Care Quality Commission

Two Rivers Investments Limited

Fremington Manor Nursing and Residential Home

Inspection report

Fremington
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Date of inspection visit:
23 May 2016
24 May 2016

Date of publication:
15 July 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place over two days on 23 and 24 May 2016. It was unannounced on the first visit. The second visit took place in agreement with the service. The inspection team consisted of: two adult social care inspectors on day one and one adult social care inspector with a pharmacist inspector on day two.

Fremington Manor Nursing and Residential Home is registered to provide accommodation with nursing or personal care for up to 60 people. The service is intended for older people and is divided into two units within the main building; a residential unit for people with a lower level of care need and a nursing unit for people with a higher level of care need. Each area has its own staff team. During our visit, there were 54 people living at Fremington Manor.

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 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 lived in a home where they were relaxed and comfortable. The atmosphere was homely and friendly and people told us they liked living there. Their comments included, "The whole place is good … kitchen, laundry, gardener… I am in danger of leaving someone out … I just want to say it is very good" and "I think this service is outstanding. I can't fault it. The staff are all very caring. I consider it a real privilege to be here." Two relatives said, "It is the best … the attitude of all the people here … people are looked after well and I don't want to leave anyone out" and "It's the ambience here and the attitude of staff … staff are friendly and encourage conversation … people are spoken to like a member of the family … they don't lose their identity."

Staff knew people well and cared for them as individuals. People received care suitable for their needs and with generally enough staff on duty. An agency was used to cover any gaps in the staff rota. Staff were safely recruited, trained and enjoyed their work. Two people said, "It's top notch here …. staff are all lovely" and "I am very happy here … they look after me well." Staff felt supported by management and felt part of a team. They had a good understanding of safeguarding and knew how to recognise the different types of abuse. They knew the correct action to take and who to report any concerns to.

Each person had a care plan with suitable risk assessments in place. Care plans included key information and were up to date. Health and social care professionals were involved in people's care and their advice acted upon. Good working relationships had been developed with the local GP surgery. Mental capacity assessments had been carried out and applications made to the local authority if people were deprived of their liberty.

People received their medicines in a safe way. Improvements and new systems were put in place to make sure people received their medicines safely.

People were very positive about the food and enjoyed varied, nutritious and appealing meals. Relatives comments included, "The food is so good", "The food is amazing" and "Have you seen the food … it's wonderful."

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Staff recognised the importance of family and friends who were welcomed at all times. A friend said, "We ordered 'tea for three on the lawn' recently and it was absolutely brilliant." A relative said, "I have nothing but praise. They really look after people well. We are always made welcome. Very good service."

People lived in a home which was maintained and decorated to a high standard. There were large grounds for people to sit and relax in.

There was a complaints policy and procedure in place with information about how to raise concerns or complaints. All complaints were dealt with appropriately and people informed of the findings. The service had received a high number of thank you and compliment letters which gave very positive and kind comments about the staff and service.

There were systems in place to monitor the quality of the service and any issues identified were acted upon and resolved.

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 received their medicines in a safe way. New systems and improvements were in place to make sure people's medicines were managed safely.

People were protected by a safe recruitment process which ensured only suitable staff were employed.

There were generally enough staff on duty to meet people's needs and staffing levels were kept under review. The service used agency staff to cover shortfalls.

The home was kept clean, fresh and odour free with any areas of concern addressed.

Appropriate risks to people were identified and reduced as much as possible. Accidents and incidents were monitored and any trends identified.

Staff knew how to recognise the signs of abuse and how to report suspected abuse.

Is the service effective?

Good

The service was effective.

Staff received regular training and knew people's needs well. Supervision and appraisals were carried out but not as often as required.

The registered manager and staff had an understanding of the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

People had access to on-going healthcare support and their health needs were assessed and monitored.

People were supported to eat and drink and received a varied and nutritious diet.

People lived in a home which was well maintained.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate towards people and had developed warm and caring relationships with them.

