

Friendly Inn Residential Home Limited

The Friendly Inn

Inspection report

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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 ●

Summary of findings

Overall summary

About the service

The Friendly Inn is a residential care home providing personal care to up to 30 people. At the time of our inspection 26 people lived at the home and two people were in hospital. Some of those people lived with dementia.

People's experience of using this service and what we found

People felt safe living at The Friendly Inn. Staff and the management team knew how to keep people safe and protect them from abuse. The management team demonstrated a proactive approach to risk reduction and took action when needed to prevent accidents and incidents recurring.

Staff were recruited safely. Enough staff were on duty to meet people's needs during our visit and some new staff were being recruited. People received their medicines when they needed them and medicines were administered, stored and disposed of safely.

The home was clean, and the provider's infection prevention and control measures were effective. The environment was dementia friendly in line with best practice. A range of communal areas including a well-maintained garden was available for people to enjoy.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relatives had confidence in the ability of staff to provide effective care. Staff completed an induction when they started work and completed ongoing training to help them provide effective care to people. People liked the food available and their dietary needs were met. People had access to healthcare professionals when needed which supported them to live healthier lives.

People received personalised care and the staff team demonstrated a shared commitment to providing good care. People liked the staff and we saw staff treated people with kindness. People's right to privacy was respected, their independence was promoted, and their dignity was maintained.

People were happy with the social activities available to occupy their time and they had been supported to keep in contact with people who were important to them during the COVID-19 pandemic.

People and relatives spoke positively about the management team and action was being taken to improve staff morale. Good governance was embedded, and managerial and provider oversight of the service was good. The registered manager understood their responsibilities and kept their knowledge of legislation and best practice up to date. Staff understood what the management team expected of them.

People and their relatives knew how to complain. Feedback was welcomed and was used to drive forward improvement and learn lessons. The management team welcomed our inspection and understood the need to be open and honest if things went wrong.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 07/02/2020 and this is the first inspection.

Why we inspected

This was a planned inspection to provide a rating for the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Friendly Inn

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by three inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Friendly Inn is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since registering with us in February 2020. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and three people's relatives. We spoke with 15 members of staff including the cook, the deputy manager, domestic assistants, care assistants, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also 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 reviewed a range of records, including five people's care and medication records to see how their care and support was planned and delivered. We looked at records related to how the service operated and was managed. We also reviewed three staff files to check staff had been recruited safely.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff demonstrated a good understanding of how to manage and reduce risks. They confidently described the actions they needed to take to keep people safe. One staff member said, "[Person] is at risk of falls. At night if we hear their falls alarm, we know they are awake and probably need the toilet. We rush to their room to help them." The person and their relative confirmed that happened.
- Risks associated with people's care had been identified and assessed. Detailed risk management plans contained the information staff needed to provide safe care.
- Emergency and contingency plans were in place and effective checks minimised risks related to the premises and equipment. Staff understood the provider's emergency procedures and the actions they needed to take to keep people and themselves safe in the event of an emergency.

Learning lessons when things go wrong

- The management team demonstrated a proactive approach to risk reduction. Accidents, incidents and complaints were analysed monthly to identify measures that could be taken to prevent reoccurrence. For example, referrals had been made to the falls team to seek specialist support to prevent falls.
- The provider had shared learning throughout their organisation to ensure outcomes for people were continually improved.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at The Friendly Inn. One person said, "I've been here a long time. Nothing to worry about."
- Relatives felt people were safe. One said, "No worries about safety, I have every confidence my husband is safe. He would tell me if something was worrying him."
- Staff completed safeguarding training and were aware of the different types of abuse people could experience. They described how they would escalate any concerns if they felt they were not responded to appropriately by the management team.
- The registered manager and the nominated individual understood their responsibilities to keep people safe. They had shared information with the local authority and CQC as required.

Staffing and recruitment

- People told us enough staff were on duty to meet their needs. One person commented, "There are enough (staff). They are busy but always ready to help."
- Staff were available when people needed them during our visit and people's requests for assistance were responded to promptly.

- Staff provided mixed feedback when we asked if there was always enough of them on duty. Comments included, "We have three staff on nights, it's enough," and, "No, not always we do run a carer down at times due to sickness or someone not turning up." We shared this feedback with the registered manager who told us recruiting new staff was one of their main priorities.
- The number of staff required on each shift was determined by assessing people's individual needs. These assessments were reviewed monthly to ensure staffing levels remained sufficient.
- Staff were recruited safely. The provider completed pre-employment checks to ensure their staff were suitable.

