

# Dr French Memorial Home Limited (The) Dr French Memorial Home Limited

## 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

This inspection took place on 6 July 2016 and was unannounced.

Dr French Memorial Home Limited is a care home registered to accommodate up to 27 people. Its services focus mainly on caring for older adults including those living with dementia. On the day of the inspection there were 24 people residing at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at the home and safe with the staff who supported them. They told us that staff were kind and respectful and they were satisfied with the numbers of staff on duty at the home.

The registered manager and staff at the home had identified and highlighted potential risks to people's safety and had thought about and recorded how these risks should be reduced.

We saw satisfactory and accurate records in relation to the management of medicines at the home. Staff told us they had attended training in the safe management of medicines and felt confident in this area of their work.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and told us they would presume a person could make their own decisions about their care and treatment in the first instance. Staff told us it was not right to make choices for people when they could make choices for themselves.

People told us they liked the food provided at the home. We saw that choices of menu were available to everyone and the records showed that the menu was regularly discussed with people who used the service.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians and any changes to people's needs were responded to appropriately and quickly.

People told us staff listened to them and respected their choices and decisions.

People using the service, their relatives and staff were positive about the registered manager and her management of the home. They confirmed that they were asked about the quality of the service and had made comments about this. People told us the registered manager took their views into account in order to improve service delivery.

## 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 was safe. People told us they felt safe at the home and we observed positive and kind interactions from staff.

Risks to people's safety and been discussed with them, where possible, and action had been taken to minimise any identified risks.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

### Is the service effective?

Good ●

The service was effective. People were positive about the staff and staff had the knowledge and skills necessary to support people properly.

Staff understood the principles of the MCA and told us they would always presume a person could make their own decisions about their care and treatment.

People told us they enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a personal preference.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

### Is the service caring?

Good ●

The service was caring. We observed staff treating people with respect and as individuals with different needs. Staff knew about various types of discrimination and its negative effect on people's well-being.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes, dislikes and cultural needs and preferences. Staff gave us examples of how they maintained and respected people's

privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

### **Is the service responsive?**

**Good** ●

The service was responsive. People told us that the management and staff listened to them and acted on their suggestions and wishes.

They told us they were happy to raise any concerns they had with any of the staff and management of the home.

Care plans included an up to date and detailed account of all aspects of people's care needs, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

### **Is the service well-led?**

**Good** ●

The service was well-led. People were asked about the quality of the service and had made comments about this. They felt the registered manager took their views into account in order to improve the service.

The service had quality monitoring systems in place including surveys for people using the service and their relatives.

Staff were positive about the management and told us they appreciated the clear guidance and support they received. Staff had a clear understanding about the visions and values of the service.

# Dr French Memorial Home Limited

## **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 unannounced inspection was undertaken on 6 July 2016.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection.

We reviewed other information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service.

This inspection was carried out by one 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.

We met with 17 people who used the service and asked them if they were happy with their care and if they liked the home and the staff who supported them. However, due to people's cognitive impairments, some of the conversations with people were limited and we were only able to say hello and ask how they were feeling. Because of this we spent time observing interactions between people and the staff who were supporting them.

We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way

staff spoke and interacted with people was having a positive effect on their well-being.

We spoke in more detail with six people who were more able to give us their views.

We also looked at the comments people and their relatives had made about the quality of the service from the results of the most recent quality survey carried out by the service and resident meeting minutes.

We spoke with nine staff, five relatives and two healthcare professionals who had regular contact with people living at the home. We were also able to speak with two committee members of the non-profit making charity who help run the service.

We looked at six people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits.

# Is the service safe?

## Our findings

People told us they felt safe and had no concerns about how they were being supported at the home. One person told us, "I trust them and I feel perfectly safe here, they don't do or say anything that makes me feel uncomfortable." Another person commented, "They are experienced in what they do and I would speak up at once if I felt I was being mistreated in any way, I have zero tolerance for such behaviour."