People were treated as individuals. Staff respected people's privacy and cared for people in a respectful and dignified way.

Staff recognised the importance of maintaining people's family and friend networks.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed. Care plans were developed to meet people's needs and incorporate assessments of risk.

People enjoyed a varied range of activities both inside and outside of the home.

People knew how to raise a concern or complaint and felt they would be listened to.

Is the service well-led?

Good

The service was well-led.

There was an open culture at the home and a homely and friendly atmosphere.

There was a clearly defined management structure. People and staff expressed confidence in the management of the home.

Staff felt listened to and supported by management.

The provider had a variety of systems in place to monitor the quality of care provided. These identified any areas of concern and an action plan drawn up until resolved.

Care Quality Commission

Fremington Manor Nursing and 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 inspection took place over two days on 23 and 24 May 2016. It was unannounced on the first visit. A second visit date took place in agreement with the service. The inspection team consisted of: two adult social care inspectors on the first visit and one adult social care inspector and a pharmacist inspector on the second visit.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information, what it does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. This included previous inspection reports, records of our contact with the service and any notifications received. A notification is information about important events, which the provider is required to tell us by law. We also spoke with the local authority, commissioners and safeguarding teams. This enabled us to ensure we were addressing any potential areas of concern.

As part of this inspection we spent time with people on both units and informally observed their people care and support given by staff. We spoke with 20 people, either in communal areas or in their bedrooms, who were able to tell us about what it was like to live at Fremington Manor. We spoke with seven visiting relatives, two friends and two visiting healthcare professionals.

We also spoke and sought feedback from a range of staff employed. This included: the operations manager; the registered manager; the deputy manager; a registered nurse; a care team leader; seven care staff; a cook; a housekeeper; a maintenance person; a kitchen assistant and an activities organiser.

We reviewed information about people's care and looked at six people's care records and medicines records. We looked at records relating to the management of the service. These included: four staff recruitment records; staff training records; staff rotas; minutes of staff meetings; quality assurance audits; maintenance records; cleaning records; complaints and compliments and policies and procedures. We also looked at feedback received from questionnaires the provider had sent to health care professionals. We attended a daily staff meeting. We wrote to 17 health and social care professionals and commissioners of the service for their comments. We received a response from seven of them.

Following the inspection, the registered manager promptly wrote to us with 24 action points they had identified to improve the service.

Good

Is the service safe?

Our findings

Medicines were safely managed to ensure people received the correct amounts and in a timely way, with the exception of one medicine and some skin creams. A new electronic recording system had been introduced. Clear records were kept of medicines given using this system and clear reasons recorded if they were not given. Medicated creams were also recorded using this system. However, other creams and external items, were still recorded on paper care records. It was not always clear which preparations were being used and where they were being applied to people. This was discussed with the registered manager who immediately put a new system of recording into place which was clearer and easy to use.

Several people received a medicine which required regular blood tests and a change in dosage level. These dosage levels were communicated verbally to the service from the local GP surgery by telephone. This was not considered best practice as errors in recording and the amounts given could occur. This was addressed during the inspection through contact with the GP surgery. New systems were put in place to ensure these dose changes were always obtained in writing. The service had also recently introduced a new system to record the doses due on their electronic system, so that the administration of this type of medicine would be improved. These improvements meant that people's medicines would be given safely and in the way prescribed for them.

Medicines were given to people in a safe way at lunchtime. People were asked if they needed any medicines which were prescribed 'as needed' (known as PRN), such as pain relief. Safe systems were in place for the storing, checking and recording of all medicines. However, the temperature of the office on the residential unit was variable. This meant medicines may not always be kept at the correct temperatures. The registered manager was aware of this issue and had already discussed how to resolve it with the provider.

Systems and policies were in place for those people who wished to look after their own medicines. One person said they liked to look after their own medicines. Lockable storage was provided and documentation in their care records showed a regularly reviewed assessment had been carried out to ensure this was safe.