Using medicines safely

- Medicines were administered, stored and disposed of safely.
- People received their medicines as prescribed from trained staff. One person said, "I have an ointment for my legs, and I get my tablets on time."
- The deputy manager was the medication lead for the service. They demonstrated good knowledge of medicines and their possible side effects.
- An electronic medicine administration system was used. The deputy manager explained using the system strengthened medicines safety as any errors were immediately identified. That meant prompt remedial action could be taken.
- Some people were prescribed medicines 'as and when required.' Further information was being added at the time of our visit to protocols for those medicines to inform staff how and when those medicines should be given.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was compliant with the MCA. People confirmed staff sought their consent before providing any assistance. This happened during our visit.
- The registered manager understood their responsibilities under the Act. They had assessed people's capacity and applications had been made for DoLS authorisations when required. An effective system helped the management team to track expiry dates, so they could reapply for authorisations if needed to ensure people's rights were upheld.
- People's care plans identified if they had capacity to consent to specific aspects of their care. Best interest decisions had been made when needed. The outcomes of decisions made were recorded.
- Staff had completed training to help them understand the principles of the MCA. One staff member said, "People have the right to refuse care. If they refuse, I would go back later and ask again, we can't force people, it's their choice."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and those closest to them had contributed to an assessment of their needs before moving into the home.
- Staff told us the information gathered during assessments was used to develop care plans and risk assessments which helped them to get to know people.

Staff support: induction, training, skills and experience

- People and their relatives had confidence in the ability of staff to provide effective care.
- Staff spoke positively about their training and told us it helped them to care for people well. Staff developed and refreshed their knowledge and skills through an initial induction followed by an on-going programme of training. One staff member said, "We get lots of training including infection control training, safeguarding and manual handling."
- We saw staff put their training into practice. During our visit two staff members confidently used a piece of equipment safely to move one person from an armchair into their wheelchair.
- Staff were encouraged to take on additional responsibilities to increase their knowledge to benefit people. For example, there were designated leads for medicines and falls. This promoted a culture of continuous learning.

Supporting people to eat and drink enough to maintain a balanced diet

- People liked the food and their dietary needs were met. Comments included, "I do well with food. It's nice. I usually clear my plate," and, "We have two choices, so you just tell staff which one you want. Today it's curry or pie and I'm having pie."
- Some people were at risk of choking. Those people were provided with a range of modified textured food and drinks in line with the specialist advice.
- The lunchtime mealtime experience was overall, positive for people. However, we observed one person's meal was sliding off the edge of their plate as they attempted to eat it. The registered manager confirmed this would be addressed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People confirmed they had access to healthcare professionals when needed. One person commented, "A doctor comes in regularly, and I'm seeing the dentist because I need new dentures fitting. I've also got an appointment at the hospital at the end of June."
- People who wanted them had also had their COVID-19 vaccinations.
- The service had established effective working relationships with other professionals involved in people's care, including speech and language therapists and district nurses. This supported people's health and maintained their wellbeing.

Adapting service, design, decoration to meet people's needs

- The environment met people's needs and was dementia friendly in line with best practice. For example, people's bedrooms doors were painted in their favourite colour and signage helped people to locate their way around the building.
- People had personalised their bedrooms. One person smiled when they explained having their treasured possessions and photographs on display in their bedroom made them feel surrounded by their family.
- A range of communal areas including a well-maintained garden was available for people to enjoy.
- The environment and décor were under constant review to ensure the environment was a nice place for people to live. One lounge area was being repainted during our visit.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People without exception spoke positively about the staff. Comments included, "I like the staff. We have a laugh together," and, "They look after us. Nothing is too much trouble for them." A relative commented, "The staff are lovely with mum, they know her well and are very patient with her." Throughout our visit we saw staff treated people with kindness.
- The service proactively raised awareness of the needs of Lesbian, Gay, Bisexual and Transgender people (LGBT). Sensitive discussions had been held with people during care planning and an LGBT event day was being planned to continually promote equality at the service.

Supporting people to express their views and be involved in making decisions about their care

