

Frome Care Village Limited

Frome Care Village

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Frome Care Village provides care and accommodation for up to 60 older people in two separate buildings. Woodlands provides nursing care in a purpose-built building and The Parsonage is an adapted building for people living with dementia. At the time of the inspection there were 51 people living at the service.

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

Quality assurance systems in place were not always effective at identifying concerns or areas for improvement. The provider had failed to implement and sustain improvements. This is the 3rd consecutive time the overall rating for the service has been rated less than good.

There were not always enough staff on duty and staff were not always appropriately deployed to support people in a timely and person-centred way on the Woodlands unit. This impacted on waiting times, daily routines, including mealtime experiences, activities, and attention to personal care needs.

There were mixed views about staff's skills, competency, and training. Staff training was overdue according to the provider's records. The Provider had invested in a bespoke in-person training programme but some staff acting in clinical roles had not completed training in line with their policy. There was 1 qualified registered nurse on duty for 41 people with assessed nursing needs. We did not find evidence that people's clinical needs had been negatively impacted by this.

We were not assured the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the premises were not clean. Cleanliness had improved by the second day of the inspection.

People received their medicines in a safe way. However, some improvements were needed to the way people's medicines were managed and recorded.

Some routines were not person centred. We have recommended that daily routines are reviewed to ensure person-centred care and support is consistently delivered to people living at the service.

People spoke positively of the culture of the service, which was described as calm, and friendly or jolly. Most people expressed satisfaction with their care.

The manager was open, and willing to listen and act on any concerns.

The service worked in partnership with other professionals. Work was underway to improve working relationships and communication with some external professionals.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 04 July 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last 3 consecutive inspections.

Why we inspected

We received concerns in relation to the management of the service and staff competencies. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of the full report.

The provider has taken action to mitigate some risks identified.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Frome Care Village on our website at www.cqc.org.uk

Enforcement and Recommendations

We have identified breaches in relation to staffing levels and staff training, and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Frome Care Village

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 Health and Social Care Act 2008.

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

This inspection was carried out by 3 inspectors, a medicines inspector and 2 Experts 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.

Frome Care Village is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Frome Care Village Care home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been appointed at the last inspection but has not yet registered with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider. We looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law. We sought feedback from the local authority.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We met most of the people who lived at the service and spoke with 19 of them about their experience of the care provided. We also spoke with 9 family members to get their view of the service. We met with one visiting professional. We observed people and staff in the communal areas throughout the day.

We spoke with 20 members of staff including the manager, care and nursing staff, maintenance person, cook and housekeeper. The nominated individual for the service was remotely present during the inspection and attended the feedback sessions. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 17 people's care records and a number of medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, maintenance records, cleaning schedules, staff rota's, monitoring charts, fire documents and external servicing records were reviewed.

We asked the manager to email a Care Quality Commission inspection poster to all relatives and staff, inviting them to share their experiences either through our website or by phone. We received no feedback.

