Care Quality Commission

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Freshford Cottage Nursing Home

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Requires improvement
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Inadequate

Overall summary

Freshford Cottage is located in Seaford with parking on site. The original building has been extended, there are communal rooms on the ground floor; a lift enables people to access all parts of the home, and there are accessible gardens to the front and side of the building.

The home provides support and care for up to 18 people with nursing and personal care needs. There were 17 people living at the home at the time of the inspection.

Some people had complex needs and required continual nursing care and support, including end of life care. Others needed support with personal care and assistance moving around the home due to physical frailty or medical conditions such as Parkinson's disease, and some people were living with dementia.

The home has been without a registered manager since August 2014. A registered manager is a person who has

Summary of findings

registered with the Care Quality Commission (CQC) 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.' A manager had been appointed prior to the inspection. They told us they would be applying to register as the manager of the home with CQC.

The inspection took place on 28 September and 2 October and was unannounced.

The quality monitoring and assessing system used by the provider to review the support provided at the home was not effective. It had not identified issues found during this inspection, including that staff did not follow relevant guidelines when giving out medicines, care plans did not reflect people's specific needs and there was no system in place to ensure people's diet was nutritious and varied.

Risk assessments had been completed as part of the care planning process. However, staff did not demonstrate a clear understanding of how to use this information to prevent harm, this meant people may be at risk and a preventable accident occurred during the inspection.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management and staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, but had not followed current guidance to ensure people were protected.

New staff were required to complete an induction programme in line with Skills for Care and fundamental training had been provided for all staff, but staff had not attended training specific to people's health care needs, for example dementia awareness.

Staff said the manager was approachable and they felt they could be involved in developing the service to ensure people had the support they needed and wanted. Relatives said the manager seemed very nice, but they were concerned that there had been four managers in a year and a considerable turnover of staff.

People's opinions of the food varied and the chef planned to make changes to the menu, depending on the feedback from people and their relatives, if appropriate. Staff asked people what they wanted to eat and choices were available for each meal. People told us they decided what they wanted to do, some joined in activities while others sat quietly in their room or communal areas.

A safeguarding policy was in place and staff had attended safeguarding training. They had an understanding of recognising risks of abuse to people and how to raise concerns if they had any.

A number of staff had left and new staff were being appointed with ongoing recruitment to ensure there were sufficient staff working in the home. Pre-employment checks for staff were completed, which meant only suitable staff were working in the home.

People had access to health professionals as and when they required it. The visits were recorded in the care plans with details of any changes to support provided as guidance for staff to follow when planning care.

A complaints procedure was in place. This was displayed on the notice board near the entrance to the building, and given to people, and relatives, when they moved into the home. People said they did not have anything to complain about, and relatives said they were aware of the procedures and who to complain to, but had not needed to use them. One person had made a complaint and said the manager had investigated it and they were satisfied.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Risk to people had been assessed, but staff did not always follow the guidance and people were put at risk.

Medicines were not managed safely because staff did not follow relevant guidelines.

The staffing levels had not been reviewed to ensure there were sufficient to meet the needs of people.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff had attended training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However, decisions about people's mental capacity were not always correct.

Staff had received fundamental training and provided appropriate support, but specific training to meet people's individual needs had not been provided.

Staff did not always ensure that people were provided with sufficient food and drink which supported them to maintain a healthy diet.

People had access to appropriate healthcare professionals when they needed.

Is the service caring?

Requires improvement

The service was not consistently caring.

Staff did not always treat information about people's support needs as confidential.

The manager and staff approach was to promote independence and encourage people to make their own decisions, but people were not always enabled to do this.

Staff communicated effectively with people and treated them with kindness.

People were encouraged to maintain relationships with relatives and friends. Visitors were made to feel very welcome.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

Summary of findings

People's needs were assessed before they moved into the home, but some specific needs had not been identified and the care and support they needed may not have been provided.

People decided how they spent their time, and a range of activities were provided depending on people's preferences.

People and visitors were given information about how to raise concerns or to make a complaint.

Is the service well-led?

