Leonard Cheshire Disability

Fryers House - Care Home with Nursing Physical Disabilities

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: Fryers House Care Home with Nursing is a residential care home that was providing personal and nursing care to 23 people at the time of the inspection.

People's experience of using this service:
Staff completed training in safeguarding and could recognise signs and symptoms of possible abuse in people.

Risks concerned with people's health care and the environment were assessed and reduced as far as was practicable.

A new facilities management system automatically alerted issues in the premises such as water safety concerns or fire call points needing to be tested.

Due to having insufficient staff employed there was heavy use of agency staff. Risks associated with using agency staff were mitigated as the provider had forged working relationships with several agencies who provided regular staff to the service when possible.

A robust recruitment campaign was underway supported by a recruitment specialist. Recruitment procedures were robust and all necessary pre-employment checks were completed before staff commenced in post.

Medicines were safely managed following a high number of errors over the past year. A new EMAR system had reduced actual medicines errors however there were still issues with the system that the provider was working to address.

People's needs were assessed before moving to the home and at intervals throughout their time there. Protected characteristics of the Equalities Act 2010 had been identified and people's needs in these areas met.

There was a broad range of mandatory training courses and staff members were supported to complete qualifications such as diplomas in their specialist fields.

All new staff and agency staff were allocated time to read care plans before supporting people to ensure they approached the support as the person wanted it.

Staff participated in supervision every six weeks and the provider was undergoing a programme of annual appraisals when we were on site.

People could eat their meals when and where they wanted. People were supported by staff who showed

empathy and meals were provided in the most appropriate way, for example, pureed.

There was good access to healthcare services such as the GP, physiotherapist and nutritional specialist. Healthcare provided was proactive, some people, prone to having infections were prescribed a low dose of antibiotic to minimise risk of infections developing.

The premises were purpose built and in very good decorative order. Rooms were personalised, and the appearance was homely.

The provider complied with the principles of the Mental Capacity Act 2005 and applied for Deprivation of Liberties Safeguarding authorisations as needed.

The service was extremely caring. Staff supported people with extremely complex health and social care needs in an empathetic and empowering way. Staff were experts in interpreting the non-verbal communications of many people and chatted with them as if old friends.

Staff clearly enjoyed spending time with the people they supported and told us they were the main reason they worked at Fryers House.

Staff ensured they had peoples consent before providing care and responses to people were caring, timely and appropriate.

The phrase, 'dignity is at the heart of everything we do' was displayed in both houses and it was clear that staff applied this at all times.

People were supported to access the community and a range of in-house activities. If they felt unable to access group sessions, staff could support with activities in people's rooms however this was subject to available staffing.

The Accessible Information Standard had been met and information was presented to people in the most appropriate manner for them.

Complaints were welcomed and responded to as per the complaint's procedure.

End of life care was planned for and delivered in partnership with local healthcare practitioners. Staff had attended training in the 'Six Steps to Success in End of Life Care' at a nearby hospice.

The management team were very supportive of staff and aware of and trying to address issues for such as pay rates that staff felt strongly about.

Audits were completed, and the registered manager had clear oversight of the service. Notifications of significant events were completed.

People, their relatives and staff were encouraged to feedback about the quality of the service and regular quality assurance questionnaires were issued.

The provider had developed positive links to the local community.

The service met the characteristics of Good in most areas; more information is in the full report.

Rating at last inspection: Good. Report published 23 February 2017.

Why we inspected: This was a scheduled inspection that was bought forwards due to information received about risks in the service.

Follow up: We will continue to monitor information received about the service and will reinspect as per our reinspection schedule.

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

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 exceptionally 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

Fryers House - Care Home with Nursing Physical Disabilities

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.

The inspection was prompted, in part, by notifications about medicines errors and recent injuries to two people living in the home that had not been noted in a timely way.
Though these incidents had been thoroughly investigated by the service and the local authority as appropriate, we bought the inspection forward by three months so we could ensure that the service was compliant with regulations and providing safe care.

Inspection team:
The inspection team consisted of one adult social care inspector, a specialist advisor who was a nurse and an expert by experience who had knowledge and experience of similar services.

Service and service type: Fryers House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:
This was an unannounced inspection and no notice was given of our visit.

