

PSP Healthcare Limited

Frome Care Village

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 16 and 17 September 2015 and was unannounced.

Frome Care Village is registered to provide nursing care for up to 60 older people. There are two separate units: The Parsonage provides support and nursing care for people living with dementia and Woodlands for people who need nursing care because of physical health needs. At the time of our inspection Woodlands was closed for building and refurbishment work. People who had lived in Woodlands had moved to The Parsonage during the period of work.

Since our last inspection as part of the improvements made by the service The Parsonage has been divided into four separate and distinct "houses". Wood house provides

personal and nursing care, Wells House provides care for people with early onset dementia, Catherine House and Somerset House provides care and support for people who have later stage dementia.

There is 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 and associated Regulations about how the service is run.

Summary of findings

Some people were restricted through the use of equipment such as pressure mats, bed rails and bucket chairs. There was a failure to ensure people's rights were protected and decisions made for the use of such equipment was in their best interests.

We noted comments made by people who had moved temporarily to The Parsonage about the lack of communication about possible return date and progress of the refurbishment. This reflected a failure by the registered manager and provider to ensure people were fully informed and updated about returning to their accommodation at The Woodlands.

Improvements have been made in the staffing arrangements of the service which has led to a safer and more responsive service. People told us "There are always staff around if I need a hand." and "The staff are there when I need them."

The provider had improved their practice in responding to possible safeguarding incidents and revised their policy so it is clearly stated the responsibilities of staff when they had concerns about possible abuse.

Staff understood and demonstrated an understanding of what could be considered abuse and told us they would report any concerns to the registered manager or other organisation under whistleblowing arrangements.

People told us they always received their medicines when they were needed. One person told us "I get my tablets at the right time they make sure I take them as well." There were the appropriate arrangements for the storage, management and administration of medicines.

Arrangements were in place to protect people in the event of an emergency and also identified potential risks to people's health and welfare and how they could be alleviated.

There had been substantive and significant improvements in the environment of the home including the establishing of "houses" which reflected the particular needs of people living with dementia. All parts of The Parsonage had benefited from on-going redecoration and refurbishment.

There was a calmer, more relaxed atmosphere in the service with people being "happier" and "calmer". People were benefiting from this calmer atmosphere through less agitated or distressed behaviour and improved interactions between people and staff.

People told us they could make choices about their daily routines and how they spent their time. One person said "It is up to me what I do staff respect it is my choice." Staff demonstrated an understanding of people's right to make their own choices as well as how decisions could be made in people best interest.

There were inconsistencies in ensuring the effective management of the care needs of people who had diabetes specifically those who were diet controlled. We have recommended the service consults guidance about supporting people who have diabetes.

People had access to community health services as well as specialist services for people who had complex or specific needs such as those related to nutritional or mobility.

There was evidence through care plans, daily records and conversations with people and staff how care was responsive to people's needs. Staff had identified changes in people's health and made referrals for specialist advice and support.

Staff received regular one to one supervision and training to ensure they had the necessary skills to provide safe and effective care.

People told us they found staff "Caring and kind" and "I have lived here some time and never found fault with the care. It is absolutely brilliant." A relative told us "Staff are compassionate and considerate." During our inspection we observed staff supporting and assisting people in a caring and sensitive manner.

Changes were being made in how activities were being provided. There was increasing focus on individual meaningful activities although there were mixed views from people about the quality of the activities.

Staff spoke positively about the supportive and open approach of the registered manager. The registered manager was making improvements in ensuring people received person centred care which recognised the importance of staff and people interacting in a valued and empowering way.

Summary of findings

Staff told us how morale had improved with better team working and one staff member told us “There have been a lot of changes they are all for the better.”

Improvements had been made in the quality assurance arrangements with new care planning arrangements to

support quality assurance monitoring. New incident reporting procedures had been put in place and audits had identified small improvement in the number of incidents and falls over a three month period.

We found one breach 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?

The service was safe.

Staff were available to support and assist people in a timely manner.

People felt safe living in the home and staff were aware of their responsibilities to report any concerns about possible abuse.