There was an audit trail of medicines received into the home and those sent for disposal. This helped to show how medicines were managed and handled in the home. Monthly medicines audits were completed to help make sure that medicines were managed safely. Any issues with medicines were picked up, reported and handled appropriately. Staff had received training updates and competency checks took place to ensure safe practice. Policies and procedures were available to guide staff, and information was available for staff and residents.

People and their relatives said they felt the service was a safe place to live. Two people said, "It's very safe here …. I love it here" and "I feel very safe with the staff." A relative said, "(My family member) is safe and looked after here … I can't think of a better place … I am very satisfied."
However, people and relatives felt there were enough staff on duty for most of the day, but some felt this was not always the case at certain times, such as teatime and evening. One person said, "Sometimes it can be a bit hectic at tea time and bed time. Sometimes I have to wait for the night staff to help me to bed." The

registered manager used a dependency tool to work out the number of staff hours required. Staff rotas showed there were higher numbers of care staff on duty in the morning than in the afternoon, with the least care staff on duty from 2.30pm to 4pm. This was discussed with the registered manager. In view of people's comments regarding the staffing, the registered manager agreed to review the staffing levels and monitor the care calls during these times.

Care staff were supported by ancillary staff including cooks, kitchen assistants, housekeepers, activity co-ordinators, maintenance people and administrators. Both the registered manager and deputy manager were supernumerary. The service used an agency to cover any shortfalls in qualified nurse or care staff shifts. These were most common at weekends. Records showed shift patterns at the service were in the process of being reviewed to reduce the need for agency staff.

People were protected because individual risks to people's health and welfare were assessed and managed. Where a risk had been identified, actions were recorded. This ensured staff knew what to do to reduce the risk as much as possible. For example, where someone had been assessed as being at risk of losing weight, the assessment showed additional measures had been put in to place. This included more regular weighing of the person, close monitoring of food and fluid and ensuring high calorie snacks were offered. Where weight charts had showed a sustained loss of weight, people had been referred to their GP and had been prescribed supplementary drinks. One person said, "Since I lost weight the doctor had ordered (supplementary food), which I have asked for every other day as I have it every day I find my appetite is not so good and I am not eating my lunch." However, one person who had been identified as at risk of weight loss, had not recently been weighed. This was discussed with the deputy manager who took immediate action.

Where people had been assessed as being at risk of developing skin pressure damage, plans included the equipment used to reduce this risk and instructions to staff. This included equipment, such as pressure relieving mattresses and cushions and staff re-positioning people regularly. Two of these specialist mattresses were not on the correct settings for the person's body weight. This was discussed with the deputy manager who adjusted the settings immediately.

Staff used equipment safely, for example transferring a person from a wheelchair to an armchair and from a hoist to an armchair. Staff did this with confidence and gave reassurance throughout. Each person had their own equipment, for example a hoist sling and these were kept on the back of their bedroom doors.

Care staff reported any accidents, incidents and falls which occurred. The registered manager then analysed and monitored these to identify any trends or patterns. If any action was necessary, a plan was drawn up until the issue was resolved. Falls were reported to the specialist 'falls team' where necessary.

Recruitment checks on prospective new staff were completed to ensure only fit and proper staff were employed at the service. Staff files contained police and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions. It prevents unsuitable people from working with people who use care and support services. Qualified nurses had their professional registration checked with the Nursing and Midwifery Council. Proof of identity and references for new staff were also obtained before they started work. The deputy manager said gaps in employment history were discussed but not routinely recorded. The registered manager confirmed these would be recorded in future and this was done for two recently recruited staff members at the time of the inspection.

People were protected from abuse. Care staff had received training on safeguarding and whistleblowing and understood what abuse was. Up to date policies and procedures were in place to guide staff about the

correct procedures to follow; this included the local authority guidance. Staff knew how to recognise abuse, who to report concerns to within their own organisation and to the governing bodies, such as the local safeguarding team and the Care Quality Commission. Two care staff said, "I would go and tell the registered manager straight away … be sure I would" and "If there was a problem I would report it immediately." Another care worker described the appropriate action which had been taken in a safeguarding concern. They said, "… management handled it properly … they were so supportive … it was dealt with properly." There had been one safeguarding concern raised since the last inspection which was reported to the local safeguarding team. This had been dealt with appropriately.