Inadequate 

The service was not consistently well-led.

The home was without a registered manager and there had been no clear leadership and support from the provider.

The quality assurance and monitoring system used by the provider had not identified areas for improvement.

People, relatives and staff were encouraged to provide feedback about the support and care provided

Freshford Cottage Nursing Home

Detailed findings

Background to this inspection

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

This inspection was unannounced and took place on the 28 September and 2 October 2015. The inspection was carried out by one inspector.

Before the inspection we looked at information provided by the local authority, contracts and purchasing (quality monitoring team). We reviewed the records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events with the service is required to send us by law. We also looked at the provider information return, which is a form that asks the provider to give some key information about the service, what they do well and any improvements they plan to make.

During the inspection 10 people told us about the care they received and we spoke with four visiting relatives and two friends. We spoke with 8 members of staff, which included maintenance staff, care staff, activity person, registered nurses, the administrator and the manager.

Some people were living with dementia and were unable to communicate their needs. We spent time observing the support and care provided to help us understand their experiences of living in the home.

We observed care and support in the communal areas, the midday and evening meal, medicines being administered and activities, and we looked around the home

We looked at a range of documents. These included assessment records, care plans, medicine records, staff training, recruitment and supervision records, accidents and incidents, quality audits and policies and procedures.

We recommended the provider should take into account the National Institute for Health Care Excellence (NICE) guidance 2014, Managing Medicine in Care Homes.

We recommend the provider should review the training programme, to ensure staff have the experience and skills to provide the support and care people need and want.

Requires improvement

Is the service safe?

Our findings

People told us the staff and manager provided the care they needed and that there were enough staff to look after them. People said, "I feel safe here and they make sure we are safe" and, "The staff know what I need. I can't get into the lounge on my own so they help me and keep me safe" and, "I only have to ring the bell and they are here to help me." Relatives felt there were enough staff. They told us, "I feel she is quite safe here and they look after everyone very well." "There are always staff in the lounge when we arrive." "Staff are always available" and, "Nothing is too much trouble." Despite people sharing positive views about how safe they felt we found that improvements were needed to make sure they were safe at all times.

People were at risk because staff did not always follow the guidance in the care plans. Risk assessments had been completed depending on people's individual needs. These included moving and handling with information about people's mobility, nutrition risk and specific dietary needs, waterlow assessments for risk of pressure damage and risk of falls. They were specific for each person and included guidance for staff to follow to ensure people's needs were met. The risk assessment for one person identified they were at risk of falls as they were unsteady when walking, and the guidance clearly stated staff should remain in the lounge to ensure they did not attempt to walk about unaided. However, staff had been allocated to support people in their own rooms and the nurse had left the lounge to give out medicines, which meant there were no staff in the lounge to ensure people's safety. The person at risk had a fall; procedures to check the person was uninjured were not followed and staff left the lounge when the person was sitting comfortably in their chair, which meant they continued to be at risk. Staff did not demonstrate an understanding of the importance of following risk assessments, which meant people may be at risk of harm.

The provider had not safeguarded the health, safety and welfare of people living in the home by ensuring there were safe systems in place to support people at risk. This was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

People told us they had the medicines they needed. One person told us, "They know when I need my medicines and nurses give them out when they are due." However, the systems for giving medicines to people were not always safe. The guidelines for the administration of 'as required' medicines (PRN) were not consistently followed. The reason for giving PRN medicines should have been recorded on the medicine administration record (MAR) and this was not completed on the MAR we looked at.

Staff did not follow current guidelines regarding the covert administration of medicines, which may be used when people refuse to take prescribed medicines that are essential for their wellbeing. With the agreement of the GP staff may add medicines to meals or drinks, without people's knowledge. Staff at Freshford Cottage had given medicines to a person, without their agreement or the involvement of the GP, although they were prescribed and staff felt they needed them.

We recommend the provider should take into account the National Institute for Health Care Excellence (NICE) guidance 2014, Managing Medicine in Care Homes.

