

Mays Residential Home Limited

Freshfields Residential Home

Inspection report

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Date of inspection visit: 10 to 11 November 2014
Date of publication: 12/03/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This unannounced inspection took place over two days on 10 and 11 November 2014.

We found that the arrangements for administering medicines were not always safe. Staff did not have information to enable them to make decisions about when to give certain medicines to ensure that people received these when they needed and in a way which protected them against the risks associated with the unsafe use of medicines. You can see what action we told the provider to take at the back of the full version of this report.

Freshfields is a 36 bed care home providing accommodation and personal care for older people, including some living with dementia. Most of the 36 single bedrooms have ensuite facilities. There was a lift to each floor and accessible bathrooms to assist those with mobility difficulties. When we visited 34 people were using the service. People lived in a clean, comfortable, safe and well maintained environment that was suitable for their needs.

The registered manager for the service had recently left. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The provider was in the process of recruiting another manager and the interim management arrangements were robust. People told us that were very happy with the way in which the service was managed.

People told us they felt very safe and secure and that they were supported by kind, caring staff who treated them with respect. One person told us that they felt secure because staff checked them regularly at night.

Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Deprivation of Liberty Safeguards is where a person can

be deprived of their liberties where it is deemed to be in their best interests or their own safety. Staff were aware that on occasions this was necessary. There were not any DoLS in place at the time of the inspection.

People were happy with the quality of food provided. Their dietary needs were met in a way which promoted and maintained their health and wellbeing. A healthcare professional told us, "They tell you if a 'resident' is eating enough now and no longer needs supplements. They are good at providing appropriate diets when needed."

Staff received the support and training they needed to provide a safe service that met people's needs.

People told us they were happy with the management of the home and felt comfortable raising any concerns with management as and when they arose. They were confident that these would be dealt with.

Summary of findings

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. This was because there was insufficient information available to ensure that people safely received medicines prescribed on a 'when required' basis.

Other aspects of the care provided were safe and people told us that they felt very safe and secure at the service.

People were supported by staff who received the training and support that they needed to safely and appropriately meet their needs.

People lived in a clean, comfortable and safe environment that was suitable for their needs.

Requires Improvement



Is the service effective?

The service was effective. People were supported to maintain good health and were enabled to access healthcare services when needed.

People told us that they were happy with the quality of food provided. In addition to their meals, snacks and drinks were readily available.

We saw that people were supported to eat their lunch with gentle encouragement for them to eat independently as far as reasonably practicable.

Good



Is the service caring?

The service was caring. People told us that the staff team were caring and treated them with dignity and respect. One person said, "They are incredibly caring and always willing to help."

At the end of their life, people and their relatives, were supported with kindness and compassion. A relative had written, "Thank you for the love and compassion and care that you took to ensure [our relative] had a peaceful end to their very long life."

Good



Is the service responsive?

The service was responsive. People told us that they felt comfortable that if they raised any concerns they would be listened to and acted upon swiftly.

People were encouraged to make choices and to have as much control as possible about what they did and how they were cared for.

Good



Is the service well-led?

The service was well led. Although the registered manager had recently left the interim management arrangements were robust and people told us that were very happy with the way the service was managed. The provider was updating the managers job description and would then advertise the post.

Good



Summary of findings

The management team monitored the quality of the service provided to ensure that people's needs were being met and that they were receiving the support that they needed and wanted.

Freshfields Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 & 11 November 2014 and was unannounced on 10 November.

The inspection team consisted of a lead inspector, a second 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 service.

Before our inspection, we reviewed the information we held about the home. We contacted the commissioners of the service and healthcare professionals to obtain their views about the care provided in the home.

We last inspected this service on 6 December 2013 and we found it to be compliant at that time.

We spent time observing care and support in the communal areas, lounges and dining rooms. We used the Short Observational Framework for Inspection (SOFI) which is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with people who used the service, relatives and staff. We spoke with eight people who used the service, three relatives and five staff members.

We looked at six people's care records and other records relating to the management of the home. These included three sets of recruitment records, duty rosters, accident and incident records, complaints, health & safety and maintenance records, quality monitoring records and medicine records.

Is the service safe?

