

Leonard Cheshire Disability

Freshfields - 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:

Freshfields is a residential care home that was providing personal and nursing care to 29 people with a physical disability at the time of the inspection.

People's experience of using this service:

People told us that they felt safe living at the service. Care records provided detailed information around people's individual risks in order for staff to keep them safe from avoidable harm.

Person centred care was delivered, giving people choice over their daily routines in line with their preferences.

The building was purposely built and was fitted with equipment to enable people's independence with personal care, such as ceiling hoists and bathing equipment.

Staffing levels were appropriately managed and people received care from consistent, regular staff. Enough staff were employed each day to meet people's needs and keep them safe. Our observations during the inspection showed that staff were available when people required support. People we spoke with confirmed this to be the case.

Recruitment processes were robust. The necessary pre-employment checks were completed, and people received care from staff who were suitable to work in adult social care environments.

Processes and systems were in place to ensure people received their medicines when they needed them, from trained and competent staff. We observed the administration of medicines, this was carried out in a kind and caring manner.

People's overall health and well-being was effectively assessed and managed. Referrals were made to external healthcare professionals accordingly.

People made positive comments about the food they received. Menus offered a variety of home-made and fresh meals each day. People received support to eat their meals when they needed it. Easy grip cutlery and spill proof cups were used. Drinks and snacks were readily available throughout the day.

People were supported in a kind, caring and compassionate manner. Staff were familiar with the support needs of the people they were supporting. Staff engaged in meaningful conversations with people.

The registered provider had a complaints policy in place. No complaints had been made since the last inspection.

People were encouraged to participate in a programme of activities both at Freshfields and out in the community. Some people were supported to be independent and accessed local places independently. People were involved in decisions and consulted about any changes or improvements needed. A monthly 'residents' meeting was held with the manager.

The home was clean and hygienic. Health and safety measures were in place to ensure people lived in a safe, well-maintained environment.

More information is in Detailed Findings below

Rating at last inspection: Rated Good; (Report published 2 December 2016)

Why we inspected: This was a planned inspection to confirm that this service remained Good.

Follow up: No concerns were raised within this inspection. We will therefore aim to re-inspect this service within 30 months. We will continue to monitor the service through the information we receive. If any concerning information is received, we may inspect sooner.

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?

Good ●

The service remained safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led

Details are in our Well-Led findings below.

Freshfields - 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.

Inspection team:

The inspection team consisted of an adult social care inspector, an assistant inspector, a medicines inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance the person had a physical impairment.

Service and service type:

Freshfields is a spacious, purpose-built care home for up to 35 adults with physical disabilities. People in care homes receive accommodation and nursing or personal care. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Freshfields has single and double ensuite rooms as well as single self-contained flats with bathroom and kitchen areas. It also has two bungalows within the grounds, close to the main building.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection took place on 21 May and was unannounced.

What we did:

Prior to the inspection we reviewed the information we held in relation to Freshfields. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The provider had not been asked to complete a Provider Information Return (PIR). The PIR is information providers must send us to give us key information about the service, what it does well and improvements they plan to make.

We contacted the local authority to get their opinions of the service. We also considered any information received from the public and professionals. We used this information to plan our inspection.

During the inspection we spoke with the registered manager, the deputy manager, three care staff, the maintenance person, the housekeeper and the chef. We spoke with five people who lived at Freshfields, three relatives and a volunteer. We looked at three people's care files, four staff recruitment files, medicine administration records and processes, incident records, and other records relevant to the quality monitoring of the service.

We undertook general observations of the home over the course of the inspection, including the general environment, décor and furnishings, bedrooms of some people who lived at Freshfields, bathrooms and lounges and dining areas.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to keep people safe from abuse.
- Staff had good knowledge of safeguarding, how to report concerns and how to keep people safe.
- People told us that they felt safe living at the service. Comments included, "I feel absolutely safe." Relatives said they were confident about their family member's safety.

Assessing risk, safety monitoring and management

- Individual risks to people had been assessed. Care records provided detailed information around people's individual risks for staff to keep them safe from avoidable harm.
- Regular safety checks were completed on the environment to ensure it remained safe.
- People wore personal alarms, to summon staff in an emergency situation, from anywhere in the building.