Medicines were given to people by a registered nurse. A drink was provided and the MAR were signed after people had taken them. People were asked if they were comfortable and if they needed anything for pain. Medicines were stored in a locked trolley in a locked room; a fridge was available for medicines that required a specific temperature, and checks ensured that the temperature was appropriate, so these medicines remained fit for use.

People and staff told us there were enough staff working in the home. People told us, "We don't usually have to wait long for staff if we call them" and, "I think there are enough staff, they are sometimes very busy but always willing to help me." Staff said they were able to provide the care and support people needed and covered for each other for holidays or sickness. Relatives told us they had noticed the changes in the staff team. Although they had no complaints they felt some staff were still learning and more staff were needed so that they were not so rushed and had time to spend with people. The manager said there had been several changes in the staff team and they were continuing to advertise for nurses and care staff. Some staff had left and a number of bank staff, who covered when permanent staff were not available, had been offered permanent posts and had accepted. The manager said the staff team itself had been re-assessed and care staff with experience and national vocational qualifications (NVQs) had been employed to lead the care staff team to ensure they were

Requires improvement

Is the service safe?

allocated appropriately and people received the support they needed and wanted. The manager said the changes were ongoing and the aim was to have a team of staff, care staff and nurses, who had a good understanding of people's needs and the support and care they needed. A system to assess how many staff were required to meet the needs of people living in the home had not been used to review staffing levels. The manager had been looking at the systems used by other homes to find one that ensured the staffing levels were assessed correctly, were flexible, and based on meeting people's needs.

Recruitment procedures were in place to ensure that only suitable staff worked at the home. We looked at the personnel files for three staff. There were relevant checks on prospective staff's suitability, including completed application forms, two references and evidence of their residence in the UK. A Disclosure and Barring System (Police) check, which identify if prospective staff had a criminal record or were barred from working with children or adults, had been completed for all staff. Systems were in place to check nurses were registered with the Nursing and Midwifery Council (NMC) and therefore able to practice as a registered nurse. This meant they had the correct registration to provide nursing care.

As far as possible people were protected from the risk of abuse or harm. Staff had received safeguarding training; they understood the different types of abuse and described the action they would take if they had any concerns. Staff had read the whistleblowing policy and stated they would report any concerns to the nurse on duty and the manager. If they felt their concerns had not been addressed to their satisfaction they would contact the local authority or CQC. Staff said the contact details for the relevant bodies were available in the office and they could all access these if they needed to. Staff told us they had not seen anything they were concerned about and were confident if they did action would be taken. Relatives said people were supported in a safe way to be as independent as possible and they had not seen anything of concern. The manager had followed the safeguarding procedure regarding a fall by referring this to the local authority.

Accidents and incidents were recorded. Staff said if an accident or incident occurred they would inform the nurse on duty and an accident form would be completed. Due to a fall, this form was provided by the regional manager during the inspection. Information about the accident was recorded and staff discussed what happened and how they could reduce the risk of it happening again.

The home was clean and well maintained. People had personalised their rooms with ornaments and furniture of their choice. Records showed equipment was checked regularly including the lighting, hot water, call bells and electrical equipment. The fire alarm system was checked weekly and fire training was provided for all staff and training records showed they had all attended. External contractors maintained the lift, electricity supply and kitchen equipment, and if there were any problems staff were able to access their contact details.

There were systems in place to deal with unforeseen emergencies. Emergency evacuation plans were in place for each person with clear information about how much support people needed and what action staff should take. Staff were aware of the emergency evacuation plans and felt confident they could follow them. Staff told us a senior member of staff was always on call and they felt confident support would be available if they needed it.

Requires improvement

Is the service effective?

Our findings

People felt the staff had a good understanding of their needs. They said, "Staff know how to look after us" and, "They know exactly what help I need." One relative said, "The staff working here are very good, they know what to do and they enjoy looking after people which is essential really in a care home." People told us staff asked for their consent before they provided support. One person said, "They ask if I want to have a wash and get up, and if I want to stay in bed longer they leave me until I am ready." People generally liked the food provided. They said, "It is ok most of the time. One of the chefs is better than the other and we don't have many choices" and, "The food is very good and they ask what we want to eat." Relatives said there were choices at meal times and their family members enjoyed the food.