Our findings

Care provided was safe with the exception of medicines management. At this inspection we looked at the medicines records for 12 people, medicines storage, stock levels, medicines administration and medicines monitoring. We found that there was no guidance for staff about the administration of medicines which were prescribed on an 'as required' basis. There was no information about the circumstances under which these should be administered or the gap required between doses. People were therefore placed at risk of not receiving these medicines safely.

We looked at the storage, recording, administration and recording of controlled drugs. We found that these were stored safely and a controlled drugs record was kept. We checked the amounts of controlled drugs held against the register. This was correct for one drug. However, for another drug, diamorphine, the recorded number of tablets in the register did not tally with the actual number of tablets. The provider informed us that this medication had been prescribed for a person receiving end of life care and had been administered by a district nurse. Staff had given the drugs to the nurse but the register had not been signed or updated on these occasions. Therefore the service did not have an accurate record of controlled drugs held on the premises. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

For other medicines we saw that the medicines administration records (MAR) included the name of the person receiving the medicine, the type of medicine and dosage, the date and time of administration and the signature of the staff administering. We saw that the MAR had been appropriately completed and were up to date. We checked the stock levels of medicines for twelve people against the medicines records and found these agreed. Therefore people had received their prescribed medicines.

Prior to the inspection the provider had informed us that there had been several errors in relation to medicines administration. These had been identified through internal medicines audits. The audits identified the errors and the staff involved. Records showed that each incident had been investigated and action taken to prevent reoccurrence. The medicines policy was updated and discussed with staff, medicines refresher training was provided and some

medicines administration timings altered. The provider had continued with the audits and we saw that this had improved the situation. This demonstrated that the provider had a culture of learning from mistakes.

Medicines were securely and safely stored in two medication trolleys with controlled drugs stored in a separate control drugs cupboard.

Medicines were ordered, stored and administered by staff who had received medicines training and had been assessed as competent to do this. Initially staff were shadowed when administering medicines and then their competency was assessed. The provider told us and records and staff confirmed that medicines was discussed as part of staff induction and then senior staff received specific medication administration training from Boots pharmacists. This training was 'refreshed' at least once a year and more often if necessary. Staff competency was assessed and monitored by the provider and the deputy manager. This included the deputy manager visiting the service at night to observe night time medicines being administered.

People told us that they were happy with the help they got with medicines. One person said, "They never leave me with tablets until I take them." Another told us, "If they think you've got something painful they will ask if you want pain relief."

People who used the service told us that they felt very safe and secure. One person told us that when they were in their room staff checked on a regular basis including at night and that this helped them to feel secure. Another person, who had diabetes, said that staff made sure she had a drink and a biscuit available in her room at night. Feedback from a healthcare professional was that staff were proactive in putting safe strategies in place to help prevent people from falling. People also told us that they were treated with respect and dignity and that they were encouraged to be as independent as possible. One person told us, "If they know you can do it, they let you do it." Another said, "While I can do things myself, I like to."

Staff told us and records confirmed that they had received safeguarding training. They also told us that this was updated each year. They were clear about their responsibility to ensure that people were safe. They told us

Is the service safe?

that they recorded any concerns or raised them during handover so that action could be taken. They were confident that any concerns were listened to and dealt with quickly.

People were cared for in a safe, clean and comfortable environment. The service was in a good state of repair and decoration and a maintenance person was employed to ensure that standards were maintained and minor repairs actioned as soon as possible. Specialised equipment such as hoists, pressure relieving mattresses and accessible baths were available. Records showed that equipment was serviced and checked in line with the manufacturer's guidance to ensure that they were safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and safe to use.

The provider had a safe recruitment and selection process in place to ensure that staff were suitable to work with vulnerable adults. This included prospective staff completing an application form and attending an interview. We looked at three staff files and found that the necessary checks had been carried out before staff began to work with people. This included proof of identity, two references and a criminal records check.

Providers of health and social care have to inform us of important events which take place in their service. Our records showed that the provider had notified the Care Quality Commission of all relevant events.

People who used the service were protected from risks. Their care plans were comprehensive. Risk assessments were up to date and changes were clearly indicated. Environmental risk assessments were also in place and the provider had appropriate systems in the event of an emergency. For example, a fire risk assessment had been completed and four fire drills had been carried out so far this year. Staff confirmed that they had received fire safety and first aid training and were aware of the procedure to follow in an emergency.