We observed staff interacting with people with kindness and in a friendly and patient manner. Relatives commented that they trusted the staff and were happy with the way their relatives were treated. One relative commented, "The care is excellent, as soon as we saw this place we knew straight away we didn't have to look anywhere else."

Staff could explain how they would recognise and report abuse. They were aware that they could report any concerns to outside organisations such as the Care Quality Commission (CQC) the police or the local authority.

Care plans we looked at included relevant risk assessments. Where a risk had been identified the registered manager and staff had looked at ways to reduce the risk and recorded any required actions or suggestions. For example, risk assessments had been completed for people who were at risk of developing pressure ulcers due to their reduced mobility. The staff had clear written guidelines and knew how to reduce this risk. For example, staff knew that people needed to be encouraged to move their position regularly if they were in bed or sitting for long periods. The management had liaised with the relevant healthcare professionals and special equipment had been provided to minimise the risk of developing pressure ulcers.

We saw that risk assessments had also been completed in relation to people's health, mobility and risks of falling. Staff we spoke with were aware of the risks people they supported faced and the actions required to minimise these risks. One person commented, "I'm satisfied with their ability to keep me out of harm's way. There's a sense of security in this place."

We saw that people's risk assessments had been discussed with them where possible and were being reviewed on a regular basis. One person told us, "I have a history of falls," and was aware that staff had looked at how this risk might be reduced; including ensuring this person was supervised when walking about. Another person told us they were unsteady on their feet and commented, "I always walk next to [the staff]." We saw that changes had been made to people's risk assessments where required.

The sample of six staff recruitment files we checked all contained the necessary documentation. This included written references, proof of identity, criminal record checks and information about the experience and skills of the individual. Staff confirmed they had not been allowed to start working at the home until these criminal record checks had been returned.

People using the service and staff we spoke with didn't have any concerns about staffing levels. People's comments included, "I think so, there is always someone looking after us" and "I suppose it's always nice to

have more staff but it hasn't affected me, they are all on the ball."

Staff told us they were busy but not rushed. We saw that staff had time to be with people and to sit and chat together with them. A relative had made the following comment in the most recent quality survey, "You could visit or call at any time and someone would always have time to have a chat."

We saw that people's level of dependency was regularly monitored and reviewed to make sure there were sufficient staff available to meet the current needs of people at the home. We saw that the level of help and support people needed to keep safe had been recorded in their care plan and this was being regularly reviewed.

We saw that risk assessments and checks regarding the safety and security of the premises were up to date and being reviewed. This included fire risk assessments, Legionella testing and hot water checks. Fire drills took place on a regular basis and staff knew who needed prompting to leave the premises in the event of a fire as everyone had a completed Personal Emergency Evacuation Plan (PEEP).

People we spoke with said they were satisfied with the way their medicines were managed at the home. One person confirmed, "Oh yes all of that is done in a timely manner, I haven't had any issues" and another person told us, "There's one tablet I have once a week that needs to be taken half an hour before my other medication. The staff bring it to my room, that's the only one I have to take before the others. I don't have to worry about remembering to take it because they always bring it on time which means there is no hassle for me."

A relative told us, "[My relative] gets her medication when it's required; staff wear special tabards when doing their medication rounds so you know not to interrupt them during that time so they don't make any mistakes."

We saw satisfactory and accurate records in relation to the management of medicines at the home. Staff told us they had attended training in the safe management of medicines and felt confident in this area of their work. Staff confirmed that their competency was observed and we saw records of these checks. Medicine audits took place regularly every month by the assistant managers and yearly by the local pharmacist.

There was a pain indicator board where people who lacked verbal communication could indicate how they were feeling by pointing to pictures.



# Is the service effective?

## Our findings

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities. One person commented, "I'm satisfied with their expertise, they look like they know what they're doing, they all seem confident in their job roles." A relative told us, "We couldn't fault the care here, it is extraordinary."