Staff had attended training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and they had a good understanding of their roles and responsibilities. Staff said, "I think everyone living here can make some decisions and we always ask for their consent before we do anything." "I think all of the residents can make decisions. Like when they get up, what they want to eat and if they come down to the lounge or not. Although some people are nursed in bed because they are not well enough to get up." "Some people's capacity to make decisions has been assessed and applications have been sent in to the local authority for their authorisation to support people" and, "We can't make decisions for people. If we think they are unable to decide for themselves we talk to their GP, relatives and the local authority, so the right safeguards are put in place to keep people safe without restricting them. Like bed rails so people don't fall out of bed."

However, some of the MCA assessments had not been completed appropriately and DoLS applications had been submitted to the local authority when they were not needed. An application had been made for the use of bed barriers for one person under DoLS; their assessment had stated they did not have the capacity to agree to their use to protect them from falling. However, the person understood that the bed barriers ensured they were safe when in bed and had signed the form agreeing to their use.

The manager said they were aware mental capacity assessments had not been carried out correctly and they had been reviewing them as part of the overall review of the care plans.

Staff told us they had had some supervision, although not for several months, and the supervision tracker showed it had not been provided on a regular basis since 2014. The manager said a supervision programme was in place, but had not yet been implemented. However, staff felt the manager was very supportive. Staff said, "The manager has an open door policy and we can talk to her at any time." "The manager is very good, always around on the floor to see what is going on, which is very good and gives us confidence that she knows how we are looking after people" and, "The nurses are also always available to talk to and get advice and help if we need it."

Staff had not yet attended equality and diversity training, but they had a good understanding of the issues and their implications for the people they were supporting. Staff told us, "This is their home, we are here for them to make sure they can live as independently as possible." "We have a good understanding of what each resident likes or dislikes, where they want to sit in the lounge and what they want to do." "One lady likes to wear nail varnish and she chooses the colour and we paint her nails for her. It is really nice to spend time just sitting and talking to people" and, "We know that some people like to watch specific DVD's and we can set them up so they can enjoy their time, even if they are in bed."

People felt staff were competent and had a good understanding of the support they wanted. One person said, "They do quite a lot of training and seem to keep up to date with everything, especially the support we need." Staff told us about the training they had attended and if they wanted to do anything else they had asked the previous manager and it had been arranged. Staff were encouraged to work towards national vocational qualifications (NVQs), some staff had completed this to level 2 and 3 and other staff hoped to start the training. The training records showed staff had attended relevant training including infection control, moving and handling, health and safety and safeguarding. Additional training to support people with specific support needs was provided, such as supporting people with diabetes. However, some

Requires improvement

Is the service effective?

people in the home were living with dementia and Parkinson's disease and specific training had not been provided. This meant people may not have received the support and care they needed.

We recommend the provider should review the training programme to ensure staff have the experience and skills to provide the support and care people need and want.

All new staff underwent a formal induction training period. Staff records showed this process was structured around allowing staff to familiarise themselves with policies, protocols and working practices. The manager said all new staff would be expected to work towards the Skills for Life Care Certificate. The Care Certificate familiarises staff with an identified set of standards that health and social care workers adhere to when they provide support and care. Staff said when they first started working in the home they had worked with more experienced staff until such time as they were confident to work alone. They felt they worked in a safe environment and were well supported. One staff member told us, "I like working here very much. We work well as a team and the manager is very involved in decisions about the support we provide." Another member of staff said, "I think we are able to provide the support and care people want and need and I think it is a lovely home to work in."