Inspection site visit activity started on 1 April 2019 and ended on 2 April 2019. We visited the location to see the manager and office staff; and to review care records and policies and procedures.

What we did:
We reviewed the Provider Information Return that had been completed in December 2018. The provider completes this at least once every year to tell us what the service is doing well and about any plans to improve.
During our inspection we spoke with six support workers, the registered manager, the deputy manager / clinical lead, a cook, a volunteer coordinator, four registered nurses, a domestic staff member, two volunteers, a visiting GP, six people living in the home and six relatives of people living in the home.
We reviewed records maintained by the service including records of accidents, incidents and complaints, audits and quality assurance reports, health and safety monitoring, three peoples care records and five staff recruitment files.
We sought feedback from ten health and social care professionals and received eight responses.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• Staff had been trained in safeguarding and received regular updates to ensure they were competent. 59.9% of staff working in the service were current in their safeguarding with those outstanding booked onto forthcoming courses. The provider was in the process of staggering training due to all staff completing their refresher training at the same time the previous year. Some training was being delayed enabling staff to be released gradually to attend.
• Staff told us the signs and symptoms they may see of different types of abuse and knew what actions they should take if they were concerned for someone.
• The provider had a robust safeguarding policy and procedure and worked closely with the local authority to investigate any concerns. Recent concerns had been thoroughly investigated and actions taken to minimise future risks.

Assessing risk, safety monitoring and management
• There was a maintenance staff member employed to complete maintenance tasks and some of the regular health and safety checks. A new electronic 'My Tag' system had been introduced to maintain an auditable facilities management system. All items such as firefighting equipment and emergency lighting had a scan adjacent to it which staff could scan, complete checks on the equipment and mark as compliant or not. If compliant this information was stored, if not compliant then the information was passed to a relevant person who would book repairs or replacement. The system was very new and the service were completing paper records alongside to ensure that nothing was missed while staff became more familiar with the system. The system was also in use for cleaning; each room had a tag which would be scanned and checked to say it had been fully cleaned.
• We saw that water safety was well managed. Outlets were flushed regularly and temperatures taken. A contractor had risk assessed the water hygiene management in December 2018 and there were outstanding works following the assessment. Quotes had been obtained for the works however agreement had yet to be given to go ahead. The admin assistant had sent an email to request that agreement was given on the first day of the inspection.
• Risks associated with care, health and the environment were assessed and actions taken to reduce residual risks. For example, risks connected to use of a catheter, malnutrition, falls, bed rails, and seizures. People were also enabled to take some risks however, to ensure they had fulfilling lives.

Staffing and recruitment
• There were competent staff who knew people well on duty throughout our inspection.
• Correct staffing numbers were achieved through extensive use of agency and bank staff. On the first day of our inspection, two agency staff members failed to arrive for their shifts so the service ran with seven instead of nine support staff. This was managed by rearranging a planned activity for one person and another

person having one-to-one staffing rather that two-to-one. This was reviewed throughout the day to ensure that they remained safe.
• The provider had forged long-term working relationships with several staffing agencies to ensure that as far as was possible, the same agency support staff attended the service due to the complex needs of people living there.
• New support staff and existing support staff were paid the same hourly rate which they believed meant their skills and experience were not recognised. There was a consensus that recruitment was often not successful as the hourly rate was not attractive to new staff.
• The registered manager told us they were actively recruiting to an average of eight day and eight night support worker vacancies and as of that week they were fully staffed with registered nurses. The registered manager had arranged for people living in the service to participate in staff interviews.
• Recruitment procedures were safe and all necessary pre-employment checks took place before staff commenced in post.
• Staffing, when all were present, was appropriate to the needs of people living in the service and enabled cover for peoples one-to-one and two-to-one support. The registered manager also advised us that they were training support workers in some more medical tasks such as suction to enable one person, who was receiving 24-hour care from a nurse to receive their care from a support worker which would cost the commissioning authority significantly less while the person still received appropriate care.

