

Frome Care Village Limited

Frome Care Village

Inspection report

Styles Hill
Frome
Somerset
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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 47 people living at the service.

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

Systems and procedures were in place to reduce the spread of infection. The environment in Woodlands was clean; however, we identified some concerns regarding cleanliness and fridge temperature monitoring in The Parsonage.

Staffing had improved, there were domestic staff vacancies and these were in the process of being filled. There were some gaps in recruitment practices. People were happy with how their medicines were managed. Medicines were stored securely; action was required to ensure medicines were stored at the correct temperature. Incidents were reported and monitored. Risks to people were assessed and mitigated.

Some improvements were still required to ensure the systems in place to monitor the service were fully effective. The provider had action plans in place to drive service improvement. Communication systems had improved. Staff felt supported by the provider. There was a positive culture and atmosphere at the service.

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 18 October 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this 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?

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.

Inspection team

The inspection was carried out by two 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

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 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 service is required to have a registered manager. 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.

At the time of our inspection there was not a registered manager in post. A manager had been appointed and they had been in post for two weeks, the manager told us they would be applying for registration.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and five relatives about their experience of the care provided. We spoke with 11 members of staff including the manager, the supporting manager, care practitioners, nurses, seniors, care staff, maintenance staff and laundry staff.

We reviewed a range of records. This included five people's care records and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At the focused inspection in September 2021 the provider had not ensured the premises were properly maintained and clean. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 15. However, improvements were still required to ensure standards of cleanliness were maintained throughout the service.

- The cleanliness of the service had improved in Woodlands. However, we found some areas in Parsonage where cleaning was required to maintain standards. For example, observations of dirt on the carpet in different areas, bins needing emptying and kitchen areas required cleaning.
- Fridges and freezers in mini kitchens were not clean. Food was not always labelled and temperatures were not regularly being taken. This meant the provider could not be assured food and drink was safe for people to consume. This had been raised at the previous inspection. By the second day of the inspection this had been addressed.
- We discussed the cleanliness with the manager who told us they currently had two staff vacancies for domestic staff, these posts had been filled and they were waiting for the staff to commence in post. They also told us the majority of staff were attending a training day on the first day of the inspection.
- In one area of the service there was a strong malodour. The manager took immediate action and by the second day of the inspection changes were being made to improve the environment and ensure the area could be suitably cleaned.
- Cleaning records demonstrated cleaning had not been completed daily. Staff told us in the absence of the domestic staff, they were responsible for the cleaning.
- One bathroom contained clutter and items that should not be stored in a bathroom. This meant the bathroom area was not ready for someone to use and enjoy.
- Improvements had been made overall to the premises and environment. Refurbishments had been undertaken throughout the service. Repairs had been made to furniture and equipment. The décor had been changed to be homely and pleasant. Improvements had been made to people's rooms to ensure they were in good repair and a welcoming environment.
- Items that could pose a risk to people had been secured in cupboards.
- Following the previous inspection in September 2021 a referral was made to the fire service. The fire service conducted an assessment and issued a number of requirements that the provider was legally

obliged to undertake. An action plan was in place to ensure this work was completed in the allocated timeframe.

- Following this inspection, the fire service contacted us to inform us not all of the work had been completed and the provider had requested an additional extension.
- Regular checks were conducted on fire systems and equipment. Personal Emergency Evacuation Plans (PEEPs) assessed the level of support people required in an emergency situation.
- Risks to people had been assessed and recorded. People had individual risk assessments. We reviewed examples of risk management in relation to health conditions, people mobilising, risks of developing pressure ulcers and moving and handling.
- Some people could become anxious which could lead to incidents where they posed harm to themselves or others, there were detailed plans in place giving staff guidance on how to respond.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. This was due to areas of the home not being clean.
- 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's infection prevention and control policy was up to date.

The provider was facilitating visiting in line with government guidance. A visiting procedure was in place.

Systems and processes to safeguard people from the risk of abuse

- People were safe living at Frome Care Village. One person said, "I feel safe." A relative commented, "I feel safe leaving [Name of person]."
- There were effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. One staff member told us, "I would approach [Name of care practitioner], they are really good, people come first and if their safety is at risk they will act straight away. People are very safe here I have no concerns; we go above and beyond."
- Staff were aware of the whistle blowing procedure and that they could report any concerns outside of the organisation if there was a need to.
- The service had reported safeguarding concerns to the local authority and the Care Quality Commission (CQC) as required. Staff told us learning from safeguarding was shared within the team.

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 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.