The arrangements for the management and administration of medicines were safe.

There were safe arrangements for the management of risk to people's health and welfare.

Good



Is the service effective?

The service was not always effective.

People's rights were not being upheld where restrictive practices were being used.

There was a failure to ensure decisions about the use of restrictive practice were being taken within the framework of the Mental Capacity Act 2005.

The environment promoted the welfare, wellbeing and safety of people living with dementia.

Staff received the necessary training and supervision so they could perform their duties effectively and people received effective care.

Requires improvement



Is the service caring?

The service was caring.

People were supported by caring and professional staff.

People's dignity and privacy were respected and promoted by staff.

There was a more caring approach resulting in an improvement in people's well-being and behaviour.

Good



Is the service responsive?

The service was responsive.

Staff were responsive to people's changing care needs.

Care plans provided person centred information about people's health and social care needs.

Requires improvement



Summary of findings

Efforts were being made to provide flexible and individualised meaningful activities.

Is the service well-led?

The service was not always well led.

There was a failure to ensure people were fully informed about the refurbishment of The Woodlands specifically the progress of work and timescale of people returning.

The registered manager had a clear vision of the how the service could be improved and promoted a person centred, open and supportive culture.

There were comprehensive quality assurance arrangements in place.

Staff spoke positively of the supportive and approachable registered manager and the improvements that had been made to the quality of care.

Requires improvement



Frome Care Village

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 was planned to check 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 took place over two days 16 and 17 September 2015.

The inspection team consisted of two adult social care inspectors and a nurse specialist. During our inspection we spoke with nine people who lived in the home, four visitors, two healthcare professionals and thirteen members of staff. We observed care and support in communal areas, spoke with some people in private and looked at the care records for nine people. We also looked at records that related to how the home was managed, such as audits designed to monitor safety and the quality of care.

Before our inspection we reviewed all of the information we held about the home, including the provider's action plan following the last inspection and notifications of incidents that the provider had sent us.

Is the service safe?

Our findings

We last inspected this service in December 2014. We found the arrangements for people being able to call for assistance and staffing ability to respond promptly were not safe. This was because of a lack of call bell control points. Following the inspection the provider sent us an action plan which set out the improvements they intended to make. They told us these would be completed by September 2015.

We saw improvements had been made in the provision of a call bell system with additional control points being installed in The Woodlands and parts of The Parsonage. This meant staff were able to hear call bells being rang and so were more able to respond in a timely manner to requests for assistance.

At our last inspections we had found the registered manager at the time had failed to notify the Care Quality Commission of safeguarding incidents as set out in regulation. We noted the provider's safeguarding policy had been reviewed since our last inspection. The policy now stated how named individuals are responsible for referring any concerns about suspected abuse to Somerset Safeguarding. The policy also stated how the individuals "Have a legal duty to inform the Care Quality Commission by using the statutory notifications system" of any safeguarding referral." Since our last inspection we have been advised by the provider of any safeguarding concerns through the notifications system. The registered manager has also responded professionally and within a reasonable timescale to concerns we had received. This had been an area for improvement following our last inspection.

We observed staff responded promptly to people who required support or assistance. Staff reassured people who were agitated or distressed. On one occasion a member of staff assisted a person to their room because they were unsure where to go. On further occasions staff were available to sit with people and undertake an activity. Staff checked on people who were in their own rooms as well as supporting people in communal areas. One person said "There are always staff around if I need a hand."

Staff spoke positively about the staffing arrangements of the home. The new arrangements meant each house was staffed by the same team which meant a greater consistency of care by staff that had a more thorough

knowledge of people and their care needs. They told us how the new "houses" arrangements meant "Staff work much better" and "Matched staff skills and abilities." One staff member told us "The staffing level is better, people are a lot calmer." Records of worked staff rotas showed consistent staffing of the different areas of the service.

People told us they felt safe living at the home and with the staff who supported them. One person said "I've always felt very safe here. If I was worried about anything I would say." Another person said "I would say it's a safe place. No staff have ever upset me. I've never had any regrets about moving here, not one."

