

Westcare (Somerset) Ltd

Friarn House Residential Home

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:

Friarn House is a care home that provides personal care for up to 16 older people. At the time of the inspection, there were 15 people living at the service.

People's experience of using this service:

People who were able to communicate with us told us they felt safe. People who were not able to tell us about their experiences looked comfortable and relaxed in the presence of staff.

People were cared for by a consistent staff team who had received sufficient training to carry out their roles. People received assistance to take their medicines as prescribed.

People were supported to access health care services. People's dietary needs were assessed and where needed, people received support to eat and drink.

People received care that was kind, respectful and responsive to individual needs. Care plans were comprehensive and reviewed each month. People and their relatives knew how to complain. No people were receiving end of life care at the time of our inspection visit.

The registered manager worked in partnership with other organisations to make continuous improvements and develop best practice.

More information is in detailed findings below.

Rating at last inspection:

Good (report published in September 2016).

Why we inspected:

This was a planned inspection based on the rating from the last inspection. The service remained rated Good overall.

Follow up:

We will monitor information received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Friarn House Residential Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Friarn House is a care home that provides personal care to older people. Most of the people who used the service were living with dementia. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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:

The inspection was unannounced so the provider, registered manager and staff team did not know we would be visiting.

What we did:

Before the inspection we reviewed information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with three people who used the services. Some people were not able to tell us about their experiences so we observed how people were being cared for in their rooms and in communal areas. We spoke with the registered manager and four staff that included care, catering and activities staff.

We reviewed a range of records that included three care plans, daily monitoring charts and medicines records. We checked staff supervision and training records. We also looked at a range of records relating to the management and monitoring of the service. These included audits, quality assurance surveys, minutes of meetings and maintenance checks.

After the inspection we received feedback from two relatives and two health care professionals to obtain their views about the service.

Is the service safe?

Our findings

People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse.

- People and their relatives told us they felt safe with comments including, "I feel pretty safe here and the staff are good too," "I feel very safe here and I think this place is good for people who cannot help themselves," and, "Absolutely safe. In the early days I worried as Mum can be challenging."
- Staff had received safeguarding training and knew how to recognise signs of abuse. They were clear about their responsibilities for reporting concerns. A member of staff told us, "I can honestly say I've never been concerned or witnessed abuse here, but I would certainly report any concerns." Written guidance was readily available.

Assessing risk, safety monitoring and management

- Risk assessments and risk management plans were in place. These included risks associated with falls, skin condition, moving and handling, malnutrition and dehydration.
- The risk management plans clearly set out the actions needed to mitigate most of the risks identified. However, the plans for falls management, for people who were mobile and had been identified as at 'high' or 'very high' risk, did not take not account the risks associated with the different staircases in the home. The plans did not confirm the actions taken to mitigate these risks, or whether people used the stairs or the stair lift. The registered manager wrote to us after the inspection to confirm they were reviewing the risk assessments to make sure they accurately reflected these identified risks.
- The premises were safely maintained and regular checks were completed that included electrical, gas, legionella control and fire safety. The registered manager had also contacted the fire services authority to request a review of their fire safety precautions.

Staffing and recruitment

- People, relatives and staff told us staffing levels were safe and sufficient to meet people's needs. There were two care staff on duty during the day, supported by catering, activity and housekeeping staff in the morning. One member of staff told us if they needed additional support, for example, if a person was unwell, the registered manager was always available to help when needed.
- Support was provided by a consistent team of staff who were familiar with people's needs.
- Staff were safely recruited. Disclosure and Barring Service (DBS) checks had been carried out to check whether staff were suitable to work with people in care homes. The records did not included confirmation that gaps in employment history had been checked. The registered manager told us they had completed these checks, and the lack of recording was an oversight. They told us they would make sure they recorded their findings in the future.

Using medicines safely

- People were supported to take their medicines safely and as prescribed. One person told us, "I am on pain relief three times a day and staff make sure I take it on time which is good."

- Medicines were safely obtained, stored, recorded, administered and disposed of.
- The medicine administration records (MARs) provided details about each person and the medicines prescribed. Records were fully and accurately completed. Staff received annual assessments checks to make sure they remained competent to administer people's medicines.
- We checked the records for one person who was being given their medicines covertly. The GP had been consulted, and had agreed it was in the person's best interests to receive their medicines in this way.

Preventing and controlling infection

- Suitable measures were in place to prevent and control infection. Staff had received training and used gloves and aprons when needed. A relative commented, "The place is very clean and tidy."

Learning lessons when things go wrong

- There was a procedure in place for reporting and recording accidents and incidents.
- Information relating to accidents or incidents was shared at staff shift handover meetings to make sure staff were aware of any additional checks or monitoring that were needed.
- The registered manager analysed information each month to identify trends and themes within the home. Actions were taken to help make reduce future recurrences.