Using medicines safely
• We had received notifications about medicines administration during the last six months which had caused us to be concerned about risks in this area to the extent that we inspected the service earlier than planned. When inspecting we found that these concerns had been significant risks however the introduction of a new electronic medicines administration system, (EMAR), had alleviated many of the issues and those remaining were being addressed with both the system supplier and the supplying pharmacy.
• Medicines were now safely managed. We saw that there was sufficient stock stored, open bottles of liquid medicines had been dated with 'opened on date' and the controlled medicines were stored appropriately with stock as per the controlled medicines log. Controlled drugs are medicines that require stricter control to prevent them for being misused or causing harm.
• The EMAR system alerted staff to which medicines should be given and when and if not immediately signed off when given, a message would remind them until they completed the task fully. There had been some initial problems with the system that were gradually being addressed. For example, when people were away from the service with family for a week, their medicines were signed out to be given by family members. The EMAR system flagged an error for each medicine not administered by the home even though this was not an error. Manual audits reconciled these errors.
• Appropriate risk assessments and care plans were in place for people's medicines and were accompanied by Mental Capacity Act, (MCA) assessments and best interest decisions as required. Copies of these were available in people's care files and on the EMAR system.
• People could also manage their own medicines. Two people were currently managing their own medicines. There were care plans and risk assessments in place to support this and medicines were safely stored in cabinets in their rooms.

Preventing and controlling infection
• The service was very clean and there were no unpleasant odours at any time during our inspection. Housekeeping staff were seen to be cleaning throughout our visit and the 'My Tag' system was used to complete cleaning records. We saw previous cleaning schedules which showed that people's rooms, bathrooms and communal areas were cleaned almost every day and each item cleaned was signed off to indicate it had been cleaned.
• An infection prevention and control audit was completed annually to monitor hygiene, outbreaks of

infection and the general cleanliness of the service.
• Staff received infection prevention and control training as part of their mandatory training when they commenced working at Fryers House which was updated annually.

Learning lessons when things go wrong
• Accidents and incidents were thoroughly investigated and reviewed to check for themes to reduce the possibility of a recurrence.
• Learning was taken from incidents and shared with staff through team meetings, individual supervisions and handover.

Good

Is the service effective?

Our findings

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

Good: 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
• People's needs were assessed before moving to the home and at regular intervals. Care plans were reviewed annually, or as people's needs changed.
• Care plans were holistic and held detailed information on how to meet people's needs in terms of both their health and social needs. Care plans included cognition, emotional health and well-being, general health, continence, diabetes, breathing and respiration and pressure care. There were numerous other areas that had been assessed and planned for and each person's care file contained plans specific to their health and well-being.
• The protected characteristics as stated in the Equalities Act 2010 were identified in people's care plans if they consented to this. The service had displayed signs promoting their support of people regardless of their 'race, gender, sexuality, disability'. The notices had a named contact that people could approach if they felt discriminated against or had witnessed this. There was also a telephone number for the National LGBT (lesbian, gay, bisexual, transgender) switchboard.

Staff support: induction, training, skills and experience
• Staff completed mandatory training courses when they commenced in post at Fryers House. Courses included, behaviour support awareness, dementia awareness, decision making and capacity, choking, food hygiene awareness, manual handling theory and practical, fire safety and infection control. There were 17 mandatory courses, and these were updated annually.
• Staff were supported to complete qualification training including diplomas in social care at level two and three and administration diplomas.
• All new staff, including agency staff, were given sufficient time to read and become familiar with peoples care plans before supporting them. One new staff member told us that they felt confident in meeting people's basic needs after reading the care plans however would speak with the person to ensure they were doing things as they preferred.
• Staff had regular supervisions held four to six weekly and an annual appraisal. The registered manager was completing appraisals with staff throughout March and April.
• Staff told us they felt supported by the registered manager. One said, "Without doubt, I am supported, I don't have a bad word to say about [registered manager]. I don't think there's a more supportive manager anywhere. He's such a good boss, we have a laugh". Another told us that management were, "Very supportive and helpful". A registered nurse told us that the management team were, "Very efficient, supportive and always available for support".