Most people told us that there were sufficient staff on duty to meet their needs safely and to provide the support they needed. People told us, "Generally, they've got enough staff," "Yes I think so" and "We've never had any problems yet." Some others felt that there were times when there were "less staff". One visitor told us, "Sometimes at the weekend there doesn't appear to be the same levels. We found that the same number of care staff were on duty at weekends as during the week. However, during the week the activity worker and the deputy manager and provider (until a new manager recruited) were also on duty which may be why people felt there were less staff. From our observations at the time of the visit we found that staffing levels were sufficient to meet people's needs. Staff absences were covered by the staff team as far as possible and if it was necessary to use agency staff they tried to use the same agency staff to maintain consistency for people.

Is the service effective?

Our findings

People were very positive about living at the service and about the staff who supported them. They told us that staff were attentive to their needs. One person said of staff, "They are there when you want them. They are on call 24 hours a day." Another said, "I could not do without them." Relatives and healthcare professionals felt that staff were able to meet people's needs effectively. One healthcare professional told us, "They spot things and know if something can't wait." A relative said, "When [my relative] has been really anxious they have spent extra time talking to her. They stepped up her care."

People were supported by skilled staff who received appropriate training to enable them to provide an effective service that met their needs. This included moving and handling, safeguarding vulnerable adults, falls prevention and 'end of life' care. A health care professional told us, "The staff are capable and experienced." One member of staff said, "The training is constantly updated." Another told us that as well as dementia awareness training they had completed a dementia care course. In addition to attending short courses the majority of staff had obtained a qualification in social care. Senior staff had also completed a leadership course to enable them to more effectively carry out their duties. Newer staff confirmed that they received an induction when they started working at the service. In addition to training they told us that this included a week of shadowing an established member of staff which gave them the opportunity to observe how people needed and wished to be supported.

Staff told us that they received good support from the management team. This was in terms of both day to day guidance and individual supervision (one to one meetings with their line manager to discuss work practice and any issues affecting people who used the service). They said that during supervision they could bring up any issues, give and receive feedback and discuss their training and development needs. People were cared for by staff who received effective support and guidance to enable them to meet their assessed needs.

Staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training and were aware of people's rights to make decisions about their lives. People told us that they could move freely around the home as they wished and were not stopped from doing

things. They also told us that they were able to go out when they wanted as long as they were accompanied. The MCA is legislation to protect people who are unable to make decisions for themselves and DoLS is where a person can be deprived of their liberty where it is deemed to be in their best interests or for their own safety. The provider was aware of how to obtain a best interest decision or when to refer to obtain a DoLS but at the time of the visit this was not needed for any people who used the service. A healthcare professional told us that people were actively involved with decision making and choices.

We found that people were supported to maintain good health and enabled to access healthcare services as needed. We saw that the GP visited weekly and people told us that they had seen a number of different healthcare professionals including the GP, chiropodist, dentist, community nurse and the optician. One healthcare professional told us that the staff team were effective in displaying a multi-disciplinary holistic approach with people and their families. They added that any recommendations they made were carried through by staff in a timely manner. Another said that referrals were very appropriate and communication was good. They also said that they were confident that advice was taken on board and followed through.

People were provided with a choice of suitable nutritious food and drink. There was a 4 week rolling menu and all meals were homemade. We saw that food and drink was available throughout the day. People were offered a variety of drinks, snacks and fruit. We looked at the menus and saw that there were two main choices at lunchtime and a wide choice of light meals for tea ranging from sandwiches to salads and hot snacks. None of the people who used the service had a specific dietary requirement due to their culture or religion. However, the chef told us that they were able to facilitate this when needed. They also told us that they were able to meet other specific dietary requirements. For example, for people with diabetes food was prepared with sweeteners instead of sugar to help their blood sugar levels remain stable.

One person told us that there was always enough to eat and drink and that the staff always asked if they wanted more. People were happy with the quality of food provided. Another person said, "Lovely, I could eat it all." A relative told us that her mother had difficulty in chewing and so was given things to eat that she was able to manage.

Is the service effective?

During the inspection a short observation was carried out during the lunch time in the dining room. People were asked if they had finished eating and if they had had enough to eat. We saw people being supported to eat their lunch with gentle encouragement for them to eat independently as far as reasonably practicable.