Staff were positive about the support they received in relation to supervision and training. One staff member commented, "The training is good. It's improved my communication and how I am with the residents and staff."

Staff told us that they were provided with a good level of training in the areas they needed in order to support people effectively. Staff told us that the training was mostly on line but that some training involved practical, classroom based activities. This included training in moving people safely. Staff told us about training they had undertaken including medicine management, food hygiene, first aid and fire safety.

In addition to the mandatory training, staff told us that they were also offered nationally recognised vocational training. Staff told us that they could also request other training courses. Staff had attended training with regard to dementia and gave us practical examples of how this had helped them support people at the home. One staff member told us how important it was to observe people with dementia so they could monitor their behaviours and be aware of any changes which might indicate a problem.

We saw training certificates in staff files which confirmed the service had a mandatory training programme and staff told us they attended refresher training as required. One staff member told us, "I'm up to date." Staff told us that they would discuss learning from any training course at staff meetings and any training needs were discussed in their supervision.

Staff confirmed they received regular supervision from the registered manager. They told us supervision was a positive experience for them and they could discuss what was going well and look at any improvements they could make. They said the registered manager was open and approachable and they felt able to be open with her. Referring to supervision, a staff member told us, "It's very important, it keeps me on the right track." Staff also told us they would always talk to the registered manager when they needed to and that they would not wait until their supervision or a staff meeting.

Staff were positive about their induction and we saw records of these inductions which included attending initial training courses as well as looking at the philosophy of care of the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff understood the principles of the Mental Capacity Act (MCA 2005) and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals.

The registered manager understood and had followed the relevant policies and procedures in relation to the Deprivation of Liberty Safeguards (DoLS). We saw that a number of people at the home had been subject to a DoLS assessment to make sure they were not being unduly restricted and that any restrictions required for their safety were being regularly monitored and reviewed with the local authority. The appropriate and necessary documentation was in people's files however, the service was not sending the required notifications to the CQC. The assistant manager apologised for this oversight and started completing the relevant notifications during the inspection.

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person's consent before they went ahead. People told us that the staff did not do anything they didn't want them to do. One person commented, "They're very courteous and that's how it should be."

People told us they liked the food provided at the home. We saw that choices of menu were available to everyone and the records showed that the menu was regularly discussed with people who used the service. People's comments about the food provided by the home, included, "The food is very good; I can't fault it, high quality I would say. If you ask for anything, it's produced," "The food is excellent" and, "The food is not bad, but it's not like home, if you want something to eat or drink at any time of the day they give it to you, no one goes hungry here."

People's weight was being monitored and discussed with the registered manager and staff and action taken if any concerns were identified. We saw records that showed people had been referred to appropriate health care professionals such as GPs, dieticians and speech and language therapists (SALT). People's records contained information and advice from these health professionals regarding healthy eating and advice on potential swallowing problems and high calorie menus for people with weight loss issues. A relative commented, "They encourage [my relative] to eat, before she was on cake and biscuits but when she came here she started eating proper meals and looking healthier."

We met with the cook who was able to tell us about each person's individual dietary requirements which matched the information recorded in their care plans and included any cultural requirements.

Lunch time was relaxed and staff were encouraging social interactions between people and offering support in a friendly and non-judgemental way. There was flexibility around meals and mealtimes. A person we spoke with commented, "Oh yes you can ask for two extra meals if friends come to visit and they sit you on a separate table for privacy. Once I went out with my son and got back early, the cook came out to ask if I wanted any sandwiches, they really look after you."

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation of health appointments, letters from specialists and records of visits.

People confirmed they had good access to health and social care professionals. One person commented, "The home arranges the chiropodist every three months. The doctor here reviews me from time to time. A few weeks ago I had a very severe chest infection and I was coughing for days. The doctor came immediately and prescribed me antibiotics and that cured it." Another person told us, "I have a dentist appointment coming up, some need the doctor every day but for me only when I need to see one. I saw the doctor today."