Supporting people to eat and drink enough to maintain a balanced diet
• People living at Fryers House had an appropriate nutritional care plan identifying any risks, requirements

and preferences.
• People were regularly weighed and a chart monitoring any changes was retained in their care file. The provider completed and reviewed malnutrition universal screening tools, MUST, for people and would act if a score causing concern of malnutrition was noted. At the time of our inspection, no one had a MUST score.
• The provider supported people who had percutaneous endoscopic gastrostomy, PEG in place. This is a means of supporting people to receive their nutrition directly to the stomach when they are unable to have food orally, often due to swallowing difficulties. We saw care plans detailing how nutrition was to be delivered, how people should be positioned and risk assessments to ensure that nutrition was delivered as safely as possible. Each person receiving nutrition through PEG also had a mouth care plan to ensure their mouth did not become over dry and remained healthy even though no food or fluids were taken.
• We received positive feedback about meals at Fryers House. We saw home cooked food served to people that was hot and appetising, some had been pureed and some fluids thickened. There were no set mealtimes. We asked when lunch would be served as we wanted to observe and were told that meals were available when people wanted to eat, this usually happened between 12:00 and 14:00.
• We saw a very relaxed lunchtime, staff told us they tended not to set up tables as many wheelchair users had their own tables and people who received nutrition via PEG did not need a table either.
• Staff supported people kindly and chatted to them as they put aprons on to people and chopped their meals. People who did not need physical support still had staff available to encourage them and others were supported with empathy and according to their preferences.
• During lunch, one person who was eating in their room with a relative choked. Three staff immediately went to provide support and the person was fine. Their relative told us, "The food is lovely, all freshly cooked, all homely cooked. If I'm not here, a member of staff will help with food. He had a choking episode today, it is frightening, they act so quickly and know what to do. He has a suction in his room all the time". She was reassured of her relative's safety when she was unable to visit.
• Peoples fluid thickeners and nutritional supplements such as Fortisips were individually prescribed and monitored by registered nurses as a part of the medicines round.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• People were supported to access their GP when necessary and other services such as a physiotherapy rehab clinic, nutrition advisers for people who were PEG fed, specialists at local hospitals and tissue viability nurses. An in-house physiotherapist was also available and worked in a treatment room in the house.
• A visiting GP gave us positive feedback about the service. They said, "I've never had any concerns about the care, either nursing or otherwise and the communication is good, and the care is patient centred".
• There was proactive healthcare evident in people's care plans. People who had permanent catheters and who were prone to urine tract infections were prescribed preventative low dose antibiotics which maintained their bladder health and one person, prone to chest infections had a prescription in place to facilitate fast access to necessary antibiotics should they be required.
• A call bell system was in use. We saw that people had access to call bells and, though there were some concerns that calls during busier periods, such as the morning when people were getting up took longer to be answered, most calls were answered in less than a minute. Regular reports were printed of call logs which supported this.
• The provider worked with commissioners and social workers closely both when people were moving to the home and when they were returning home again. One person would be returning home after more than two years in the service and they asked the registered manager if they would support them to find a hospital bed for the home. The registered manager agreed and was going to work with their social worker to ensure that their return home was arranged and went smoothly.