Following the site visits, we requested feedback from professionals who work with this service. We received feedback from 3. We continued to seek clarification from the provider to validate evidence found during the inspection process. We were sent, staff rotas, training and supervision data and quality assurance reports.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were not enough staff on duty and staff were not always appropriately deployed to support people in a timely and person-centred way on the Woodlands unit. The provider used a dependency tool to help determine staffing levels. However, staff described a high level of dependency on this unit. Many people requiring 2 staff for safe moving and handling and assistance with meals.
- Insufficient numbers of staff on the Woodlands unit impacted on waiting times, daily routines, mealtime experiences, activities, and attention to personal care needs. For example, two people said they had waited for 15 minutes or more on occasion to use the toilet. Staff had little time for social interaction with people; people described being bored. There were very limited meaningful activities or occupation for people on Woodlands. For some people the mealtime experience was not person centred or sociable. Although the meal was ready to be served at 12.30, staff were still assisting people with personal care at 1pm.
- We observed a visitor assisting their family member with their meal as well as another person living at the home. We observed staff delivering meals to the dining room but did not see them assisting with meals.
- One person looked dishevelled and was without their prescribed glasses on both days of the inspection. Most people spent time in bed or in their bedrooms. Two people said this was due to staffing; both added they would like to spend time out of bed, "If I could, I would like to get up more" and "I would like to but staff problems".
- Feedback from people using the service, relatives, and staff confirmed they did not feel there was always enough staff on duty in Woodlands. Comments included, "Enough staff? I often think no"; "The staff have their work cut out, I'm not sure there are enough staff. All I know is that they're doing a good job with (loved one)"; "They are very busy, they don't always come when they say they'll come. It depends on the time of day, if they're quick or not" and "I think they're busy, usually there are enough staff but sometimes it gets quite busy, and I have to wait".
- We acknowledged that due to unexpected sickness during the inspection the service was one member of staff short on each day. This exacerbated the situation.
- There were mixed views about staff's skills, competency, and training. Staff had completed the provider's core training relating to safe working practice. However, training in relation to learning disability, basic first aid and life support, diabetes, end of life care, catheterisation and wound care management was overdue. This had been identified by the provider and was being addressed.
- The service provided nursing care. On both days of the inspection there was one nurse on site, supported by a care practitioner. The provider has recognised the skills held by care staff and has developed a career pathway for them to progress with clinical care. A training module had been established, Nursing Standards and Care Practitioner Development, to support the training and progression of staff. However, staff working in these roles had not completed all the provider's recommended training for the role. This meant there was

1 qualified registered nurse on duty for 41 people with assessed nursing needs.

- Some people reported that temporary staff did not know what to do. We saw that new or temporary staff were supported by permanent staff.

The provider had not ensured sufficient numbers of suitably qualified staff were deployed. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Staff had a kind and friendly approach and many people spoke highly of the staff team, "The staff have a tremendous responsibility, and they do their best, they're really useful and helpful"; "Staff on whole are wonderful, so caring, it's the system not the staff" and "The team are very good; always welcoming; they are good with (loved one) and the family too".
- Following the inspection, the provider told us they were meeting with the local commissioners to review people's needs and reassess staffing requirements. The provider confirmed staffing levels had been reviewed and subsequently increased following the inspection.
- Following the inspection, the provider confirmed that staff had received updated basic life support training and venepuncture training. The provider had confirmed dates for all other outstanding training.
- Staff were recruited safely and employed following suitable checks.

Preventing and controlling infection

- At the last inspection, improvements were needed to ensure standards of cleanliness were maintained throughout the service. At this inspection we were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the premises were not clean. In some areas of the service there was a strong malodour. People's bedrooms, some carpets, equipment and furniture, communal toilets, the dining area and lounge were not clean. Bedrail covers were used to reduce the risk of entrapment. However, some covers were damaged with holes and small tears, meaning they could present an infection control risk as they were difficult to keep clean. Daily cleaning schedules were in place but there were gaps in the records which did not provide assurance that the expected tasks were being completed and the premises remained clean throughout. On the second day of the inspection, cleanliness had improved significantly in all areas.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

The provider was facilitating visits for people living in the home in accordance with current guidance.

Using medicines safely

- Staff recorded on Medicines Administration Record (MAR) charts when people were given their medicines. Records showed that people generally received their medicines as prescribed for them. There were systems in place to record when creams or other external products were applied.
- When changes were made to people's medicines, we saw these were clearly recorded on people's MAR charts. Any handwritten amendments were checked and signed by two members of staff.

