

Leisure Care Homes Limited

Frampton House

Residential Care Home

Inspection report

West End Road
Frampton
Boston
Lincolnshire
PE20 1BT

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Tel: 01205724216

Website: www.framptonhouse.co.uk

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Frampton House is a residential care home providing personal care for up to 30 older people, some of whom may live with dementia. Accommodation was arranged across three floors and at the time of the inspection 26 people were living in the home.

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

Quality monitoring systems and management oversight had not always been effective at highlighting shortfalls within the service, for example in some areas of record keeping and keeping the environment safe. Whilst we did not find a direct impact on the quality of people's care and support, improvements were required to ensure high standards of care were consistently maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated in a kind and caring manner and staff understood the importance of maintaining their privacy and dignity. They were supported to choose and take part in meaningful activities.

People were able to see healthcare professionals when they needed to and they received their medicines in the ways that were prescribed for them. They were encouraged to have a balanced diet to help them stay healthy and well hydrated.

Staff understood how to keep people safe and minimise risks to their health safety and welfare. There were enough staff employed in the home to ensure people's needs, wishes and preferences were met in a timely manner.

The environment was kept clean and staff understood how to reduce the risk of infections occurring. The registered provider had an on-going programme of refurbishment and maintenance in place to promote people's comfort and safety.

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

Rating at last inspection

The last rating for this service was Good (published 18 December 2018).

Why we inspected

The inspection was prompted due to concerns we had found at another of the registered provider's locations. A decision was made for us to inspect Frampton House to assess the quality of care services provided there.

We found evidence that some improvements were needed. Please see the Well-Led key question section of this full report. We were assured that actions would be taken to address the shortfalls we found.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our safe findings below.

Frampton House Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an assistant inspector.

Service and service type

Frampton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A manager who was registered with the Care Quality Commission was employed in the home. 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 inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. We sought feedback from the local authority and we used the information the registered provider sent us in the provider information return. This is information registered providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who lived at Frampton House and four visiting relatives about their experience of the care provided. We also observed the care and support provided for people and spoke with a visiting healthcare professional.

We spoke with nine members of staff including the registered provider, registered manager, deputy manager, one senior care worker, two team leaders, two care workers and the chef.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two social care professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People and their relatives told us they felt safe living at Frampton House. One person said, "Safe, yes definitely, up to now no problems." Another person told us, "I'm quite safe here, they listen to you if you feel a bit wobbly and help you out."
- Staff had received training about how to identify and report any situations in which they thought people may be at risk of abuse or harm. They demonstrated their understanding when we spoke with them. Our records showed the registered manager and staff had worked closely with local authority safeguarding team to keep people safe when issues of this nature had arisen.
- Risks to people's health safety and welfare had been assessed. Staff ensured identified risks were minimised. One example was for a person who liked to walk around the home in their socks. Staff had identified the person would be at risk of slipping on hard flooring and, as a result, they had encouraged the person to wear socks with rubberised soles. This meant the person could walk around the home in a safer way and we saw them doing so during the inspection.
- Everyone who lived at Frampton House had a personal emergency evacuation plan (PEEP) in the event they needed to leave the building in an emergency, such as a fire. We discussed with the deputy manager the details of some plans for people who were cared for in bed. The deputy manager told us they would liaise with the local fire safety officer to ensure there was enough detail for staff to support those people effectively.

Staffing and recruitment

- People and their relatives told us there were enough staff on duty to meet their needs. They said staff responded quickly to their requests for help and support. Throughout the inspection we observed that call bells were answered in a timely manner and staff were seen regularly checking if people needed anything.
- The registered manager told us they covered any shortfalls in staffing levels with their own staff and did not use agency staff. This meant that people were cared for by staff who knew them well and who provided consistency for them. A member of staff said, "There's only been one time I know of when we needed to cover for staff sickness." Work rotas confirmed what we had been told.
- There were systems in place to check that staff employed at the home were safe to work with the people living there. For example, the registered provider had gained references from previous employers and carried out checks with the Disclosure and Barring Service (DBS).

Using medicines safely

- People told us they received their medicines at the right time and in the ways they wanted them. One person said, "They're very good; they bring them in a little pot with a drink and watch me take them."
- Medicines were safely stored and administered. This included medicines which required special storage and monitoring, known as 'controlled drugs'. The registered manager and deputy told us a new medicines ordering system was due to commence with a local pharmacy which they thought would further improve the management of medicines
- Medicine administration charts (MAR's) were completed when people had taken their medicines. The deputy manager told us how they monitored completion of the MAR's and the actions they took if shortfalls were identified, for example, missing signatures.

