service responsive?

Our findings

People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. People were involved in discussing their needs and wishes. One person said "Before I decided to move here someone came to visit me. We had a chat about what I needed and they asked me about the things I liked to do." A visitor told us "I looked around at several places. This home just felt right and I haven't regretted the decision. The staff are so kind and they know everything about my [relative]."

Care plans contained clear information about people's assessed needs and preferences and how these should be met by staff. This information helped staff to provide personalised care to people. Care plans had been regularly reviewed to ensure they reflected people's current needs. We observed staff supporting people in accordance with their needs, abilities and preferences. For example one person with mobility difficulties had requested staff supported them to walk short distances every day. We observed this person being assisted on both days we visited. This person's care plan confirmed their level of mobility was increasing as a result.

The service was responsive to changes and concerns in people's care or welfare. A visitor told us "When my [relative] became unwell and needed to be in bed, they [the staff] immediately put an air mattress on the bed and made sure my [relative] was turned regularly. That meant they didn't get sore." Another visitor explained "My [relative] uses assistive technology and they [the staff] quickly arranged for [more appropriate equipment] when they were finding it difficult to use the [equipment] they had."

People were supported to maintain contact with friends and family. During the two days we visited a large number of visitors arrived at the home. The visitor's book confirmed this was the case every day. Visitors to the home and the people who lived there told us they could see their visitors in the privacy of their own rooms if they wished.

People were provided with opportunities to take part in activities and social events. Activity staff were employed. We met with two activity workers. They told us they met with people when they moved into the home to find out about their hobbies and interests. The activities supervisor explained "We spend time with people or their families so that we can put together a life history. This helps us all to understand more about the person and to find out what is important to them."

Some people were frail and were nursed in their bedrooms. Some people chose to spend most of their time in their bedrooms. We heard that activity staff visited these people every day and offered one to one time with an activity of their choice. One person who chose to spend the majority of time in their bedroom told us "One of the activity ladies visits me every day. There's lots going on really; flower arranging, quizzes, crosswords, singing. Sometimes I just like them to do my nails." Photograph albums were seen in the lounge area. These contained photographs of trips out, social events and visiting entertainers. Next month a trip to the theatre had been booked.

A complaints procedure was displayed. The provider information return (PIR) reported in the last 12 months two formal complaints had been investigated and resolved to the satisfaction of the complainant. We viewed the complaints records and these showed that complaints were taken seriously and responded to within agreed timescales.

Good

Is the service well-led?

Our findings

The previous registered manager was no longer employed. They left in September 2014. The provider and registered manager had informed us about this in accordance with their responsibility as set out in our regulations. They knew about the condition of their registration which required the service to be managed by a person who was registered with the Commission.

A new manager was recruited in October 2014. We received an application from this manager at the beginning of December 2014 to register with us. This is currently being processed.

The manager promoted an open and inclusive atmosphere. People, staff and visitors told us the manager was "very visible" and "very approachable." We observed this to be the case during our visits. The manager knew people and their relatives well and they made themselves available when visitors asked to speak with them. Staff morale was good and there was a cheerful and relaxed atmosphere in the home.

People, their relatives, staff and visiting health and social care professionals were provided with opportunities to express a view about the service provided. We viewed the results of a recent satisfaction survey. Comments about the standard of care, staff, activities, standard of food and the environment were all very positive. Examples of comments recorded included "There is a very friendly homely atmosphere in the home. The staff are very caring for the relatives as well as the residents" and "Personalised individual care with knowledgeable staff and from my experience low turnover rate of staff." Staff felt well supported and 100% of staff who completed a satisfaction survey felt their contribution directly affected the people they cared for.

Regular meetings were held for people who lived at the home, their relatives and staff. The manager had chaired meetings since they had started. The minutes of the meetings showed they had introduced themselves and reiterated the "open door" policy they promoted. People were kept up to date about the home such as forthcoming events and staff changes. People's views on various topics were encouraged. All were reminded of the complaints policy and were encouraged to raise concerns as soon as possible. The manager responded to complaints promptly. One person told us "You can say and they will do. We have meetings and they really want you to speak up." Another person told us "We have a suggestion box and you get a slip of paper every week so you can write down what you like. I think they do everything really well."

There were audits and checks to monitor safety and quality of care. A company regional manager visited the home at least monthly. They discussed and monitored the management of the home, care practices, staffing, staff training, health and safety and maintenance. Their latest visit took place on the first day of our inspection. They carried out an observation of the meal time experience for people. Findings were positive. Staff interactions with people were described as "excellent" and "all requests were swiftly actioned. The entire lunch time was well organised."