- Some improvements were needed to the recording of medicines prescribed 'when required'. Times of administration were not always recorded for these medicines, so that it was not always possible to show that a suitable time gap was left between doses. There were protocols to guide staff when doses should be given for each person.
- If medicines were given covertly, then there were suitable checks and records in place to ensure this was only done when appropriate and in people's best interest. Advice was sought and recorded on how to administer each medicines safely in this way.
- There were suitable arrangements for storage, recording and disposal of medicines. This included those needing extra security. However, some improvements were needed to the way temperatures were monitored and recorded to ensure that medicines were always stored at suitable temperatures. Staff were not aware of how to reset the maximum or minimum thermometer, and actions taken if outside of the recommended range were not always recorded.
- Regular medicines audits were completed, and we saw that some areas for improvement had been identified and actions recorded. There were systems in place to report and investigate any errors or incidents, to try to prevent them reoccurring.
- Care practitioners who gave medicines were trained and had competency checks to make sure they gave medicine safely. However, there was no system for assessing the competence of nursing staff. We were told this was being put in place and would be completed within the next month. Our findings were shared with the manager during the inspection.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse as staff were confident in reporting any concerns to the management team. The senior management team were aware of their responsibility to report any safeguarding concerns.
- People told us they felt safe at the service. Comments included, "I do feel safe, because I've got my call bell and I know that if I want somebody, they will come. I get on well with most of the staff and they're easy going" and, "I'm very happy, the staff are always nice, they're charming, reassuring, and helpful and I do feel very safe here. Nobody has ever upset or bothered me. I could speak to them if I needed to".
- Three visiting health professionals said they had not witnessed poor practice at the service. One professional said, "Staff are professional, very approachable".

Assessing risk, safety monitoring and management

- Risks to people's safety were identified and managed. Assessments included the risks related to mobility, skin damage, risks of dehydration and malnutrition and risk of choking.
- Information about people's changing needs was shared at daily meetings with staff to ensure they were aware of people's needs. Staff understood the risks to people's safety associated with their health condition, behaviours, and environment.
- Systems for monitoring people's fluid and nutritional intake or skin care needs were in place and records were up to date. Where pressure relieving equipment was in use, it was set appropriately to reduce the risk of harm. The provider had processes in place to maintain oversight of these key aspects of people's clinical care.
- Staff considered emerging risks. For example, during the inspection the weather was very hot with health warnings being given. Staff ensured people using the garden space were offered sun cream, hats, and plenty of drinks. Staff ensured there were shady areas to protect people from the sun.
- Visiting health professionals told us the service worked well with them and referrals were timely and appropriate. Comments included, "Staff follow any suggested treatment plan. (Person's name) is progressing well here. We have no concerns" and "We are not seeing a high number of pressure sores or skin tears. They have some of the most complex patients and they are amazing at how they deal with them;

meeting people where they are. Nothing seems to be too much. I have been terribly impressed by them".

- Processes were in place to ensure fire safety within the home. Regular checks were conducted on fire systems and equipment. Emergency evacuation plans were in place which included the level of support each person needed in the event of a fire. We highlighted to the manager a new person's plan had been completed in their care records, but this had not been added to the master file used in the event of an emergency. They said they would ensure this was added.
- The provider was working to meet the requirements of the fire service following an assessment by them. An action plan was in place to ensure this work was completed.
- Equipment was maintained, and the required health and safety checks had been completed.

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 MCA 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 Mental Capacity Act (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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Where people had capacity to consent to care and treatment they were asked for their consent. We saw staff asking people if they wished to be supported with care. Their decisions were respected.
- Care and support plans showed people's capacity to make specific decisions had been assessed. Best interest decisions were recorded where people were assessed as not having the capacity to make a decision. A family member said, "They [staff] are caring and have [family member's] best interests at heart".

Learning lessons when things go wrong

- Accidents and incidents had been documented. Monthly logs had been used to document what had occurred, along with actions taken and outcomes. Additional analysis was completed by the senior management team to look for patterns and trends, and to consider any lessons learned.
- The manager had recognised a trend of incidents within one unit at a particular time of day. Staff deployment had been reviewed, with a member of staff being allocated to monitor an area of the premises where incidents had occurred. This had resulted in a reduction of incidents.
- A daily staff handover included updates about any accidents and incidents. This enabled staff to monitor and support people, and ensured any issues were followed up.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection, although rated requires improvement, enough improvement had been made that the provider was no longer in breach of regulations. At this inspection we found the provider's governance systems had not ensured compliance with regulations.
- The provider had a range of audits and action plans in place to identify shortfalls and areas for improvement. Areas covered included medicines, nutrition, care plans, the environment, and staff training. The senior management team had oversight of the service and were in regular contact with the manager. However, during this inspection, we identified concerns relating to cleanliness, the deployment of staff, and the delivery of person-centred care. These had not been identified by the provider's quality monitoring systems.
- We observed some parts of the premises were tired, worn and in need of updating. Windows were dirty and linen was drab and tatty. The provider told us they had a planned renovation program they were putting in place.
- This was the 3rd consecutive time the well-led key question has been rated less than good. This was the 3rd consecutive time the overall rating for the service has been rated less than good.
- The service had been without a registered manager since December 2021. A manager was in post but had not registered with the Care Quality Commission.