Each person had a personal emergency evacuation plan (PEEP) in place. This was regularly reviewed and readily available. It took into account the individual's support and assistance they required if they had to be quickly evacuated from the building.

People lived in a home where the communal areas and bedrooms were clean and odour free, with the exception of one stained bedroom carpet. One visitor said, "I am very impressed with this place … it always smells fresh and is immaculately clean." We saw some areas of the kitchen were not routinely cleaned. We discussed this with the registered manager. The provider arranged for an immediate deep clean and regular monitoring of the kitchen to take place. They also planned for a new bedroom carpet to be fitted.

There was a plentiful supply of personal protective equipment (PPE), such as gloves and aprons. Staff used these appropriately when providing personal care.

Good

Is the service effective?

Our findings

People had their needs met by staff who had a good knowledge of their care and support. When new staff first came to work at the service, they undertook a period of induction which included shadowing an experienced care worker for three weeks. A 'buddy' system was in place to support the new staff member. As part of their induction, new care staff undertook and completed the 'Care Certificate' programme within 12 weeks. The Care Certificate is a nationally recognised set of standards that health and social care workers 'adhere to in their daily working life' introduced in April 2015. The Provider Information Return (PIR) confirmed no staff had yet completed the Care Certificate, but five new care workers had recently started it. All new staff had a probationary period to ensure they met the home's standards of practice. One person had recently left the service as they had not successfully completed this. All staff undertook an initial 'core' of training when they first started work. This included: the Mental Capacity Act 2005 (MCA); First aid; health and safety; safe food handling and infection control.

Staff received on-going training through various methods; this included practical sessions held internally, by outside trainers and by electronic learning/DVDs. The service had recently introduced e-learning which staff were positive about. For example, one care worker said they liked to complete their training at home whilst another care worker said they preferred to complete it at work. Two care staff said, "There are different on-line courses you can do, each with a workbook and question and answers you need to complete to check you understood the training" and "We have lots of training … it's better online to do at a time to suit … I have 5 DVDs at home with 58 days to complete them … and I get paid for training, I just put it on my timesheet." The training matrix was in the process of being updated to include the new courses introduced. Staff confirmed they had training in all areas of clinical practice as well as more specialist areas, such as understanding dementia, end of life care, pressure care, bowel and bladder care and diabetes management.

All qualified nurses ensured their practical competencies and knowledge were kept up to date by various methods. The PIR confirmed the provider had put systems, processes and learning in place to achieve this. Qualified nurses received the support to 'revalidate' their professional nursing qualification with the Nursing and Midwifery Council (regulatory body).

The care team leaders undertook an in-house leadership development programme to gain the necessary management skills. Care and ancillary staff were encouraged to gain formal qualifications in their areas of work. The PIR showed 17 staff had achieved a National Vocational Qualification in care at level two or above.

All care staff received supervision four times a year which included two direct observation of their hands-on care practice, a desk based one to one meeting and an annual appraisal. The registered manager acknowledged they were behind in completing these, but had a plan in place to catch up. Staff said they had regular opportunities to meet with their supervisor to discuss their learning needs and how they felt their role was going.

The 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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where 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. We checked whether the service was working within the principles of the MCA. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected.

People's mental capacity was assessed. Care records showed 'best interest decisions' had been made for those who lacked or had variable capacity. For example, one person had repeatedly fallen out of their wheelchair and so a best interest meeting had discussed the use of equipment to keep the person safe in the least restrictive way. Another person's care record showed their family had been consulted in respect of the use of bedrails in order to keep them safe.

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 application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Where people had been deprived of their liberty, the PIR confirmed assessments and decisions had been properly taken. The provider had followed the requirements in relation to DoLS and had submitted applications to the local authority. None of these applications had yet been authorised.