Staff did not always ensure people ate a nutritious diet. One person nibbled the top of the sandwiches they had been given for supper and was given a hot drink in a plastic beaker with a spout on the lid so that fluids were not spilt. This person was not at risk of spilling fluids and was able to drink from a beaker or cup, and although they had not eaten the sandwich they were not offered an alternative meal. Staff said the person usually just nibbled the top of sandwiches and when asked what action was taken to ensure they had an appropriate diet they told us they offered biscuits. People felt the meals varied and some were much better than others. There was a menu with a variety of meals and puddings, but the chef and manager said this was being reviewed as people had raised issues about the choice of meals provided. The manager said, "Some of the meals are very popular and others are not really wanted so we need to get together with people living here and, if necessary their relatives, to make sure we offer them food that they like and want."

We saw staff asked people what they wanted to eat at lunchtime, drinks were offered throughout the inspection and the chef and staff said snacks were available at any time. The staff were aware of people's preferences and the chef had a good understanding of people's needs and their likes and dislikes. The lunchtime meal was prepared and presented in relation to individual needs, with mashed, pureed and cut up food provided as required, and if people did not like what was available staff said they could have something else. People sat at the dining table, in the lounge area using a small table or their own rooms. Tablecloths and individual trays and cutlery, with drinks and condiments were available. The atmosphere was relaxed and people were comfortable sitting together in the lounge and dining room. One person said, "It is a nice social time, we can talk or not depending on how we feel and we support each other. She needs reminding to eat and we can do this while we sit together." Some people needed assistance or prompting with meals and this was provided. Staff said they would notice if people were not eating and drinking as much as usual and would report this to the nurse or the manager and they were confident GPs would be contacted if there were concerns. People were weighed monthly and records were kept to ensure staff were aware of any weight loss or gain. Relatives felt the food was good and people could have what they wanted. One relative said, "Some people need assistance and staff are there to help them, which is very good to see."

People had access to health care professionals as and when they were required. These included the continence nurse, Parkinson's nurse, dietician, dentist, optician and chiropodist. People and relatives said GPs visited the home when they were needed and staff felt they could contact them if they had any concerns. The care plans were updated following visits with changes to support recorded and included in the handover at the beginning of each shift. Advice had been sought from the Speech and Language team with regard to people's swallowing difficulties. There was guidance in the care plans for staff to follow with regard to the use of thickener for fluids and meals that were suitable to each person's needs.

Requires improvement

Is the service caring?

Our findings

People gave us positive feedback about the caring nature of staff. They said, "The staff look after me very well, they let me do what I want to do even though I need help." "I am quite happy here, I have everything I need" and, "The staff are very helpful, they know how to look after us."

Relatives and friends thought staff went out of their way to support people. One relative said, "People are very well looked after, everyone needs something different and staff make sure they have what they need." A friend told us, "People are really well supported, I can see the staff know what people need and they provide it."

Staff regarded information about people as confidential and they had been given a copy of the home's confidentiality policy. They said they did not discuss people's needs with other people or in a communal area of the home, where visitors or relatives may hear. Staff said, "Information about resident's is completely confidential and we never talk to other people about them" and, "If relatives ask we might say people have had a good day, but if they want to know anything else we refer them to the nurse or the manager." However, we heard staff talking about one person, who remained in their room, as they stood in the small lounge near the entrance to the home. They discussed how they supported the person and this could be heard by anyone sitting nearby. This is an area of care that needs to be reviewed and improvements made.

We saw people were treated with kindness and compassion. Staff were caring and patient when they asked people if they needed assistance and when they supported people to move around the home and transfer from wheelchair to armchair using hoists. People were asked if they had a preference for male or female staff and as far as possible respected their choices. One person said they had been asked if they wanted to share a room and said they were comfortable sharing the large room. Conversations between people, relatives and staff were friendly, people were relaxed and comfortable in the lounge and their own rooms. There was laughter and joking as people were assisted with activities and when staff spent time sitting and talking to people. One person did not take part in the activities although it stated in their care plan that they were sociable and liked to do activities. Staff said they were always asked them if they wanted to join in and usually they refused. However, it was not clear if they had chosen not to take part, or they had not been given the opportunity to do so, because their verbal communication was not always clear and staff may not have understood what they wanted to do. This is an area of care that needs to be reviewed and improvements made.