The systems in place were not entirely effective to monitor, review and improve the quality of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, the provider and manager took action to resolve cleanliness issues and developed a plan to make other improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Some routines were not person centred. We found a lot of people receiving support in bed and not being assisted to sit out. Speaking with staff it was not always clear why they remained in bed. One person's care record said the person required two staff to support them to mobilise and yet there were no staff recordings that they had left their bed. Two people told us they would prefer to get up during the day, they felt staffing

issues impacted on their choice. Some people supported in bed did not have access to a call bell. We reported this to the manager and staff.

We recommend daily routines are reviewed to ensure person-centred care and support is consistently delivered to people living at the service.

- People spoke positively of the culture of the service, which was described as calm, and friendly or jolly. Most people expressed satisfaction with their care. Staff were described as kind and caring, and we saw they interacted with people in a supportive and respectful manner. Comments from relatives included, "The carers support not just the residents, but their family and friends too. I have really benefitted from them supporting me" and "Everyone is always made so welcome".
- On the first day of the inspection the manager was holding meetings with all staff at the service. The meetings were well attended and gave staff the opportunity to share their views. It was also an opportunity for the manager to remind staff about areas of poor practice they had identified. For example, poor oral care being carried out, which was an area for improvement.

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

- The manager and provider understood the duty of candour and their statutory responsibilities to notify CQC of certain incidents and events.
- The manager was open, and willing to listen and act on any concerns. A relative told us they had always been informed of any changes or incidents and what actions had been taken. They added, "They always let me know if anything alters, straightaway".
- The provider had displayed their Care Quality Commission (CQC) assessment rating on their website and at the premises.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager had developed an open culture at the service and relatives, health professionals and staff felt able to share any concerns.
- The provider had a complaints process, and most people were aware of who to speak with if they had a concern. Two family members said they had spoken with the manager about concerns in the past. Both said their concerns had been handled well by the manager, and both were happy with the outcome.
- Staff reported feeling well supported by the manager and senior management team. Comments included, "The manager is very approachable and always available; she is helpful and friendly and knows everybody really well" and "The manager is amazing. Made many changes. She is so dedicated and absolutely committed. I find the manager very supportive".
- The provider used annual satisfaction surveys to seek feedback from people, family and visitors to the service. Where suggestions for improvements had been made, these were addressed.
- The provider's senior management team visited the service regularly to provide support to the manager and staff team, meet with people and their families, and to monitor the quality and safety of the service.

Working in partnership with others

- Records showed staff liaised with other professionals to help ensure people's health and care needs were met. Referrals were made to other professionals when required for their specialist advice and support. For example, the older people's mental health team and the NHS stroke service.
- Some feedback from professionals was mixed and showed there was a need to develop better working

partnerships. One commented, "The provider's team can micromanage and are not always responsive in the right way. They can be defensive".

- Three visiting health professionals shared positive feedback with us about their work with this service. They confirmed communication was good, staff were knowledgeable, and they acted on the professional's advice and recommendations. One professional said, "I note the staff are proactive ... I would consider the staff I have spoken with are diligent and caring in looking after their patients". Another told us, "Staff are amazing with the way they approach their patients".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure systems and processes were effective at monitoring and improving the quality and safety of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure there were sufficient numbers of suitably qualified, competent and skilled staff on duty.