- People and where appropriate their relatives were involved in making decisions about their care. One person explained how they made daily decisions such as what they wanted to eat. Their relative told us, "Mum tells the staff what she needs, she gets it. The manager did phone me to ask if I wanted anything added to her care plan, so I feel involved."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was respected. One person said, "I go to my room or have a walk around the garden if I want peace and quiet. I like being my own sometimes, staff know that."
- People felt respected by the staff. One person said, "Staff have manners, they are polite and knock my door before coming into my room."
- Staff promoted people's independence. At lunchtime we saw staff discreetly offered to cut up people's food so they could eat their meals with ease. A relative said, "The staff encourage (person) to do what they can for themselves which is a really good thing."
- People's dignity was upheld. We saw staff offered immediate support to one person when they noticed they needed assistance to rearrange their clothing.
- People's personal information was managed securely in line with data protection law.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised and responsive care. One person said, "I am looked after well, I live my life how I want to. Life is good."
- The staff team demonstrated a shared commitment to providing good care. Staff knew what was important to people such as, drinking from a specific cup and people's favourite football teams. Relatives confirmed staff having good knowledge of people's likes and dislikes had a positive impact on wellbeing.
- Care records contained detailed information to help staff meet people's needs including their life histories and things that were important to them. Staff told us if people's needs changed, they were informed verbally, and care records were also updated.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were happy with the social activities available to occupy their time. Comments included, "I like having my hair and nails done," and, "We walk to the shops and have a gardening club which I really enjoy."
- The activities coordinator explained they planned activities in line with people's preferences. They said, "Recently we have had a theatre group, and a singer with a keyboard here because people love music."
- Innovative activities offered people opportunities to learn about different cultures. An 'inhouse cruise' took place each year and during the 'cruise' different foods were sampled and traditions from around the world were explored. One person commented, "It opened my eyes last year. It was a bit of fun, I enjoyed it."
- People had been supported to keep in contact with people who were important to them during the COVID-19 pandemic in a variety of ways including telephone calls and video calls.
- A social media page was used to share what was happening at the home with relatives. A staff member said, "We upload photos so relatives could see what people were doing during lockdown."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information including food menus were available in a format people could understand such as, large print text and pictorial. This was important as some people had visual impairments and lived with dementia.
- Work was ongoing to add further information to people's care plans to ensure people could understand their care records.

End of life care and support

- People's end of life wishes had been discussed and were documented if they had chosen to share the information.
- Staff told us they worked in partnership with health professionals to ensure people were well cared for at the end of their lives.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain. One person said, "I would be straight in the manager's office if something was wrong." A relative told us they had previously raised a complaint about the laundry. They were happy with how their complaint had been handled and were satisfied with outcome.
- Complaints were recorded and analysed monthly by the registered manager. The registered manager said, "If something goes wrong, we learn from it and do our best to make sure it does not happen again."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People enjoyed living at the home and spoke positively about the leadership of the service. One person said, "You see (registered manager) around. She is nice. She talks to me and checks if I am okay." A relative commented, "I am kept informed about what's going on so yes, I think it is well led."
- People's feedback was welcomed and listened to. During a residents meeting in May 2021 people said they would like to go out more. Action was being taken by the activity coordinator in response to this.
- The provider had received a range of compliments about the service provided including, 'Mum is happy and receives great care. All the staff need praise for their care' and, '(Person) has settled in well and are being well looked after. Thanks for your dedication and hard work.'
- We received mixed feedback about the leadership of the service from staff and we were aware prior to our visit work was ongoing to improve staff morale. The management team were open and honest about the challenges this had presented and gave examples of the actions already taken to drive improvement. For example, staff welfare supervisions took place. The nominated individual gave assurance further action was planned to drive improvement which included the recruitment of new staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Managerial and provider oversight of the service was good. The registered manager demonstrated a good understanding of the regulations and their responsibilities. They were supported by a deputy manager, a team of senior care workers and the nominated individual.
- The registered manager kept their knowledge of legislation and best practice up to date in a variety of ways. They attended monthly meetings with other managers within the provider group to share information and best practice and were also a member of the local registered managers forum.
- Staff understood what the management team expected of them and they demonstrated a shared commitment to providing good care. Staff practices were observed to ensure staff were competent to carry out their roles.
- The provider had invested in an electronic care planning and medicine administration systems which had multiple benefits. The medication system had strengthened medicines safety and the care planning system meant staff had more time to spend with people as they spent less time completing paperwork.
- The management team welcomed our inspection and understood the need to be open and honest if

things had gone wrong. A proactive approach to risk reduction was embedded. This included monthly analysis of accidents, incidents and complaints to prevent reoccurrence.

Continuous learning and improving care; Working in partnership with others

- Good governance was embedded. Effective quality assurance systems were used to identify and address any areas that fell below the provider's expectation. For example, the audit of people's care records completed by the registered manager in May 2021 had identified oral hygiene care plans were not in place for all people. Action was taken to address this.
- The nominated individual visited the service fortnightly and they completed additional checks of the service provided to people. The provider also worked with an independent consultancy company to continually drive forward improvement.
- The management team looked for ways to strengthen their governance systems to improve outcomes for people. A new system to ensure information was provided to the emergency services quickly in an emergency had been put into place.
- The staff team worked in partnership with other health professionals. Links with the local NHS 'care at home support team' were established. The home support team support and up skill care home staff to benefit people.