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

• Fryers House consisted of a bungalow and a two-storey house at opposite sides of a residential street. Both buildings were purpose built and fully accessible to people living with disabilities. A passenger lift was available to access the first floor in the house and there was level access throughout.
• Peoples rooms had been decorated to their individual taste. They had lots of personal belongings and the service had a feeling of being their home rather than a care home. Two people had their own pets which they and staff cared for and there was a house cat, Fluffy, that was a popular addition to the home.
• Where possible, people had been able to choose their rooms. One person told us that when a bungalow room became available it had been offered to them as the bungalow was quieter and the room had direct access to the garden. The person had chosen to move rooms and loved their new home as it suited them better.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• Staff understood the requirements of the Mental Capacity Act and we saw caring staff asking people if they could clean their face at mealtimes or before supporting them in any way whether they had capacity to answer or not. This was to be polite and to include the person in their care.
• Staff were clear that consent should be sought and if someone lacked capacity to give consent than an assessment should take place and a best interest decision should be made. When we inspected, a multidisciplinary meeting took place to discuss end of life care with a person. They did not have capacity to participate however the meeting was held with them, in their room with family, the GP, registered manager and other professionals involved in their care. The provider ensured that as much as was possible, people were involved in decisions about their care.
• The service was compliant and working within the principles of the MCA and had applied for DoLS authorisations as required.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect
Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• We saw caring interactions between staff and people living in the home throughout our inspection. Simple contacts such as when writing up care records, a nurse regularly looked up and interacted with people, smiling and chatting. We saw staff communicating with people who had communication difficulties, interpreting non-verbal communication well and responding to their requests as soon as possible.
• We saw support workers and nurses spending time with people, chatting or sitting quietly and stroking their arms. One support worker sat for approximately 15 minutes, chatting with a person as though they were old friends. Staff were very busy but made time to ensure that people felt valued.
• One person told us, "It's lovely here but not home. The staff are wonderful, nothing is too much trouble for anyone". Another person said, "The staff are lovely, they talk to me and they ask me what I want. They don't just ignore me".
• We spoke with relatives of people who lived in Fryers House and asked them if they thought the service was caring. They told us, "The staff are very good, it's definitely safe and they're very kind". Another relative said, "The staff make it a homely feel and [person] is really happy in himself here. He likes the staff".
• One relative was particularly happy with the support provided to their relative saying, "When they first came here they weren't expected to live beyond 6 months, but it's the care here, not just the care but the love. I've truly never had a time where I've needed to complain. They [staff] meet their needs and more. I really mean every word I'm saying. Care needs are reviewed as a constant; it's an ongoing thing. What I like is that if there are any changes in [person] they act immediately and appropriately. The manager is very nice, open, friendly. You can knock anytime. [Person] is fine, they are safe, they are loved. What more can you ask for? [Person] gets all that in abundance". We saw care that reflected these comments, staff knew people well, communicated with them and spoke fondly of them.
• Staff told us they stayed working in the service for the people, as once you got to know them, you would not want to leave. We saw one staff member chatting to a person saying, "I like working here because of people like you." This was spoken with genuine affection. The person replied, "You really look after me don't you". They continued to chat in a warm and familiar way.
• One person did not like spending time with a support worker who regularly worked with them. They lacked things to speak about and the person found they were not looking forwards to their day as a result. We spoke with the registered manager and the following day, the person reported that a different staff member had been deployed to support them. They would need to get to know each other but it was an improvement.
• People were supported to maintain their beliefs and follow their specific faith. One person told us, "I'm a Baptist, the Vicar from Romsey comes to see me". We saw that the Hope Choir were attending the service for an Easter sing song.

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

• Staff asked for consent before supporting people and waited for permission when the person could give it. We saw a support worker say to a person at lunch, "May I wipe your mouth, and wash your spoon for the pudding?" An agency staff member was seen to be supporting a person to eat and was attentive and caring. At times, though very focussed on the task in hand, the staff member took too long to ready the next spoonful of food. The support worker apologised when this happened.
• People living in the home had varying levels of verbal communication. We saw several people using alternative means of communicating including a Grid Pad. A Grid Pad is a computer 'tablet' to enable fast communication which can be operated by touch, eye gaze and switches. We heard a sound and two staff members responded immediately and spoke with a person. They had asked to be transferred to their comfy chair. The person was supported back to his room and was seen smiling as he was supported into his chair.
• Two people were eating unassisted while staff sat with them, helping and encouraging where necessary. Adapted cutlery had been provided and both appeared content. A staff member told us, "These two [people] are quite independent they don't want to be helped".
• A relative told us, "I'm involved in his care plan. I'm his Power of Attorney. Since being here his quality of life has improved tenfold. New staff shadow [experienced staff] until they get to know him. They all treat him with dignity and respect. When I go away from here, I never worry about him".