Is the service effective?

Our findings

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments were carried out before people moved into the home. This was to make sure the service was suitable for them and their care needs could be met.
- Regular checks were made using assessments and screening tools. For example, where it was identified people were at risk of losing, or had lost weight, their food intake was recorded, weight was monitored and the GP was consulted.
- People's needs were reviewed on a regular basis and when their condition changed. A relative told us they were confident staff provided good care especially when people had, "extra support needs."

Staff support: induction, training, skills and experience

- People and relatives told us their needs were met and that staff were, "Very well-trained and kind," and, "Yes the staff are very skilled."
- Staff told us they were well supported with induction, supervision and training. The records showed that refresher and update training was provided. This included, food safety, dementia care, fire safety, basic first aid, moving and handling and diet and nutrition. In addition, staff were supported to undertake qualifications in care. Most staff had recognised qualifications that included NVQ or QCF (Quality Care Framework) awards.

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

- People received a healthy and nutritious diet. Feedback was positive and included, "The food is very good. I know they have a focus on trying to source local produce and try to buy locally as much as possible," and, "The food is better than the previous home I was in. As long as the food has taste and is cooked well I do not mind. We are lucky here that the cook is very good. There is plenty of food and you can get drinks and snacks if you want. It is not a problem."
- People were supported as needed to eat and drink and when people lost weight actions were promptly taken. The chef was aware and kept updated with people's likes, dislikes, preferences and needs. The meals we saw on the day of the inspection were nicely presented and looked hot and well cooked.
- People were supported in their rooms and in the dining room with meals. We did check one person who had not eaten the meal in their room. The staff had already reported their concerns to the registered manager and the GP had been consulted.

Staff working with other agencies to provide consistent, effective, timely care

- The service made sure everyone living in the home had access to opticians and chiropodists, community nurses, social workers, mental health teams and their GP.
- The registered manager and staff team worked proactively with the Somerset CCG LARCH (Listening and responding to care homes) team to develop best practice for people when their condition changed and treatment escalation plans had been developed. We received positive feedback about how well the registered manager and staff team responded to guidance and advice and were told they were "Always keen

to learn."

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

- Overall, there was a homely feel throughout. Bedrooms were clean and tidy. The registered manager told us people's views had been sought when communal areas had been decorated. They told us bedrooms were upgraded as they became vacant, and the one current empty room was due to be redecorated
- There was no shaft lift in the home. People who lived in the rooms above ground floor level needed to be able to use the stairs or the stair lifts.

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.
- Staff understood the principles of the MCA, how to implement this and how to support best interest decision making.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to care and treatment.
- Where there were restrictions on people's liberty, authorisations were in place for three people and applications for 12 people were being processed by the local authority.

Is the service caring?

Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People looked comfortable with the staff that supported them. Staff were kind and attentive to people's needs. It was clear that staff enjoyed their work, and a member of staff told us, "I would feel more than happy with a relative of mine being here."
- One person told us, "The staff know me well and are pretty good here. It is not a problem you can always ask them something and they will always be helpful." Relatives comments included, "The staff are very caring. I cannot fault the care here," and, "Staff have a good balance between compassion and affection. I have observed staff dealing with mum and other residents with compassion."
- The staff we spoke with knew details about people's backgrounds, their relatives, likes and dislikes and how they liked to be cared for and communicated with.
- People's preferred names were recorded in their care records. Staff also told us that some people liked and responded well to terms of endearment being used. They told us about one relative who actively encouraged staff to use a 'nickname' the person had grown up with. It was clear, where such terms were being used, they were well received. The care records did not always provide this level of detail.
- A health professional spoke positively about how well people were treated. Their feedback included, "Feels like a family here. Even people who are lacking capacity have said they want to be here, 'with their friends,' and, 'at home'."

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

- Most people needed support to make decisions about their personal care and where they spent the day.
- Staff told us how they ensured people were as involved as they were able to be. One member of staff told us that although they knew people really well, and understood how they wanted to be cared for, they always checked to make sure the care was still how people wanted it to be. They told us, "We always look for ways to involve people. I know how I would want my nan to be treated and would always want her to be able to make choices."

Respecting and promoting people's privacy, dignity and independence

- We saw staff knocking on people's doors before they entered. One person said, "Staff always knock the door before entering, even if the door is open." Another person told us that, "Some staff knock the door, but not all of them." Staff were able to tell us how they made sure people's privacy was maintained when they were supporting with personal care.
- Care plans showed how people were supported to maintain their independence. For example, the care plan for one person reminded staff to make sure the person's walking aid was within easy reach during the night so they could independently get out of bed when they needed to.
- Staff were attentive as they supported people with their appearance. A relative told us the care home staff contacted them if the person's clothes were looking 'worn' and needed replacing. They told us they appreciated this as the person had always taken a pride in their appearance and liked to look smart.