People were supported to eat and drink to ensure they maintained good health. Meal times were relaxed and people chose where they ate their meals. People were offered a three course lunch with a choice of two main meal options and three desserts. Alternatives were always offered if people requested them, such as salads or omelettes. Four weekly menu plans were used as a guideline for the variety of meals served. However, these were not strictly followed if alternatives were requested. For example, the cook had changed the evening meal options on our second visit. This was because people had asked them to bake a certain type of food they particularly enjoyed. A record of all food served was kept. As far as possible, food was homemade and fresh. Food served during our visits looked very nutritious, tasty and very appealing. Restaurant style pastry desserts were made which people particularly enjoyed. People and relatives were very complimentary of the food. Relatives said, "The food is so good", "The food is amazing" and "Have you seen the food … it's wonderful" and "I eat here too … it's like being in a restaurant … it's outstandingly good."

Staff were aware of people's likes and dislikes. Specific diets were catered for. When meals were required to be pureed, the cook ensured each one was blended separately so people could enjoy the different taste and texture of the food. Some people required a diabetic diet. The cooks ensured these people enjoyed the same food as other people, with changes made in the cooking if needed. For example, a sweetener instead of sugar.

Staff assisted those people who needed help to eat their meals. This was carried out in an unhurried and discreet way. One care worker chatted to the person as they ate and gave them time to enjoy their food.

People had drinks throughout the day, including those who were cared for in their rooms. However, in three rooms we noticed drinks were out of people's reach, although these people did not appear thirsty. This was discussed with the registered manager who took immediate action. This issue had also been highlighted in a recent staff meeting.

Food was stored appropriately and in accordance with the relevant legislation. A food safety inspection had been carried out in February 2016 and the service awarded the highest rating of 5 stars.

Records showed staff sought the advice of healthcare professionals to maintain people's health and well-being. One GP surgery visited each person registered with their practice every two weeks, or earlier if required. One person said, "We are very lucky as we have a GP who visits here every week and so we can always get to see one and they will follow you up the following week." One health care professional said, "Appropriate calls are made and they (staff) are good at taking advice … they would rather err on the side of caution". Healthcare professionals confirmed a senior staff member was always available to accompany them when they visited people. This meant they worked together to meet people's healthcare needs.

People lived in a home with a pleasant, homely and friendly atmosphere. The premises were decorated, furnished and maintained to a high standard. As Fremington Manor was a Grade II listed building, all repairs and maintenance had to be carried out in keeping with the building. Large grounds surrounded the building with a selection of areas for people to sit. A person's visiting friend said, "I often see people sitting in different parts of the garden and we've seen so many different species of birds."

Good

Is the service caring?

Our findings

People were treated with kindness by staff who had a caring attitude. People wanted to make it clear it was all the staff who contributed to this, such as the reception staff, maintenance staff, activities organisers, housekeepers and cooks. Three people said, "I think this service is outstanding. I can't fault it. The staff are all very caring. I consider it a real privilege to be here. Before coming here I had a short stay in another home and that was dreadful … so I know what bad looks like", "It's top notch here …. staff are all lovely" and "I am very happy here … they look after me well". and "Most of the care staff are very caring, very thoughtful. You couldn't really ask for better." Health care professionals said: "They have a static staff here … staff are a great team and I am happy to be part of it"; "Staff are well motivated with a good and caring attitude towards patients"; "Patients are well looked after … staff are friendly"; "The staff all seem happy, pleasant and helpful", and "I have known Fremington Manor for 23 years and feel that in general they offer a high standard of care. They are thoughtful and caring for their patients."