Staff said they respected people's privacy and dignity. They knocked on each person's door and asked for permission to enter before they walked in. People thought this was very nice and showed how much staff cared about them. People felt they were treated with respect and staff made sure when they were supported with personal care that doors were closed and other staff knocked and asked if they could enter before they walked in. One person said, "They always make sure things are done in private." People said they were supported to make choices about their appearance, they told us staff asked them what they wanted to wear and assisted them with their clothes and putting on jewellery and make up. One person told us, "I have my hair done regularly, which always makes me feel better, she is very good."

People said staff understood their needs and provided the care they needed and staff felt they knew people's preferences and had a good understanding of their lives before they moved into the home; their interests and hobbies, and people who were important to them. Staff told us, "We have to understand how people like to spend their time so that we can offer them the right choices." "People like to do something different each day and they decide what we do" and, "We are here to provide the care and support people want and it is different every day, because it is about offering choices and planning our work to meet each resident's needs."

Staff demonstrated an understanding of people's care and support needs when they were unable communicate verbally. For example, if they were living with dementia. Staff said people who were unable to tell them what they wanted were encouraged to make choices about where they sat in the lounge and their meals. Staff used good eye contact when speaking with people living with dementia and providing support with personal care. They were patient, the caring was unrushed and staff waited for people to respond before they provided support.

People said they could have visitors at any time. Relatives said, "They offer good care here, you couldn't get better." Relatives and friends said staff let them know if people needed anything, such as clothes or toiletries and a friend

Requires improvement

Is the service caring?

told us, “I don’t visit very often but I can see that the staff look after people very well. The home has a really good atmosphere, with friendly staff. I was made to feel very welcome and they asked me if I wanted a drink straight away. Staff knew relatives and friends. They welcomed them to the home, asked them how they were and staff let them know where the person they were visiting was in the home.

People’s future wishes were recorded in the care plans. These showed that people wanted to remain in Freshford Cottage if their needs changed and one care plan stated the person did not want to be admitted to hospital for treatment. Staff had a good understanding of how to support people when their needs changed and people and relatives had been involved in end of life support plans when required.

Requires improvement

Is the service responsive?

Our findings

People felt staff understood their individual needs and provided support and care specifically to meet them. One person said, "We all have different needs and staff understand this so we have different support and care." A relative told us, "The staff know what care she needs and they let me know if anything has changed." People were positive about the activities provided and the activity person supported them to do group and individual activities. People told us they enjoyed the activities and could choose when to join in. A complaints procedure was in place, people and relatives said they would talk to staff if they were not happy with anything.

However, despite the positive comments about the care and support provided we found some people's needs were not met. One person sat in a chair separately from other people and behind another person's chair. Staff said their behaviour was difficult to manage at times; they were noisy, did not always respond to staff interaction and also threw things around or at other people. We observed that staff interaction with this person was limited and usually only when care and support was being offered, such as providing drinks and meals. Their care plan had identified the changes in behaviour, but there was no information about possible triggers to the behaviour, how the person should be supported to reduce its occurrence, or what action staff should take to ensure other people or staff were not injured if things were thrown around the room. This meant people may not receive the support and care they need.

One person asked us to sit them up more in their bed as they had difficulties swallowing. We informed staff and returned when staff had attended them, but the person told us they still needed to sit up more. We heard care staff ask the nurse if there was anything they could do, in addition to using pillows and raising the head of the bed, they both agreed they were not able to improve the person's position in bed. This meant the person continued to be at risk when eating and further specialist advice needed to be sought for this person.

The provider had not safeguarded the health, safety and welfare of people living in the home by ensuring there were safe systems in place to support people at risk. This was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The manager said people's needs had been assessed before they moved in to the home to ensure they could provide appropriate support and meet their individual needs. A relative said, "They came to see me and asked questions about her health to check they could look after her, which was very good. And they are looking after people very well." Another person said, "I don't remember moving in, I wasn't very well, but I am comfortable here and have everything I need." The information from the assessments was used as the basis for the care plans.