# Is the service caring?

## Our findings

People told us they liked the staff who supported them and that they were well treated. One person commented, "Yes, very kind and very friendly always, they know what I like and don't like." Another person told us, "All are wonderful, I don't have a bad word to say since I've been here, they are very kind and caring."

We observed staff interactions with people throughout the day. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the home. Staff knew people well and responded to them in a caring way and in line with guidance from their individual care plans.

We saw that people had commented and had input in planning their care. We saw that care plans had been reviewed and updated where required and people confirmed they were involved in their care if they wanted to be. One person told us, "Yes every step of the way, I am the decision maker for my care."

There were regular meetings between people using the service, staff and management. We saw that people were able to express their views and make choices about their care on a daily basis. Throughout the day we observed staff offering choices and asking people what they wanted to do. A person told us, "I am happy to make my own decisions about my life."

Staff had discussed people's cultural and spiritual needs with them and recorded their wishes and preferences in their care plans. For example, how and where people wanted to attend places of worship. A person told us, "I'm not really religious but for those that are someone can come to see them here. I think they are very respectful of everyone's preferences and choices." Staff gave us examples of how they supported people from different backgrounds and cultures with regard to food and activities available at the home.

We saw that people were supported to maintain relationships with their family and friends as well as make new friendships. One relative commented, "There is also so much flexibility to visit, I know the manager and staff well, they let you drop in when it's convenient for you, I can come when it suits me." Another relative told us, "They have a really good relationship with residents and relatives alike."

Staff knew about the law in relation to people's 'protected characteristics'. They understood that racism, sexism and homophobia were forms of abuse and told us they made sure people at the home were not disadvantaged in any way.

People told us that staff respected their privacy. One person told us, "I don't feel my privacy or dignity is infringed in any way, I don't know about others. This is a communal area but there are other rooms next door or you can go to your own room." However, one person we spoke with felt that this issue could be improved. They told us, "Yes to a point, but in terms of sensitivity of doing things it could be a bit more silent. You don't have to shout do you have to go to the toilet." We fed this issue back to the chair of the committee after the inspection.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected. We observed staff knocking on people's doors and waiting for a response before entering.

## Is the service responsive?

### Our findings

People using this service told us that the management and staff were quick to respond to any changes in their needs. We saw, from people's care records and by talking with staff that if any changes to people's health were noted by staff, they would report these changes and concerns. We saw that assistance from medical professionals was sought quickly when people's needs changed. A person we spoke with told us, "Whenever I have a complaint of a medical kind they immediately call the GP in, so one feels very protected."

Relatives told us they were kept up to date with any issues. A relative told us, "If anything is wrong, they phone me straight away."

Staff told us that the registered manager kept them updated about any changes in the needs of people using the service. Staff had a good understanding of the current needs and preferences of people at the home.

Each person had a care plan that was tailored to meet their individual needs. Care plans reflected how people were supported to receive care and treatment in accordance with their needs, choices and preferences. Most people told us they were actively involved in developing their care plans and people's care plans recorded their input. One person commented, "I make my own decisions about what I want to do and what I want to wear, I still have my mind." Another person told us, "[The staff] write it up every month and I have to sign it."

Where people were not able to be involved in planning their care, their relatives had been consulted. A relative we spoke with told us, "They discuss her care with my cousin, [the registered manager] and the psychiatrist sat down with him."

We checked the care plans for six people. These contained a pre-admission document which showed people's needs had been assessed before they decided to use the service. These plans were centred on the individual and outlined what support people needed to be as independent as possible whilst being mindful of any identified risks to people's physical and mental health.

People's needs were being regularly reviewed by the management, the person receiving the service, their relatives and the placing authority if applicable. Where these needs had changed, usually because someone had become more dependent, the service had made changes to the person's care plan. We saw a number of examples of changes that had been made in response to people's changing needs. These included increased staff support with mobility and the ordering of a profile bed as people had become frailer. We also saw that any improvements in people were recorded in areas such as eating and their well-being.