Using medicines safely

- People receive their medicines (both prescribed and non-prescribed) as intended. The service used an EMAR (Electronic Medication Administration Record) system.
- Records for adding thickening powder to drinks, for people who have difficulty swallowing, were not completed; therefore, we were not assured people were given drinks suitably thickened as instructed to reduce the risk of choking. Since the inspection the provider has confirmed systems are now in place to record the use of thickener in people's fluids.
- A policy and protocols were in place to ensure people had medication on, before or after a trip out. Staff were trained to administer medication when away from the home; We found an occasion when one person with a complex medication regime was not able to have their antibiotic medicines administered when out of the home on an organised trip as they not accompanied by staff.
- Medicines were stored above the manufacturers recommended temperature. Temperatures in the medicine room were recorded; however, we were not able to see the records during our inspection. Current temperature during inspection was noted as current 25.8°C and maximum 27.5°C. Since the inspection the provider has changed the location of affected medicine storage, and more effective monitoring of temperatures has been introduced, with systems to record minimum and maximum temperatures.
- During the inspection we observed the administration of medicines; this was carried out in a kind and caring manner.

Staffing and recruitment

- Enough suitably qualified and trained staff were employed each day to meet people's needs and keep them safe.
- Staffing rotas showed a consistent number of staff worked each day. The service currently had a vacancy for a care member of staff. Additional shifts were being completed by the existing staff team. There was

occasional use of agency staff in emergencies.

- Our observations throughout the day showed staff attending to people's needs when they needed assistance. People were supported with their meals and staff had time to chat to people.
- People were satisfied with the promptness of response to call bells.
- Recruitment was safely managed. All necessary pre-employment checks were carried out. People were receiving care from staff who had been deemed fit to work with vulnerable people.

Preventing and controlling infection

- Domestic staff worked each day to ensure the home remained clean. Rotas were completed to ensure work was completed, which included 'deep cleaning' each month of people's bedrooms and specific communal areas.
- Staff had received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control. Staff used personal protective equipment (PPE) where required.
- The home appeared very clean throughout.

Learning lessons when things go wrong

- Records were kept of any incident or accidents that occurred and were reviewed regularly to identify any patterns or trends. The information was used to re-evaluate people's assessed needs.

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

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

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Newly recruited staff completed a comprehensive induction.
- Training was provided for staff throughout their employment to maintain up-to-date skills and knowledge.
- Staff received supervision and an annual appraisal. We discussed ways in which supervisions could be better organised with the registered manager. Staff felt supported and said they could go to the registered manager or deputy manager anytime with any issues.
- Staff they told us they felt supported on a day to day basis by the managers; comments included, "Really good staff team. Any concerns get addressed", "Yes, we get regular appraisals every six months and training or anything we want to improve in we talk about. We are always communicating" and "Yes, help us out if we have worries, they will give us extra help".

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

- Assessments of people's care needs were completed in good detail and included people's needs and choices. A comprehensive assessment was completed prior to people receiving support and used to help plan effective care for people.
- Care records were reviewed and updated following a change in need, for example, following a fall or deterioration in physical health.
- Staff knew people well and how to best meet their needs. Conversations with staff and managers evidenced this.

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

- People were supported to maintain a healthy balanced diet and were provided with regular meals and drinks throughout the day.
- Staff brought drinks and snacks to people when they requested them. A drinks station enabled people to make their own drinks when required. A vending machine was available for people to purchase snacks.
- Staff were knowledgeable of people's individual dietary needs and preferences and meals and snacks were provided accordingly.
- People were protected from risks associated with poor nutrition and hydration, such as weight loss and dehydration. Meals were served to meet their needs. Staff showed good awareness and recorded what was given.
- Staff supported people who needed assistance to ensure they ate meals and drinks. Some people had lap trays to put the plate of food at the correct height for them to eat; several were using easy grip cutlery and spill proof cups.
- People appeared to enjoy the food and drinks provided. One person said, "It's nice, you can ask for

something else, and the staff give us something else.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- We saw that staff responded promptly to people's changing needs. Records showed staff had engaged well with health and social care professionals, to ensure that people's needs were met as effectively as possible.
- Information was shared with other agencies if people needed to access other services such as GPs, district nurses and community psychiatric nurses.

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 ensured that people were involved in decisions about their care. Where people did not have the capacity to make specific decisions, for example, to regularly take medication, then decisions were made in people's best interests following due process and involved health and social care professionals and family members.
- Applications had been submitted to the relevant local authority for assessment to deprive people of their liberty.