People said nurses gave them their medicines. Some people understood what medicines they took and what they were for. One person said they took medicines for a specific condition which they had for many years. They said their GP had changed medicines and dosages "Over the years and got it about right now."

People said they always received their medicines on time; they could request additional medicines, such as pain killers or cough mixture, if they needed them. One person said "The nurses give me my medicines. I take them every day. They always give me them on time."

We looked at the arrangements for the administration and management of medicines. The medicines were being stored in a secure room. There were adequate storage facilities for medicines including those that required refrigeration or additional security. We checked records of stock against actual stock and found they were correct. This meant there were secure and safe arrangements for the management of medicines.

One person required medicines to be given covertly. This is where, in the best interests of the person who lacked capacity and for their health and welfare, medicines were given without their knowledge. There was a covert administration plan which showed how the decision had been reached and with appropriate people being consulted as part of this best interest decision.

Risks of abuse to people were minimised because there was a robust recruitment procedure for new staff. This included carrying out checks to make sure they were safe to work with vulnerable adults. Recruitment records confirmed appropriate checks had been undertaken before

Is the service safe?

staff began working at the home. We saw that Disclosure and Barring Service (DBS criminal record) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer.

There were personal evacuation plans for each person living in the home. These identified the needs of people in the event of an emergency such as a fire or the home needed to be evacuated. There were arrangements for people to be accommodated at another care home if the home needed to be evacuated. There were plans to have a "Fire Grab" box so all the required documents and equipment were available in one place.

There were risk assessments relating to the running of the service and people's individual care. They identified risks and gave information about how these were minimised to ensure people remained safe. These included assessment of people's risk of developing pressure sores, risk of malnutrition and risk of falls.

There were specific risk assessments in place related to people's mental health. These identified people's ability to understand information given to them and how staff were to communicate or engage with people.

Is the service effective?

Our findings

When we last inspected this service in December we found that whilst some improvements had been made to the environment of the Parsonage further improvements were needed. There was a need for re-decoration of some parts of the home particularly on the first floor of the parsonage. There were further improvements needed to ensure the environment met the needs of people living with dementia and were “dementia friendly”. There were also improvements needed in the training and supervision of staff. Following the inspection the provider sent us an action plan which set out the improvements they intended to make. They told us these would be completed by September 2015.

There had been significant improvements in the decorative state of all parts of the Parsonage. All of the rooms, communal areas and corridors had been decorated. Previously many areas were dark and in poor decorative state. However following these improvements these areas were brighter as a result of decoration and improved lighting. In each of the “houses” kitchenettes had been installed. Imaginative efforts had been made to distinguish one “house” from another through the use of brick pattern wallpaper. Doors to areas outside of the particular “house” had been decorated to blend in with the surrounding wall. Plans had been made to continue these efforts through use of bookshelves or continuation of wallpaper across the door areas. This could support people in relieving disorientation and restlessness. In Wood House a sensory area had been created to provide a more relaxing and sensory experience for people. In Wells House a pub had been created for the use of people including one person in the house who had previously been a pub landlord. This meant the service had made substantive improvement in providing a dementia friendly and appropriate environment.

The service had appointed a member of staff whose specific responsibility was to review Mental Capacity Act 2005 (MCA) and DoLS arrangements in the home. We spoke with this person and the registered manager about the actions they had taken to meet the requirements of the MCA. They told us a number of DoLS applications (Ten in May 2014 & five in May 2015) had been made. Other than one not being granted no assessments had been made by the supervisory body or decisions made regarding the

remaining applications. The registered manager was unable to tell us of the status of the outstanding applications as they had not spoken with the supervisory body about the delays. This meant the persons concerned were being subject to restrictions and possible deprivation of their liberty without proper authorisation.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals where relevant.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely.

There were people where their care plan indicated restrictive practices such as use of “bucket” chair which restricts mobility and movement, use of a room monitor, use of pressure mats and bed rails. Some people may require such measures to be taken even though they were not under a DoLS authorisation. These measures can be taken as part of best interest decision. We were told by the registered manager they were in the process of reviewing best interest arrangements and where people should be subject to best interest decisions.