Relatives felt their family members were well looked after and were complimentary of the staff. Four said: "Staff are kind and caring … it's the little things they do … it's so homely here … it's not just the carers, it's the reception staff, cook, cleaners, all of them"; "The whole place is good … kitchen, laundry, gardener… I am in danger of leaving someone out … I just want to say it is very good"; "I come here every day so I know what it is like … (my relative) is looked after very well … staff give such good care", and "All the staff are fantastic … nothing is too much trouble." Comments from relatives on thank you cards included: "Thank you so much for looking after my mum … she was happy in your care and your kindness to her and also to us will always be remembered"; "Thank you all for dad's care … I couldn't of asked for better care"; "I cannot thank you all enough for the real care you have given to mum … she was not in her home but you made it the next best thing", and "Thank you for the compassionate and dedicated care … Fremington Manor staff go above and beyond." Two staff members said, "I love working here … it's a good place, all the service users are looked after … I'd love my Grandad to come here" and "It's their home and they should be spoiled and get what they want."

People were relaxed and comfortable with staff who knew what mattered to them. Staff knew details about people's lives, their families, what they enjoyed doing and things that upset them. People were supported by staff who had a genuine warmth, understanding and affection for them. Staff used people's preferred names. People and their relatives laughed, chatted and enjoyed staff's company in a way which showed strong relationships had been developed. Relatives comments included, "It is the best … the attitude of all the people here … people are looked after well and I don't want to leave anyone out" and "It's the ambience here and the attitude of staff … staff are friendly and encourage conversation … people are spoken to like a member of the family … they don't lose their identity." One relative said they came to see their family member every day and enjoyed lunch with them at each visit. They said they felt like being "part of the family" and went on further to say, "It's not much fun on your own and men can't cook but they let me eat here … I love it here … I know all the staff and it's so friendly."

Staff treated people with dignity and respect whilst helping them with daily living tasks. For example, one person was transferred from a hoist to an armchair in the lounge. This was undertaken in an unhurried way

and staff spoke to the person throughout to tell them what they were doing and gain their confidence. Before staff left, they ensured the person was comfortable, had their feet up and their cuddly bear companion tucked in under their arm. One health care professional said, "Staff treat people with respect and are very kind." People and relatives said staff always knocked on doors before they entered their bedrooms. A staff member said, "Knocking on doors is a must … it's their home and you can't just walk in." A relative said, "They always knock before they come in … they treat me with respect too not just the people who live here … I recommend people to come here and I wouldn't want (family member) anywhere else."

Staff respected people's needs, preferences and wishes. Staff described how people preferred their care and support to be delivered. People could have assistance with showers or baths everyday if this was their wish. One person said care staff always asked them how they wished to be supported in relation to their personal care. One care worker described how some people enjoyed daily showers, some every other day and some were more reluctant to have support with their personal care. Staff described how they worked in a way which supported people's choices but encouraged their well- being. For example, one person described how they preferred to spend most of their time in their own room. They said, "Staff come and ask me if I want to go downstairs for meals or to join in an activity but they respect my wishes if I say I want to stay here in my room. They make sure I have plenty of drinks and food is brought up if I want to eat here."

People's rooms were personalised with their possessions, photographs, ornaments and furniture. Relatives and friends were able to visit when they liked and spent time in various parts of the home and garden. They were made to feel welcome and part of their family member's care. A friend said, "We ordered 'tea for three on the lawn' recently and it was absolutely brilliant." A relative said, "I have nothing but praise … they really look after people well … we are always made welcome … very good service."

People's religious beliefs were supported. Regular church services were held at the home but activities organisers also accompanied people to the local church if they preferred. People were asked about where and how they wished to be cared for when they reached the end of their life and plans were put in place. Any specialist wishes or advanced directives were documented, including the person's views about resuscitation in the event of an unexpected illness or collapse. The registered manager and deputy manager had recently completed an 'end of life' specialist course run by the local hospice. The deputy manager was extending this knowledge as they both wanted to enhance this care for people if and when they required it.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs because people's care and support plan was well planned and delivered in a way the person wished. Before people came to live at Fremington Manor, senior care staff visited them and undertook an assessment of their care and support needs. This ensured the service could meet the person's individual needs fully. This information was used to develop a care plan.