Respecting and promoting people's privacy, dignity and independence
• A display in each building showed that staff had considered how to ensure people maintained their dignity. The Skills for Care seven principles of dignity were stated, and a statement read that 'dignity is at the heart of everything we do'.
• We saw staff knock on doors and wait to be invited in to people's rooms and there were signs on many doors saying, 'Knock and Wait', to remind staff and visitors.
• We saw people's friends and relatives visiting throughout the day. There were no restrictions on visiting hours and people were encouraged to visit, stay for a meal or attend one of the family events arranged through the year. A recent Mother's Day lunch had attracted several family members who visited and stayed for the day to enjoy a relaxed fun event with a home cooked meal.
• People were supported to develop and maintain relationships. We saw a married couple supported to spend time together, each had health conditions that affected their independence, so staff ensured they could meet and maintain their relationship.
• People were supported to access their community and to become an active participant. One person had completed a sponsored static cycle ride in a local supermarket to raise money for activities raising over £1400 which would be used for special events such as visits to attractions such as wildlife or amusement parks.
• We saw that some people went to bed in the afternoons. We had received information before our inspection that all residents were 'put to bed' during the afternoons. This was not the case, just a few people who needed to rest, chose to go to bed to properly relax. We also saw that while some people chose to remain in their rooms, staff would regularly check on them, just for a quick chat so they did not feel isolated.

Good

Is the service responsive?

Our findings

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

Good: 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
• Peoples care plans reflected the care they needed now and the person they had been in the past. Social histories were present and when possible, people were involved in compiling care plans with staff.
• An activities programme ran daily and people could choose to participate if they wished. An exercise session took place with the physiotherapist when we were inspecting, and people had 1-1 support to access community facilities such as a snooker club. Other activities included outings and cooking. Activities could take place in people's rooms if they were unable to or did not want to join activity sessions. An activities officer worked part-time to support the provision of activities in the home. Several visiting entertainers such as choirs and musicians also visited.
• Activities were planned for seven days per week however at weekends, due to staff shortages, activities may not take place as planned if there were insufficient staff to release to run them.
• The provider ensured that people received information in the most appropriate form to enable them to understand it. The Accessible Information Standard required providers to identify and meet people needs to ensure that they can understand supplied information clearly. The provider could access resources in different formats such as large print, symbols and would email people information when they preferred text to speech. There were bright and clear displays about topics such as dignity, infection control, the providers values and end of life care.

Improving care quality in response to complaints or concerns
• People could raise concerns and told us they would if they needed to. People and their relatives told us they were confident that the registered manager would ensure that their problems were dealt with in a timely manner.

End of life care and support
• People could remain at Fryers House when they were at the end of their life. Support was available from GP's and hospice services to enable people to have a good death at the service if that was their wish.
• The provider followed the Six Steps to Success in End of Life Care and had supported staff to complete training at a local hospice.
• Care records detailed people's needs and wishes at the end of their lives and if completed, held a copy of the persons 'do not attempt cardio pulmonary resuscitation' directive.

Good

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
• Staff told us that the management team were very supportive of them. One staff member told us, "Without doubt, I am supported, I don't have a bad word to say about [registered manager]. I don't think there's a more supportive manager anywhere. He's such a good boss, we have a laugh". A relative told us, "The Manager is very nice, open, friendly, you can knock anytime".
• We saw that staff members had a lot of respect for the registered manager and the deputy manager and both interacted a great deal with people as they moved through the building. One staff member was less positive. Staff feedback had one consistent theme which was the providers pay rates. They told us, "The Manager, he's on it and he says he's trying. New people get the same money, so where's the value of our experience? There's no value of us anymore, we are all on the same level".
• The registered manager was clear about their responsibility under the duty of candour. They had acted according to the duty following previous incidents they had notified us of.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• There was a range of audits completed and the registered manager oversaw all aspects of the service.
• Risks to people, the environment and the service were assessed, and risks reduced as far as possible.
• Notifications had been made as required and internal audits before our inspection had sought to identify areas for improvement.
• People and relatives praised staff for their hard work, caring attitudes and for making the service feel like a home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People were engaged to the full extent of their abilities and meetings about people involved them. The registered manager was readily available to people and their relatives and people told us they felt able to approach him with any concerns and comments.
• People, relatives and staff were invited to participate in a quality assurance questionnaire to obtain feedback about services provided.
• Staff meetings were held, and staff were encouraged to comment on any concerns they had about the service.

Continuous learning and improving care

• Staff received supervision on a regular basis and both mandatory and a broader range of training courses were completed by staff.
• Accidents and incidents were reviewed to see if practice could be changed to minimise the possibility of future incidents.

Working in partnership with others
• The provider had positive links with GP surgeries and other health and social care professionals.
• Links had been made with local churches and community resources such as a snooker club to ensure that people could lead fulfilling lives.