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

- The building was purpose built and open plan, making access throughout easier. There are designated areas for different uses, such as a TV room, an activities area and a quiet area with books and board games. There was a computer room and several people said they enjoyed using the computers, one of which had a large button keyboard and a 'roller mouse' to help people who may lack dexterity.
- Most of the bedrooms were en-suite and all had ceiling hoists to take people from their bed to the bathroom. The beds were all electrically adjustable. Bedrooms were personalised with possessions and had TV sets and fridges. One person said, "I've changed rooms lots of times and they are all really nice."
- There were wet rooms and a bathroom with a specially designed reclining bath.
- Whilst access throughout the home was suitable of people using wheelchairs, we observed there were no designated disabled car parking bays for visitors. Car parking spaces nearest to the entrance to the home were occupied by the home's minibuses.

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

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

- People living in the home praised the staff and management and said they felt very well cared for. One person described the manager as, "Good, she talks to everyone" and another person described the staff as, "Absolutely brilliant".
- Some people had lived at Freshfields for many years and knew each other well. One person said, "They're good neighbours, nice to live with" and "It's a nice friendly place".

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

- People made decisions about their care and staff ensured people were provided with 'choice' on a day to day basis. Some people enjoyed a 'lie-in' in the morning; some chose to stay in their rooms, whilst others enjoyed being in the lounge.
- Staff were familiar with the level of care and support people required as well as being familiar with their likes, dislikes and preferences.
- People and family members had been given the opportunity to share information about their life history, important relationships and preferred routines when care records were completed.
- People were consulted by the manager regarding any events or issues that would affect people. A 'residents' committee' provided a useful forum for discussions and effective decision making.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People told us they had the choice of male or female staff.
- People with communications needs were supported to communicate using signs and pictures. Specialist equipment was available to assist people to express their needs and wishes to staff.
- People were supported to remain as independent as possible with aspects of daily living such as mobilising around the home and eating meals.
- Freshfields is within easy reach of the town which had social and health facilities and a railway station. A person who used an electric wheelchair said they often went out alone to the local takeaway and volunteers took people out. People were able to visit the local GP surgery, dentist and optician. On the day of our inspection two people told us they were going to Southport, which they did regularly.
- People said the staff were very caring. We observed people and staff interacting in a friendly and respectful manner. Some comments included, "Definitely 100% confident about care", "It's their job and they get it right", "Absolutely [very caring], very confident" and "They [staff] are sensitive and know my moods".

Is the service responsive?

Our findings

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

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

- The care people received was person centred and based on their individual needs. Staff knew people's likes, dislikes and preferences and used this knowledge to care and support people in the way they wanted.
- Care records were contained relevant and up-to-date information regarding people's needs. Records were completed in a timely manner when people's needs changed so that staff had access to the most up-to-date information.
- A variety of activities were on offer, which included drama and singing groups, board games, arts and crafts especially pottery; examples of people handiwork were on display.
- A sensory room was available, and this was praised by a visitor whose relative had "Come on in leaps and bounds" since using it.
- Freshfields had three minibuses to take people on outings; volunteers supported people on trips which included, to local attractions and amenities and theatre trips. A visit to a bird sanctuary and wheelchair ice skating were planned. One person told us, "It's a good social life."

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure which was made available to people. However, no complaints had been made.
- Positive feedback had been received from people and relatives we spoke with.

End of life care and support

- At the time of our inspection, the service was not providing end of life care to anyone. Staff were aware of the processes and procedures required. Where required decisions regarding resuscitation and anticipatory management plan were completed in people's care records. Some staff had completed the 'Six steps' training in end of life care.

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

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

- The service was run by the registered manager and a deputy manager.
- The registered manager promoted a positive person-centred culture. The people who lived in the home were at the centre of any decisions made which affected them and their day to day living.
- The registered manager was aware of their role and responsibilities, including what events they needed to notify CQC about. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection.

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

- There was a registered manager in post, who had the support of the registered provider.
- Staff felt supported in their role. Team meetings took place regularly.
- Staff spoke highly and positively about the management. Comments included, "Yes very much so", "They listen to you and feel like things have been addressed" and "They seem to have time for you. They will support you with any issues and are never too busy".
- Information related to people who used the service was stored securely and treated in line with data protection laws.

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

- People voiced their opinions and the management team responded to comments and suggestions made. Monthly 'residents' meetings' were held.
- People were involved in the staff recruitment process.
- Feedback was sought from people in the home and their family members each year.

Continuous learning and improving care

- Quality assurance systems were in place and used effectively to monitor the quality and safety of the service and make improvements.
- Meetings with staff in each department in the home, for example, housekeeping, catering, care/nursing, were used as a constructive opportunity to share learning and ways of improving the service.

Working in partnership with others

- The registered provider maintained good working relationships with partner agencies. This included

working with other health and social care professionals, such as GPs and social workers.