Care plans were in place to meet people's needs and focused on the person and their individual needs, choices and preferences and some contained personal histories. These incorporated assessments of risk and detailed people's personal and healthcare needs. They were updated and reviewed regularly by the nurses and care staff. This meant staff knew how to respond to individual circumstances or situations. A social care professional said staff had responded well when care plans needed updating. They said, "(staff) are open to advice … they are brilliant and take on board all comments."

People's assessed needs were in areas such as what they could do for themselves. Where people needed particular support, plans described what help was needed in aspects of daily living. For example, support with moving and handling. Staff used the care plan information, as well as information from shift handovers, to alert them to people's changing needs. Daily notes were recorded and charts held in bedrooms for those people who needed extra support. For example, those who required their food and drink to be monitored. However, we found these records had not always been completed. The registered manager was aware of this and this had been identified on a recent audit. Action was being taken to resolve the issue. Care plans were colour coded to make information easy to find. Whilst they contained the majority of information required, the care plans were not always person centred. The operations manager said they had acknowledged this and were currently looking at a new system of care planning. This may include electronic recording in the future.

The activities organisers completed people's life histories. They used this information to plan daily activities for individual people. They each worked 30 hours a week and had undertaken training in activity planning. They offered a variety of activities in either a group or one to one sessions. These took place inside and outside of the home. They considered people's individual interests, hobbies and abilities when planning activities. One activities organiser said they spent the morning planning one to one stimulating activities for people who stayed in their rooms. These consisted of reading to people, completing puzzles, playing scrabble, giving hand massages, playing card games, chatting or using adult colouring books. In the afternoon, group activities took place. This included trips out in the minibus to the shops, or other places of interest. A recent coffee morning had been held to raise funds for the MacMillan cancer fund. Volunteers also assisted the activities organisers on a regular basis.

One activity took people to the local garden centre where they had lunch. They then chose the type of plants they would like, bought the seeds, potted the plants, grew them in the garden and then enjoyed eating them, such as runner beans. Other gardening successes included making rose beds and growing herbs which were used in the kitchen. A recent 'men only' coffee morning had been organised and, as a result of introducing the men to each other, several of them then met up later to play board games. A recent Chinese

night had been organised with food, entertainment and a raffle. People and relatives said this had been a good event. Outside entertainers also visited which included musicians and singers.

The activities organisers were developing activities for people living with dementia, such as memory boxes, finger painting and adult colouring. One family member had taken the memory box home to fill it with memorabilia and sentimental items to encourage conversation with their relative.

The service had close links with the local community and regular events with the local school were organised. An annual fair was arranged with music, local bands, food and stalls. People were painting pebbles to sell at the event during out visit.

Written information about how to raise concerns or complaints was available and easily accessible for people, relatives and visitors to use. People and relatives said they knew how to complain and would not hesitate to speak with the registered manager about any problems. They were confident they would be listened to and any concerns resolved. Nine complaints had been received by the service since the last inspection. These had all been appropriately investigated and any action taken as necessary.

The PIR stated 34 compliments had been received by the service in the last 12 months in the way of letters and thank you cards. These were all positive and very complimentary about the high standard of care and support given to people during their life at Fremington Manor. Comments included, "I cannot put into many words on behalf of our family for all the care you have given (our family member). Her last few years with you people were the best, the food, her laundry, her room, all were of the highest standard. We are so taken by the wonderful care and friendship you have all given to (family member) … also to ourselves", "… would like to thank you all for everything that you did for (family member) … her relationship with you all was quite unique … thank you for embracing us and always making visitors welcome" and "Thank you and all you staff for the care you gave to my (family member) … the dedication of the nursing staff was excellent."

Good

Is the service well-led?

Our findings

The management team consisted of a registered manager and a deputy manager. They were supported by qualified nurses on the nursing unit and care team leaders on the residential unit. The operations manager and the compliance manager also undertook regular visits to the service. All staff had a clear understanding of their roles and responsibilities and the organisational structure of the service.