When there were concerns about a person's weight or dietary intake we saw that advice was sought from the relevant healthcare professionals. A healthcare professional told us, "They tell you if a 'resident' is eating enough now and no longer needs supplements. They are

good at providing appropriate fortifying diets when needed." People's dietary needs were therefore met in a way which promoted and maintained their health and wellbeing.

We saw that the service was clean, comfortable and well maintained. Adapted baths and showers were available and all but three of the bedrooms had ensuite toilets and hand basins. There was a lift and the building was accessible for people with mobility difficulties. At the time of the visit none of the people who used the service required specialised equipment such as a hoist. However, this was available and staff had been trained to use the equipment when required. Therefore the environment met the needs of people who used the service.

Is the service caring?

Our findings

People told us that staff were kind, caring and respectful. They told us that they were very happy living at the service. One person said, "The staff are incredibly kind and always willing to help, they do everything they can so that nobody falls over." Another told us that staff responded quickly to their call bell and never minded coming back if they had forgotten to ask something." Relatives also felt that the service was caring. One relative told us, "I don't go away feeling that I'm leaving my mum somewhere where she's not being properly cared for."

We observed that staff spoke to people in a caring manner and made gentle and reassuring physical contact with them, such as touching someone on the hand. Staff supporting people to eat were caring in the manner that they approached this, staying with people and chatting with them throughout lunch.

People said that their privacy and dignity was maintained. One relative told us that her mother's privacy and dignity was 'definitely' respected. We saw that staff asked for people's permission or consent on a number of occasions. For example, before assisting them to move to the dining table. One person said that they were always informed about what was happening and that they were called by the name they wanted. People said that staff knocked on their door and asked permission to come in. Staff we spoke with were clear on the importance of respecting people's privacy and dignity and how to do this. One member of staff told us, "We always make sure that they are happy to see a visitor before we take the visitor to them." Another said, "We ask if they want us to wait outside or to stay with them when they use the toilet. Some people need you to stay."

There was a regular staff team and they were able to tell us about people's individual's needs, likes and preferences. A healthcare professional who visited the service regularly told us, "They know the residents well and what they like and don't like. They get background stories and information." People therefore received care and support in the manner that they wished.

People were supported to express their views and to be involved in decisions about their care. A healthcare professional told us that the managers and staff were very caring and that people were actively involved with decision making and choices. They noted that staff gave people time and space to talk. From our observation it was clear that the people who used the service were comfortable around familiar staff and were able to express their views. They told us that they felt that if they raised any concerns they would be listened to and acted upon swiftly.

People and their relatives were involved in decisions about their end of life care and the service was committed to support people to remain there. The staff had received end of life care training and had supported a number of people, and their relatives, with this. The provider told us that they received support from the GP and the district nurse and that staff supported each other and relatives. They reflected on each occasion to improve practice and to ensure that everything was in place for people to be comfortable and comforted. We saw that a bereaved relative had written to the service saying, "Thank you for the love and compassion and care that you took to ensure [our relative] had a peaceful end to their very long life."

Is the service responsive?

Our findings

People's care plans were personalised, comprehensive and contained details of their likes and dislikes, what they preferred to be called and their life history. They contained sufficient information to enable staff to provide personalised care and support in line with the person's wishes. We found that care plans were reviewed each month and updated when needed. This meant that staff had current information about people's needs and how best to meet these. As far as possible people who used the service and their relatives were involved in developing and reviewing the care plans. Some people told us that they did not know about care plans but two people said that they had been involved in discussing and reviewing their care and said that they 'signed something every month'. One relative said that she and her mother were involved in meetings regarding her mother's care and said that everything was discussed around every 4 months. People told us that staff listened to them and acted on what they said. One person told us, "I'm sure they listen." A visitor said that she had phoned to express a concern regarding her relative and staff had gone to see the person immediately. The visitor felt that what they said was 'taken on board and acted on.'

People were encouraged to make choices and to have as much control as possible over what they did and how they were cared for. They told us that they chose where to sit, what to eat, when to get up and what to do. One person said, "The home will take me out anytime I want to go." Another person told us that they are always asked if they would like to attend community based activities, however they preferred to stay at the home and that the staff were always respectful of this.

People said that staff asked permission before supporting them and we observed this.