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A relative spoke positively about how knowledgeable staff were about their loved one's needs. Their feedback included, "They do not have to look in a book to tell me how she is doing. I am very impressed with their level of knowledge about Mum's moods and likes and dislikes. The staff always know how Mum is and seem in tune with her care." Care plans provided details of how to support people to meet their individual and assessed needs.
- Care plans were updated regularly and where people were unable to participate fully, relatives were involved. A relative told us, "I had a conversation about the care plan recently where we updated the plan."
- Staff attended handovers when shifts changed and they were provided with updated information about people and their needs.
- Most people spent the day in the communal areas. A weekly activity programme was displayed and an activities folder provided some basic ideas for activities for people living with dementia. One person told us they were able to go out into town on their own and another person said they 'sometimes get involved in the home's activities.' A relative told us, "[Name of person] always seems to be busy. I have observed him singing, getting involved in crosswords and he regularly goes out for lunch." The registered manager told us their therapy dog visited twice each week, five or six people regularly attended a 'dementia club' held at the local community centre, local church groups visited, and a relative was in a choir group that visited regularly. Staff brought in their children to visit people and there were frequent trips in to town, to local cafés and shops.
- People were supported to communicate in ways that were meaningful to them. At the time of our inspection, no one used communication aids. The registered manager told us in their PIR, "We currently have no individuals with communication impairments but we have previously used written cue cards, picture cards, hand gestures and body language to communicate with people who find communication difficult."

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any complaints in the last 12 months. They told us they spoke on a regular basis with people who used the service and their relatives and regularly checked and actively welcomed feedback about the service provided. On the day of the inspection, the registered manager actively and regularly engaged with people living in the home. A relative said they would not hesitate to, "tell the staff if I was worried about anything. They are very competent."
- A health professional told us the registered manager, "Knows every resident and has a good relationship with all the relatives."

End of life care and support

- Whilst no one was receiving end of life care at the time of our visit, we received feedback from an external health professional who spoke positively about the registered manager and their team. They told us the registered manager had expressed an interest in training to introduce a nationally recognised framework for

supporting people who were nearing end of life.

Is the service well-led?

Our findings

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting person-centred, high-quality care and good outcomes for people

- People who used the service and relatives all spoke highly of the registered manager and about how the home was managed. They all knew who they were by name and told us they saw them regularly. Comments included, "If I was worried about anything I would speak to [name of registered manager]," "[Name of registered manager] is the manager. He is very nice and extremely helpful. If you ask him anything he will always know the answer or find out for you," and, "If I knew someone who needed looking after I would definitely recommend this place."
- Staff were motivated, spoke positively and felt well supported. It was clear they had good relationships with the registered manager and the deputy manager. They told us, "They are amazing. Whenever we need any help at all even if they are not on duty, they will just come in."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Everyone was clear about their roles and responsibilities. Staff told us they were able to speak openly and felt valued and respected by their managers.
 - The registered manager knew what notifications they had to send to the CQC. These notifications inform CQC of events happening in the service.
 - Policies and procedures provided guidance and direction for staff.
 - Systems were in place to monitor and evaluate the quality of the service provided. For example, accidents and incidents were reviewed and information used to minimise future risk and prevent recurrence.
 - Regular audits were undertaken that included care records and medicines records.

Engaging and involving people using the service, the public and staff.

- The service actively encouraged communication amongst everyone who used, worked in, and visited the service.
 - Surveys were completed for people and their relatives. The most recent surveys were in the process of being completed and returned. We read the six that had been returned. Feedback was very positive and complimentary about the service provided.
 - Letters of appreciation had been received from relatives of people who used the service. They included, "We have nothing but the highest praise for all the carers and the workers and Friarn House...thank you so much for your commitment and compassion...I feel it is important you know how very much you are appreciated by both of us."
 - Staff told us they felt valued and confident their views and feedback would be listened to and acted upon. They told us they had meetings, usually with the deputy manager where they discussed any issues of concern, what was going well and not so well, or changes that were needed.

Continuous learning and improving care and working in partnership with others

- The registered manager and staff team had developed good working relationships with external health professionals. We received positive feedback, with health professionals telling us they were always welcomed and that management and staff were 'proactive.'
- The registered manager worked in partnership with others. They attended local care home forums and received regular visits from specialist nurses. They also supported student placements from the local college.