Preventing and controlling infection

- People and their relatives told us the home was kept clean. One person said, "Spotless." A relative said, "There's no odour; the bedroom is spotless and a beautiful view; beautiful place."
- The registered provider had systems in place to reduce the risk of infections occurring. We saw staff regularly washed their hands and used hand sanitising products. They wore aprons and gloves when providing personal care.
- During the inspection we saw the home was kept clean by housekeeping staff. There were no malodours and the home had recently received the highest rating for kitchen hygiene from the local authority.
- The flooring in the ground floor sluice room was stained and difficult to keep clean. The registered manager informed us this had been identified and formed part of the on-going refurbishment plan for the home.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager. Action was taken to reduce the risk of the incident reoccurring such as referring people to falls prevention services where they were at a high risk of falls.
- During handover between shifts, staff reviewed any accidents and incidents that had occurred to try to prevent these from happening again.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant 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; 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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Capacity assessments had been carried out where people had not been able to make decisions for themselves. Where people could not make a specific decision, such as for using bed rails, decisions had been made in their best interests. Relatives told us they were involved in making best interests decisions.
- The registered manager had completed DoLS applications for those people who were unable to consent to living in Frampton House. This was to ensure their rights were protected. The registered manager told us that no-one who lived at the home had any conditions on their DoLS.
- People's needs, wishes and preferences were assessed before they moved into the home. This information was used to develop initial care plans which guided staff about how to provide the care required. Assessments and care plans were reviewed and updated once the person had settled into the home and staff had got to know them better.
- The registered provider had recently introduced a computerised care planning system. Although all care records had not yet been transferred to the system we were shown, for example, how it would highlight to staff when regular health and care plan reviews were due. This meant the potential for delays would be minimised.

Staff support: induction, training, skills and experience

- People and their relatives said they were happy with the level of skill and knowledge the staff had. When we

spoke with staff they demonstrated their understanding of people's needs and how best to support them.

- Staff described their experience of recruitment and induction training which reflected the registered provider's policy. One member of staff said that shadowing experienced staff as part their induction had 'set them up well' for doing their job.
- The registered provider had an on-going training schedule in place to ensure staff remained up to date with good practice and legislation. Staff told us they were also encouraged to complete nationally recognised training courses in providing good quality care.
- There were systems in place to ensure staff received regular supportive meetings with senior staff. Staff told us they were able to discuss any issues they had as well as their own development needs.

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

- People told us they enjoyed the food and had plenty of choices available to them. One person said in a jovial manner, "As it's tasty you can eat too much!." A relative described how their loved one had a positive weight gain since admission to the home, saying it was, "unbelievable really."
- The deputy manager told us that meal times were generally protected so that people were able to concentrate on their meals and receive the support they needed without distraction. Staff were available to provide people with individual support where ever they chose to eat their meals, such as the dining room, living room or their bedroom.
- People told us staff provided drinks and snacks when ever they wanted them. Throughout the inspection we saw people were regularly encouraged to take drinks. A staff member described how they had increased the monitoring of people's fluid intake on the day of the inspection as it was a hot day and people could easily become dehydrated.
- The chef told us that staff kept them up to date with people's changing needs and they often attended staff handovers to ensure they had all of the information they needed to provide people with a balanced diet.

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

- People and their relatives told us staff made sure they had healthcare whenever they needed it. One person described how staff arranged for them to see their GP, practice nurse and chiropodist.
- A visiting health professional told us staff understood people's health needs such as diabetes and pressure relief requirements and how to care for them. They said staff contacted them for help and advice whenever they needed to.

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

- People had their own bedrooms which were comfortably decorated and furnished. Communal areas such as lounges were also nicely decorated and had a homely feel.
- Equipment such as hoists, handrails, pressure relieving cushions and mattresses were available to support people's assessed needs.
- Signage was in place around the home to help people find their way about.
- Frampton House is a large, older building and some areas were in need of refurbishment, such as flooring and paint work. However, we saw this had been identified by the registered provider and there was an on-going maintenance and refurbishment programme in place.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant 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; Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with care and kindness by staff. They were unanimous in their views that their privacy and dignity was fully respected. We saw, for example, staff addressed people by their preferred names; they spoke with people about personal matters in private; they gained permission before entering people's bedrooms and encouraged people to do as much for themselves as they were able to.
- One person described their experience of living in the home as, "Happy, friendly and homely." Another person named a specific member of staff and said, "Nobody could be better." A relative told us there was a homely atmosphere and spoke about another specific member of staff being 'like another daughter' to their loved one.
- People and their relatives told us although most mealtimes were protected, family and friends were encouraged to join them for Sunday dinner, Christmas buffets and birthday party meals.
- We saw where people had differing preferences and lifestyles staff made sure these choices were respected. Staff also made sure people's emotional needs were supported. For example, staff took care to maintain the specific placement of personal items and furniture that reminded a recently bereaved person of their loved one. This was the person's expressed wish and they told us they were comforted by this.