One person who lacked mental capacity was using a “bucket” chair. There was no record of best interest decision made in regard to its use. This had been raised by a visiting professional as to a possible requirement for a DoLS. This meant there was no effective system to ensure best interest decisions were taken to protect people’s rights.

There was an individual measurement restriction tool (IMRT) being used by the service to make a judgement about the need for DoLS. This was based on an assessment of the level of restrictions: minor, moderate, major, to indicate priority of applications. Highest priority which would result in application being major priority. A visiting professional had commented how the use of restrictive equipment for one person could form part of a DoLS application. The registered manager had assessed this using the IMRT tool and the score was 67% indicated to

Is the service effective?

them a DoLS application was not a priority at the present time. This meant this person's movement was being restricted without proper authorisation or involving others to ensure it was in their best interests. In the same document in response to another person about their need to be the subject of a DoLS: "The IMRT score of 50% indicates there is no requirement for a priority DoLS application." This further demonstrates how the service was not acting in a robust and appropriate way when actions taken fall within the MCA.

The failure to ensure robust and effective arrangements were in place to protect people's rights as upheld by the MCA is a breach of Regulation 13 of the Health and Social Care Act 2008 Regulations 2014.

People told us they could make choices about their daily lives and routines. They told us they could choose what time to get up, how they spent their day, what meals they had and what time they went to bed. One person said "You do get a choice. They [the staff] never rush you. I never rush to get up and I go to bed when I want. Staff are always about." Another person who was in bed later in the morning told us "I wanted to stay in bed, it is not a problem." Staff demonstrated a good understanding of the importance of people making choices. One told us "If someone can make a decision it is their choice." Another said "If someone can't make a decision we can make it in their best interest." Other staff who had also completed MCA training were able to tell us about the act and DoLS.

We spoke with staff about training they had received. They told us they had received mental Capacity Act (MCA) training and some had received four days training about dementia. All spoke of improved training opportunities. Records confirmed how staff had completed core skills training i.e. safeguarding, infection control, moving and handling and infection control. For new staff there had been an induction which consisted of a one day comprehensive introduction to the home with a continued induction and completion of care certificate. There were policies in place setting out arrangements for education and training and completion of the Care Certificate. We saw evidence of staff undertaking the care certificate which is module based learning. The Care Certificate is a qualification of professional development. This meant care would be provided by skilled and trained staff.

Staff had a good knowledge of people's needs. They were able to speak about how they cared for each person to

ensure they received the effective care and support they needed. People spoke highly of the staff. One person told us "The staff are first class." Nothing is too much trouble." Another person said "The staff are good. You always see the same staff. They know you and what care you need."

People said they had access to healthcare professions and records confirmed visits to the home by optician, podiatrist, dentist and other healthcare professionals. One person told us about a health care professional they saw regularly who oversaw treatment for a particular health condition. Other people said staff would arrange for them to see their GP if they needed to. One person said "They are very good if you are not well. They keep an eye on you and check you are ok. They get my GP if I need to see them."

People had been referred to the speech and language specialist (S.A.L.T.) if there had been concerns about their nutrition. One person had been reviewed by a nurse practitioner as to their diabetes treatment and control. Another person had been seen by a visiting health care professional in relation to pressure wound care. They had complimented staff on the effective care and treatment of this person's wound.

We looked at the arrangements for the supporting of people with diabetes. Two people were controlled through diet. There were no care plans to show how their condition should be managed. There were instructions about blood sugar monitoring each week on the same day. There was no record who had made this decision and why. Another person was controlled by insulin and diet. A care plan was in place giving guidance on how to monitor blood sugars and safety range. Records showed where staff had taken action when the person's blood sugar had fallen below safe levels. The actions taken were appropriate however there was no record of further blood sugar being taken to ensure effectiveness of the action taken. A third person had attended eye screening because of their diabetes and had also seen a podiatrist. There was a specific care plan about how to respond to raised or lowered blood sugar levels. Part of this response was to administer specific medicine. The nurse was aware of these measures. This meant there was inconsistency in ensuring the effective management of people who had diabetes.