The care plans we looked at contained some information about people's individual needs and how these could be met, and there was evidence that people and their relatives had been involved in developing these. They included risk assessments with details of the preventative measure that were in place to keep people safe. For example air mattresses to prevent pressure sores with the setting recorded. Mobility and the support people needed to move around the home with the assistance of staff using hoists, stand aids and wheelchairs. Communication, mental capacity assessments and lifestyle choices were also recorded. However, some of this information was not correct, the care plans did not show that people's views and opinions were central to the decision making process and there was no evidence that they included appropriate guidance to ensure people's needs were met. For example, in one care plan it stated 'due to the person's frailty and mental health they are unable to communicate their needs and wishes', although it also stated they can make their wishes known and staff should use short clear sentences and wait for a response. One person made involuntary movements due to neurological changes, but there was no information in the care plan for staff to follow to ensure they had a clear understanding of the person's needs and how to meet them. In another person's care plan it stated the person had 'impaired vision', but there was no guidance for staff to follow to provide appropriate support and ensure the person was able to make choices and participate in activities. This meant staff did not have accurate information to use when planning or providing support and care, which may have affected people's wellbeing. This is an area of care that needs to be reviewed and improvements made.

Staff said they provided individualised care and enabled people to be independent and make choices. People felt they were involved in decisions about the care and support they received. They told us, "Staff ask us what they can do

Requires improvement

Is the service responsive?

to help us and they listen to what we say" and, "I feel involved in how staff look after me, they always ask if everything is ok." Relatives said staff always checked with them about the support provided and listened to any suggestions they had about their family members care needs and how these could be met. One relative said their family member liked certain foods and activities, staff were aware of these and ensured they were provided. Another relative told us, "Staff know how to support my relative, we are involved in decisions about the care and they always ring us up if anything changes."

People were positive about the activities provided. An activity programme was in place on weekdays, although activity staff said this was very flexible and changed as and when people wanted to do something else. The programme included art and craft sessions, games including bingo, puzzles and films. Activity staff kept a record of the activities provided, the people who participated and if this had been a group or individual activity. A number of people chose to remain in their rooms and time had been allocated on the activity programme for activity staff to spend with them to reduce the risk of social isolation. People said they liked most of the activities and were able to choose if they wanted to join in and, although there were no organised activities at weekend's people did not feel this was a concern.

People told us they did not really have anything to complain about, but felt they were listened to when they did raise issues. People said they were confident about talking to staff if they had any worries. One person told us, "I had to raise a complaint and the manager investigated it."

There was a clear complaints procedure which was displayed on the notice board in the entrance. Information about making a complaint was included in the statement of purpose, which was given to people and their relatives when they moved in, and was also available in each person room. The manager said complaints were recorded with actions taken to address them and the outcomes of the investigations. Records confirmed that complaints were investigated and resolved in accordance with the home's policy. People found staff approachable and several people said the manager was very nice and one person told us, "I think they would listen to me if I wanted to discuss any issues."

Inadequate

Is the service well-led?

Our findings

From our discussions with relatives, staff, the manager and our observations, we found the culture at the home was open and relaxed. Support focused on encouraging people living at Freshford Cottage to make choices and although people said the staff provided the support they needed, we found that some people did not receive appropriate support and care. Relatives felt their family members were well cared for and that they staff were very good. However, they were concerned about the changes in management and staff, and felt they had to wait and see, "How things work out following all the changes."

A registered manager had not been in place at Freshford Cottage since August 2014. The current manager had been employed to manage the home on a day to day basis five weeks prior to the inspection and they said they were putting in an application to register as the manager with CQC. They were aware that there had been no managerial leadership at the home for some months and there was no evidence the provider had offered appropriate support. There were no clear lines of accountability. Staff were aware of their roles and responsibilities, but said each time a new manager started they made changes to the care plans and how support was provided. This meant they did not have clear guidance to follow to ensure they provided the care people needed and wanted. One staff member said, "The work routine is not good at the moment, some improvements are needed so that it is better organised and flows with all the staff working together. That is the nurses and carers."