People could take part in recreational activities both inside and outside the home. People's comments about activities included, "I do take part in some things but not everything is everyone's cup of tea. I like the entertainment they have and doing a bit of art," "Oh yes, I like going to anything that's on: poetry, bingo,

and painting. In fact you can see our artistic efforts if you go down the hall" and "I visit my sister, someone takes me in their car, I would go down the street and do a bit of shopping but there's not much of a summer. I do involve myself in a few activities, but I like to do my own thing."

Relatives were very positive about the activities available at the home and the effect these had on people's well-being. Relatives' comments included, "They have a lot of social events on here like barbeques, quiz nights, bake a cake fund raisers, you name it they'll have it. [My relative] won't remember anything short term but it's amazing how she can remember everything that happened in her youth and they do quizzes so she can recall some older memories from her past. She can remember the lyrics to all the songs she heard growing up, every single one. The music activities here are really good for that" and "I know there's lots of activities going on here even though [my relative] won't understand what's going on, other residents seem to enjoy it. On the whole they still try to include her in activities."

People were able to go out of the home either alone or with staff depending on identified risks and any Deprivation of Liberty Safeguards in place.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management.

People's comments included, "I have been treated extremely well, I am very comfortable here and I can talk freely. My son also visits me once a week in the evening so if there was anything wrong I would let him know" and "Yes and it's within my right so I would feel comfortable, I haven't had to make one though."

Records showed that there had not been any recent complaints about the service however; the registered manager had addressed any minor concerns that had been raised in meetings or through the quality monitoring process.

## Is the service well-led?

### Our findings

People were positive about the registered manager and confirmed that they were asked about the quality of the service and had made comments about this. They felt the registered manager took their views into account in order to improve service delivery. One person, talking about the registered manager, told us, "She's excellent, bubbly personality; she always has time for you." Another person commented, "Yes, I think she's good, I don't know her name but my son is my contact with the staff, we talk to them together about my care."

Relatives were equally positive about the registered manager. A relative we spoke with commented, "The manager is wonderful, very friendly and approachable."

Staff were also positive about the registered manager and the support and advice they received from them. They told us that there was an open culture at the home and they did not worry about raising any concerns. One staff member described the registered manager as, "Straightforward and professional."

Staff told us and we saw from staff meeting minutes that staff were regularly praised for their work and received positive feedback from the registered manager. Staff told us they enjoyed working at the service and supporting the people at the home. One staff member commented, "It's a lovely home." Another staff told us, "It's a respectful service."

A number of staff had been working at the home for many years and people we spoke with told us this was very positive and a relative commented, "Staff rarely change so you have that continuity and that's what is important."

Staff told us that they felt able to make suggestions for service improvements. Staff gave us examples of suggestions they had made to improve the service including making suggestions for activities and trips out."

The registered manager had developed a number of quality monitoring systems. These included quality monitoring surveys that were given to people who used the service and their relatives. Some people could not recall if they had been sent surveys however, one person confirmed, "I've been sent questionnaires."

After the inspection we spoke with the chair of the committee who, along with other committee members visited the home on a regular basis. We spoke about improving the recording of these visits and the use of observational tools to monitor the continued well-being of people using the service who may not always be able to provide verbal feedback. These systems could then feed into the continuous quality monitoring of quality at the home.

We noted that the results of the on line quality surveys, undertaken by relatives, were very positive about the service. One relative had commented, "The home is extremely well run. It is a pleasant homely environment and I could not recommend it more highly." Another relative had written, "I would recommend the care



home to anyone looking to place an elderly relative. Comfortable and caring."

We asked staff how the home's visions and values were shared with them. Staff told us this was discussed in meetings and during supervisions. Staff understood the ethos of the home which they told us looked at everyone as a unique individual with different care, social and cultural needs and preferences. One staff member told us, "You must treat people with respect, and equally." Other staff told us that the needs of people using the service always came first. When we discussed these visions and values with the committee members and management team it was clear that these values were shared across the service.