People said they liked the meals and drinks served in the home. There was a choice of meals available. We observed how some people in one of the "houses" known as Catherine House were shown both meals for the lunchtime

Is the service effective?

to help them in making a choice. One person said “The food is alright. You get a choice. Some days it is better than others. The puddings are always very nice. Another person said “The food is terrific. The chef puts on good meals. You do get a choice. I had steak and kidney pie today that was beautiful.”

We observed the lunchtime meal being service in Catherine and Wood House. Some people ate in the lounge and dining areas. Other chose to eat in their rooms. People who needed assistance to have their meal were helped in an appropriate and quiet way. Staff explained what the meals were and checked if people had had enough to eat. Staff interacted in a positive professional manner and chatted with the people they were assisting. There was a pleasant, relaxed sociable atmosphere in both of the houses with plenty of chatting between staff and people.

The home had introduced serving dishes for vegetables where as previously all meals had been served with any vegetables. This gave people the opportunity if able to help themselves and promote independence. We observed staff checking with people they were aware of the vegetables’ available and assisting where this was needed.

Some people had been assessed as requiring high calorie or additional snacks between meals. We saw these had been made available and staff were aware of people who needed these snacks as part of ensuring their nutritional needs were being met.

We observed drinks being regularly offered to people. This seemed to be have been helped by each “house” having a kitchenette as part of the lounge area. Staff confirmed this had made it easier to provide drinks. There was a more active feel about the lounges helped by having these kitchenettes with staff being more visible to people. People were always offered a choice, including hot or cold drink. Some people were shown choices of drinks again to help them decide.

We recommend the provider consults current guidance for the management of people who have diabetes specifically blood sugar monitoring and supporting diet controlled diabetics.

Is the service caring?

Our findings

People were supported by kind and caring staff. Staff had a good knowledge of each person and spoke about people in a compassionate and caring way. One person said “I have lived here some time and never found fault with the care. It is absolutely brilliant.” Another person said “The care is good here. The staff are lovely and work very hard. I have no complaints.” Another person said “I thought it would be bad here but it is not.” A relative told us “Staff are compassionate and considerate.” Through the time of the inspection we observed staff interacted with people in a caring and professional way.

A number of staff told us how the home was “Much calmer” and “People are more relaxed.” All of the staff commented on the improvements in the environment and “houses” with the different staffing arrangements where they tended to work in the same house. They said this had contributed to how people were now more relaxed and calmer.

One staff member said “We are going into their world before they had to come into ours.” and another said “We are seeing people not the task.” They said this reflected the change in approach and how registered manager wanted the home to be. This showed how the service promoted a more caring approach.

During our inspection we saw in all of the houses how people displayed many signs of wellbeing such as smiling, laughing, being animated with staff and each other. One

staff member told us “People are now having better relationships with each other, becoming friends.” On a number of occasions we noted how staff were able to identify where a person was getting upset or was agitated. They responded promptly sitting or walking with the person calming and distracting to relieve the distress and prevent possible escalation.

We noted the difference from previous inspections in that people were not calling for help, walking around disorientated or just not having a sense of calmness and wellbeing. This demonstrated how the improvements in the environment and staffing arrangements had had a real impact on the quality of life people experienced.

Staff encouraged people to be as independent as they could be. Staff were supportive and caring but did not disempower people. People who lived in the home told us how they liked to do things for themselves if they could and this was encouraged by staff. One person said “I can do some things for myself and staff let me get on with it so that is good. I love it here.”

Staff respected people’s privacy. Rooms were all for single occupancy and people were able to spend time in the privacy of their room if they wished. We observed how staff always knocked on people’s doors and importantly waited for a response before entering. Staff did not speak about people in front of other people in the home which showed they were aware of the importance of respecting people’s confidentiality.

Is the service responsive?