Following the inspection we were told the manager was no longer managing the home and the provider had taken on the day to day responsibility for managing the home. The provider said they were now aware of the improvements that were needed to ensure that people received the care and support to meet their needs. They told us the staff team had been reviewed and they were recruiting for more nurses and a manager.

The quality monitoring system was not effective, it had not identified areas where improvements were needed, which may have affected the care provided. The manager said there were regular management meetings with the provider and the minutes identified what changes were being introduced, such falls assessments, the use of waterlow scores for people who were not mobile and at risk of pressure sores and guidance for managers to be prepared when CQC carry out inspections. However, there was no evidence that issues we found during the inspection had been identified; such as the inappropriate use of covert administration of medicines; meeting people's nutritional needs and the lack of clear information and guidance in the care plans and daily records. The manager was aware that the monitoring system was not as effective as it should be and had discussed this with the provider.

The provider did not have an effective monitoring and assessment system in place to ensure that people were protected against inappropriate and unsafe care and support. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager said that the information in the care plans did not inform staff about people's individual needs and each one would need to be reviewed and updated with people and their relatives, if necessary. This would ensure people's needs had been identified and were linked to guidance for staff so that people received appropriate support and care. They had developed an action plan to streamline the care plans; to include Communication Life Books with information about their lives, interests and hobbies and relatives, so that they could be made more personalised.

Staff recorded the care provided in daily records. Staff said they wrote these at the end of each shift and we saw staff completing them after lunch. These records showed that people had been assisted to wash and dress and if they had had enough to eat and drink. They did not show how staff enabled people to make choices, if they had taken part in any activities and, if not what else they done. We saw that staff sat with people talking and joking, one person had her nails manicured and another was assisted to go outside for a cigarette, but these were not recorded in the daily records. The records did not reflect the actual support we saw staff provide.

The provider did not maintain secure and accurate, complete and contemporaneous records in respect of each service user, including a record of the care and treatment

Inadequate

Is the service well-led?

provided to the service user and of decisions taken in relation to the care and treatment provided. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager said they had identified gaps in the MAR when they first started managing the service and the minutes from the team meeting showed this had been discussed with the nurses. To address this staff were now required to check the MAR when they were giving out medicines to identify any gaps, which were then reported to the nurse responsible and the manager. The manager said staff were still getting used to the new checking system and they continued to audit the records weekly.

All of the staff said they enjoyed working at Freshford Cottage. One member of staff said, "I like working here very much, it has a lovely atmosphere and we work really well as a team to support people." Staff told us they had not had regular meetings, but the new manager had held two meetings in September for nurses and care staff, and they had been told a programme of meetings had been developed and they expected them to start soon. The minutes from the meetings showed that staff were encouraged to participate. Care staff discussed how staff could be allocated to ensure appropriate support was provided and nurses looked at the new care plan format with the manager, as well as the issues identified regarding medicines. Staff told us the manager was approachable and direct, they felt they were treated fairly and any concerns with their practice were raised and discussed openly with guidance about how they could improve their practice. For example, the manager discussed one person's fall with the nurses and asked why there were no staff in the lounge to protect people and what action they would take to prevent a reoccurrence. However, following the inspection we were told staff felt the management of the home did not support them to provide appropriate care and support for people living at Freshford Cottage, and their concerns had been discussed with the provider.

People felt they were involved in planning their care and that staff provided the support they needed. Satisfaction questionnaires had been given to people and their relatives, six had been completed and the responses were positive. The feedback was that the atmosphere in the home was good and there were no complaints about the environment.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment. The provider had not safeguarded the health, safety and welfare of people living in the home by ensuring there were safe systems in place to support people at risk. Regulation 12 (2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safeguarding service users from abuse and improper treatment. The provider had not safeguarded the health, safety and welfare of people living in the home by ensuring there were safe systems in place to support people at risk. Regulation 12(1)(2)(a)(e).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. The provider did not have an effective monitoring and assessment system in place to ensure that people were protected against inappropriate and unsafe care and support.

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
	Regulation 17(2) (a) (b).
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance The provider did not maintain secure and accurate, complete and contemporaneous records in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation 17(2) (c).