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

- People told us they were able to make their own choices and decisions about how and where they spent their time. They said they were able to go to bed and rise in the morning at whatever time suited them; they chose where they wanted to take their meals and the activities they want to join in with.
- Information about how to access advocacy services was available in the home. These services are independent of the home and local authorities. They can support people in their decision making and help to make sure their wishes and views are heard on matters that are important to them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

- People and their relatives told us staff knew their needs and preferences well. A person who lived in the home told us, "[Staff member] has been very good to me. She asks what I want and does whatever I need."
- Most people we spoke with could not recall what their care plan contained but were unanimously happy that staff cared for them in the ways they wanted.
- Relatives told us they had been involved in planning and reviewing their loved one's care. One relative told us how their loved one liked to 'wallow' in a bath. They said staff had made sure their loved one still had the opportunity to do this when they moved into the home. They also told us about how staff had gathered information about their loved one's life history in order to get to know them better and this was in their care records.
- Throughout the inspection we saw staff speaking knowledgeably with people about their preferences and needs. Staff were able to identify when a person required extra support and provided this quickly.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans set out details of people's preferred method of communication. Staff followed the guidance in those plans.
- We noted that information, such as menus and activity plans, were available in different formats to help people understand the information and enable them to make a more informed choice.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives were complimentary about the activities on offer. People described how they enjoyed baking and painting. A relative told us how their loved one enjoyed going to a local friendship club and the seaside with staff. One person told us, "There's enough activity if you want [to join in]."
- We saw people were supported to engage in preferred hobbies such as gardening. A relative told us how staff supported their loved one's interest in tractors and farming events.
- The registered provider employed an activity co-ordinator who developed weekly plans with people based on what they wanted to do. They told us plans were flexible as people often decided they wanted to do other things.

- People said they were supported to maintain their relationships with family and friends. One person spoke about being taken to visit a loved one which they appreciated.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy in place. Information about how to make a complaint was displayed around the home.
- Since our last inspection two complaints had been received about the services provided within the home. Both complaints had been responded to in line with the registered provider's policy.
- People told us they had not, so far, had cause to make a complaint but they would be confident the registered manager and staff would deal with any issues in the right way.

End of life care and support

- People's wishes for care at the end of their life were discussed with them and recorded. One person said staff were "really gentle and supportive."
- The registered manager and staff were aware of good practice guidelines for people receiving care at the end of their life, including arrangements needed to keep people pain free and comfortable.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had informed CQC about accidents and incidents as required. However, we noted from our records the registered manager had not notified us of three safeguarding issues. The registered manager told us this was an oversight and they would ensure CQC was notified appropriately in the future.
 - Quality assurance audits and management oversight had not always been effective in highlighting shortfalls in record keeping. Although people received consistent, responsive and personalised support, care records did not always reflect the care given or when needs had changed. For example, one person's need for repositioning had recently changed but the care plan had not been updated. Another person had recently required the use of bed rails and the care plan had not been updated. We noted earlier in the report a person had been supported with alternative footwear to increase their safety, however their risk assessment had not been updated. In addition, although we found best interest decisions had been made with family involvement, this had not always been recorded in full.
 - We acknowledged there was a current transition to computerised care records which may have impact on the timely completion of those records. However, some of the issues we found were contained in paper records still in use. This would increase the risk that people may not receive care appropriate to their need. The registered manager and deputy told us they would review all care records to ensure they were fully reflective of people's needs.
 - Management oversight of the environment had failed to identify potential tripping hazards caused by well used upstairs and ground floor corridors being cluttered with, for example, continence products, boxes of aprons and gloves and empty appliance boxes. The registered manager arranged for the areas to be cleared immediately.
 - Following the inspection visit we spoke with the registered manager about the space available for staff to handover to each other between shifts. We saw that handovers were conducted in the communal dining room. This meant that confidentiality of people's personal information could be compromised. The registered manager told us they would review and improve the handover arrangements.
 - The registered manager was aware of and had systems in place to ensure compliance with duty of candour responsibilities. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

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

- People told us they were happy living in the home and with the services provided for them. One person said, "It's really nice here."
- Relatives told us staff were good at keeping them up to date about the care of their loved ones and had confidence in the registered manager. One relative said, "[The registered manager] is brilliant."
- There was opportunity for people to say how they felt about living in the home and the services available to them. This was done by way of quality surveys and daily discussions with people. People were confident if they raised any issues or ideas for improvement the registered manager would listen to them.
- All of the staff we spoke with were positive about working in the home. They commented on how supportive the registered manager was and how they promoted good team work. They told us they felt able to express their views and had opportunities to do so through staff meetings and individual supervision sessions.
- Staff were aware of the registered provider's whistleblowing policy and told us they would not hesitate to use it if they had concerns which were not being addressed.

Continuous learning and improving care

- A number of staff carried out lead roles for specific areas of need. These included infection prevention and control, skin integrity and promoting dignity. Those staff were responsible for keeping themselves and colleagues up to date with good practice and driving improvements within the home.
- Lead staff attended local network meetings with other care providers and health professionals to maintain their knowledge and skills.

Working in partnership with others

- The registered manager and staff worked in partnership with other organisations to support the provision of care. These included local health and social care services, local authority commissioners and local safeguarding teams. This meant that people had access to the right support when they needed it.