The service was responsive to people's healthcare needs and the GP visited for a weekly 'surgery'. Another healthcare professional told us that the service was responsive and that the staff team were happy to arrange appointments with the person and were flexible. We saw that appropriate requests were made for input from specialists such as a

speech and language therapist, dietician or district nurse. From discussions with staff it was evident that they knew people well and that they were responsive to changes. One person described how staff had responded quickly to her when she was in severe pain. Another said, "There was someone at my door every half an hour to see how I was after a fall." People's healthcare needs were therefore identified and addressed to ensure that they had access to the necessary treatment.

We observed a staff handover during change of shifts and found this to be comprehensive and detailed and that staff contributed information and also asked for clarification on points raised. One member of staff told us, "We get an in depth handover." Another said, "Handovers are good and if you have been off you can ask for more information and refer to the care plans." This meant that staff were aware of any change of need and were able to respond appropriately. This was confirmed by people who used the service

Arrangements were in place to meet people's social and recreational needs. We saw that a number of activities were offered throughout the day. This included indoor darts, bingo and jigsaws. We also saw that games, videos and books were available in the lounge area and that there was a 'quiet lounge' for those who preferred this. The service organised 'themed' days with associated food. For example people, had celebrated Valentines day, St Patrick's day and St George's day. People also said that they went out to different places such as the park or the shops either with relatives or staff from the service. One person said that there were not enough activities but that staff tried to vary them. However we found that overall there was a range of suitable activities available both in the service and the wider community and that people were encouraged to maintain their hobbies and interests.

We saw that the service's complaints procedure was displayed on a notice board in a communal area. People informed us that they felt comfortable that if they raised any concerns that they would be listened to and acted upon swiftly. One person said, "If we need help, we know who to turn to."

Is the service well-led?

Our findings

There had been a change in the management structure at the service as the registered manager had recently left. Whilst a new manager was being recruited the service was being managed by the provider and deputy manager. The provider had the necessary experience and qualifications to do this. One member of staff said of the change, "Everything has carried on and everything seems to be covered." The interim management arrangements were therefore satisfactory.

People we spoke with during the inspection informed us that they were happy with the management of the home and felt comfortable raising any concerns with management as and when they arose. One visitor said, "I think it's been managed very efficiently." Another commented, "The owners really are about the residents and the families."

There were clear management and reporting structures. In addition to the manager and deputy manager there was a head of care and five team leaders. This meant that there was always a senior member of staff on duty to ensure that the service was running effectively and that people's needs were being safely met. One member of staff told us that the service was 'brilliantly run' and that the management team were very approachable and supportive. Another said, "If there are any issues or concerns you go through the chain. That is you pass it on to a senior or a manager. They act on it and things are dealt with quickly." People were supported by staff who felt they could raise any issues or concerns and that they would receive support to enable them to meet people's needs.

The management team said that they had an open door policy and were happy to speak with people about any concerns they might have. This was confirmed by a healthcare professional who told us, "The managers are approachable and accessible for any queries." In addition

to the knowledge and experience of the management team the service was supported by an independent consultant who carried out quality monitoring and advised and supported the management team.

We found that the management team monitored the quality of the service provided to ensure that people received the care and support they needed and wanted. For example medication audits were completed weekly and we saw that when issues arose these were addressed and changes made. The provider carried out unannounced visits at different times of the day and night to check the level of service provided. The independent consultant visited every 2 months to carry out a quality audit. They spoke with people who used the service, relatives and staff and checked records and other documentation. For example, we saw that they carried out random checks on, falls, hospital admissions, incidents and staff training. The provider was given a report of their findings and any points that needed to be actioned. The management team discussed and addressed the issues and progress was monitored by the provider to ensure that the necessary changes had been made.

The provider also sought feedback from people who used the service, relatives and staff by means of an annual quality assurance questionnaire. Responses from this were analysed and an action plan put in place to respond to any issues that had arisen. For example, the range of diabetic foods was improved and more cushions purchased. The results of the surveys were made available to people. We saw that the report told people the positive things and also 'things that were not going so well' and what was being done about it. We saw that the last 'residents' survey had taken place in August 2013. The provider explained that this year's survey had been delayed due to the change in management and confirmed that the next survey would be completed in the near future. Therefore people used a service which sought and valued their opinions which were listened to and acted on to improve and develop the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>People who used the service were not being protected against the risks associated with the unsafe use and management of medicines. Systems were not in place to ensure that they safely received all of their medicines when they needed them.</p>