People, relatives and health and social care professionals had confidence in the management of the service and gave positive comments. Two relatives said, "I think it's outstandingly good here … I have never seen anywhere like it … the whole attitude of all the people here …it's run very well" and "It's great here … I am always happy to bring things up and issues always get resolved … communication is brilliant." Two health care professionals said, "I have had plenty of dealings with Fremington Manor about my patients. I find they are well organised" and "It is well run here."

The registered manager and deputy manager were both visible at the service. They completed a daily 'walk-about' where they visually monitored the quality of the service and identified any shortfalls. They also observed the staff handovers at each shift change on both units. A weekly 'stand-up' meeting took place with representatives from all heads of departments, such as a housekeeper, a cook, a nurse and a care team leader. Any concerns about how new people had settled in were discussed.

Staff felt supported, motivated and involved in the running of the service. Staff comments included, "We all work as a team here", "Management are very supportive and head office also listen" and "I feel supported, I know other staff are supported too … this makes the service users happy and so they feel looked after … it's a good place to work." Staff received a quarterly newsletter from head office which contained useful information and updates. An annual awards ceremony also took place where individual members of staff received awards in recognition for their hard work.

A variety of staff meetings took place, such as those for qualified nurses, care staff and kitchen staff. Minutes of the meetings showed any issues raised by staff were listened to. For example, one meeting addressed the fact there were too many staff in the kitchen at times and a discussion was agreed as to how to resolve it. When staff left the service, the management team carried out an 'exit' interview. This allowed staff to give feedback about their job and their specific reasons for leaving.

The Provider Information Return (PIR) stated an "open door leadership style which allows staff, residents and relatives easy access to the duty managers, deputy and home manager". It was clear from conversation, observation and the atmosphere the service was managed in this way. There was an open and inclusive culture at the service and communication was good. People and relatives knew the management team well and had developed caring relationships with them. For example, one relative spoke very highly of the registered manager and knew about their life, their children and their achievements. This gave people and relatives a sense of well-being and belonging.

The provider had a number of quality monitoring systems in place. These were used to continually review

and improve the service. The registered manager had a schedule of required audits to be carried out each month, with audit tools to assist them. For example, care plans and medicines.

The operations manager undertook a monthly visit and the quality manager a three monthly visit. Both of these visits looked at the overall quality and clinical compliance of the service. The quality compliance audit was colour coded to highlight those areas which needed action. Comprehensive action plans were drawn up for the areas which required improvement. These were monitored until full compliance at 100 per cent was achieved. The action plan drawn up on 6 May 2016 highlighted several areas for improvement which included some of the areas identified during the inspection. However, a lack of a cleaning rota in the kitchen had not been identified. The registered manager and operations manager acted on this immediately and devised a chart to be used and developed an audit tool to monitor it. Maintenance records were up to date; equipment was serviced in accordance with their individual contracts.

Informal feedback was sought from some people and relatives about the quality of the service but resident meetings had not been regularly held. The registered manager said this was because they had been poorly attended in the past. However, plans were in place for a meeting to discuss the introduction of a 'Resident's Forum'. Formal questionnaires had not been sent out to these people since 2014. The operations manager said they were currently reviewing the questionnaires to make them more 'dementia friendly' and these would be sent out soon. Questionnaires to health and social care professionals had been sent out in 2015. The results had been collated and included 'What we do well' and 'What could we do better'. Questionnaires to staff had last been sent out in 2014 with a summary of the findings from the Chief Executive (CE) of the service. As a result of this survey, an 'Ask Susan' email had been set up to improve staff communication. Staff could directly get in touch with the CE if they wished. Leaflets for the website www.carehome.co.uk (care home review website) had recently been distributed into the home. These were for people and their family or friends to complete.

Fremington Manor had operated for many years and was now owned by the Care South group. The service's values centred on the following principles and beliefs: Honesty; Excellence; Approach; Respect, and Teamwork (HEART). From observations, discussions and conversations we found this was an accurate description of the values shown by staff at Fremington manor.