Staffing and recruitment

- People and their relatives told us there were enough staff available. They said there had been a turnover of staff, but there were still longstanding staff working at the service. One person said, "There is some turnover of staff, but some here are longer term." Another person commented, "If I do use the call bell they come in minutes."
- Staff told us the use of agency staff had reduced. One staff member said, "We have a good bunch of agency staff who have been with us for a while, it's good, they get to know people and relatives, staffing has very much improved."
- The service operated recruitment processes to check staff's suitability for the role. This included completing a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, we found two people whose previous employer had not been approached for verification in line with the providers recruitment procedure.

Using medicines safely

- Medicines were stored securely. Staff recorded the temperature of the fridges and medicines rooms daily. The temperature of the medicines rooms in Parsonage were recorded as being above the recommended temperature on several occasions in April 2022. Staff had not taken any action to address this. We discussed this with the manager who took immediate action to ensure the rooms were cooled and temperatures taken.
- People's medicines were recorded on Medicines Administration Records (MARs). MARs contained up to date pictures of people. One person's MAR record did not contain an up to date record of the persons allergies. We discussed this with the care practitioner who took action to address this. MARs were completed when medicines were administered.
- People had individualised protocols for their 'as required' medicines. These gave specific details about when people may need additional medicines and records were kept of how effective the medicines had been.
- There were systems in place to record the application of creams and other external preparations.
- Medicines were administered by staff who were trained, and their competency was assessed.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Incidents were reviewed to observe any patterns or trends and to ensure actions taken had been effective.
- We reviewed incident records and noted these had reduced.
- We found one incident where a person acted in a way that could pose a risk to staff, the information from the incident had not been updated in the care plan to inform staff of actions to take should a similar incident occur. We discussed this with the manager who told us they would take action to ensure this was recorded.

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 the same. 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

At the focused inspection in September 2021, we were not assured effective systems were in place 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.

At this inspection some improvements had been made and the provider was no longer in breach of Regulation 17.

- Whilst there were some improvements to the systems in place to monitor the standards of the service, we identified concerns relating to cleanliness, food safety and records. These had not been identified by the quality monitoring systems in place. These concerns were similar to those identified in our inspection in September 2021.
- The provider had a range of audits and action plans in place to identify shortfalls and areas of improvement. Areas covered included; medicines, nutrition, care plans, the environment and safeguarding.
- The providers senior management team completed a range of audits and had oversight of the service. Staff and the manager also completed internal audits within the home.
- There was a clear management structure in place. Roles and responsibilities had been defined. The current manager had been in post for two weeks. The manager told us they were completing an induction with the providers senior team and this had been supportive. Comments received from staff about the manager and provider were positive.
- The provider had displayed their Care Quality Commission (CQC) assessment rating on their website. However, the rating assessment displayed at the service was not from the previous inspection and therefore did not show the current rating.
- Notifications were submitted as required. A notification is information about an event or person which the service is required to submit to CQC. Notifications help CQC to monitor services we regulate.

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

- Staff knew who the senior managers and provider were and felt able to approach them with any concerns.

Staff said there had been improvements since the last inspection.

- Staff spoke positively about working at the service and the people they supported. One staff member said, "We are a team, we all get on well and are there for each other, the staff love the people and people have fun, it's a really good atmosphere."
- There were systems in place to keep staff up to date. These included handovers and a daily record of important information and items that needed to be followed up. The manager had recently held a team meeting with staff to introduce themselves to the team and explain roles. The care practitioners told us they held regular team meetings to discuss items relevant to the people they supported. One staff member said, "If there are any problems you can raise them, and they are listened to."
- The provider sent out an annual survey to people's relatives to gather their views on the service provided. Where points had been raised action was taken to address them. There were positive comments about the staff and the team. One relative commented, "They are all lovely, genuinely care and are always helpful. Good standards of care too."
- The providers senior management team attended the home on a regular basis to provide support to the manager and staff team. These included holding wellbeing and supervision meetings with staff.

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 provider and manager understood their responsibility to let others know if something went wrong in response to their duty of candour.
- There were systems in place to ensure the duty of candour was followed. When incidents occurred in the home the duty of candour was considered and it was recorded on the incident form where relevant parties, such as people's relatives, were informed.

Continuous learning and improving care; Working in partnership with others

- Communication systems had improved. Information was communicated via a 'page of the day', which staff read to keep themselves up to date.
- Staff told us learning from incidents was shared amongst the team.
- The service worked in partnership with other organisations to support care provision. For example, a range of professionals.