Our findings

A relative's questionnaire was being undertaken at the time of our inspection however no questionnaires had been issued to people living at Frome Care Village. There had also been a relatives meeting however none had been held for people living in the home. These provided and would provide an opportunity for people and relatives to comment on the quality of care and be informed about developments or issues about the providing of the service. The manager recognised this needed to take place and was looking at holding bi-monthly meetings for people using the service and quarterly for relatives.

People told us they were involved in their care arrangements. One person told us they had attended a meeting about their care arrangements. Another person said "Staff ask me if everything is alright and sometimes the manager comes and asks me as well." A relative told us they had attended a review meeting and said how they regularly spoke with staff about the care their relative was receiving. However there was little evidence or records of how people and/or their relatives were involved in the planning and delivery of care.

People said they received the care they needed. No one we spoke with raised any concerns about their care needs not being met. People had a call bell to summon staff if they needed help or support. People said these were answered promptly when they used them. One person said "My call bell is near my bed. I only have to press that and staff are here straight away. Another person said "I do not usually use my buzzer but I did ring it yesterday to ask for a drink during the night. They came quickly."

Records showed where the care one person received for a pressure wound had been regularly reviewed and changed to reflect changing needs. There were regular reviews of people's care needs and changes made where needed. For example where one person's nutritional needs had changed and another person's mobility had declined specialist support was sought to assess their needs.

The service was introducing a new care plan format. This was a comprehensive assessment and review of people's care needs. It was noted how they were written from the person's perspective recognising the impact of people's dementia but reflected where the person is and their understanding and reality rather than where staff feel they

should be. There was good information about people's life and social history. One person had written this part of the care plan giving a personal account of their life and experiences. For another person there were specific details about how best to support this person with their meals and dietary likes and dislikes. For people who had a diagnosis of dementia their care plans reflected the progress of the disease and effect of their dementia.

There were mixed views about the activities. One person said "There is always something going on here such as art, making models which we sell at our fete. We have had trips out and I think they are trying to arrange more." Another person said "I think it is pretty boring as there is not much going on really. There are activities but they don't always happen. We have had trips planned but they had to be cancelled. A third person told us they had activity in their room reading poetry with a staff member.

We spoke with the two activities co-ordinators. They told us their approach had changed since the new registered manager had come into post. They said it was more flexible rather than "Organised groups more one to one, more individual." They said this suited people and activities were "More centred on people's likes and dislikes." They gave an example of providing a "Box of bits" for one person who used to be an engineer. They told us another person enjoyed washing up and this was more possible with the kitchenettes. They said how art and music had become particularly popular and how people living with dementia responded better to these activities rather than group activities. They told us there was more involvement of care staff and this was confirmed by staff we spoke with. One told us "It is better now, people are more stimulated." and another said "They (activities) are more individual to the person." We observed staff engaged with people, sitting and talking, reading with the person.

People told us they were aware they could make a complaint if they wished. One person said "I would speak to the manager or one of the staff if I was unhappy about something and I know they would try and help." Another person said "I have never made a complaint, never had reason to. If I was really unhappy about anything I would talk to the staff or the manager.

We asked staff who worked with people living with dementia how they could tell if a person was unhappy or did not like something. They told us "I would look and see

Is the service responsive?

what their behaviour was like, withdrawn or quieter.” and “If it was (name of person) they get agitated and walk around a lot.” They told us they would talk with a relative, “Because they would know them and what they were like if upset.”

Is the service well-led?

Our findings

When we last inspected this service in December we found there was a lack of an effective and robust quality assurance system specifically in relations to falls and incidents. The provider told us they would address this shortfall and improvements would be made by September 2015.

The registered manager told us they had reviewed the quality assurance audits arrangements. A new quality assurance process was now in place. This was linked in part with the care plan system. Audits will be generated through the care planning documentation. Some had been completed but no comprehensive audits had taken place because the full implementation of the care planning system had not been completed. However we saw how incidents reporting procedures had been reviewed and falls and incident audits undertaken. Of note there was a small reduction in falls and incident. Actions had been identified where there had been concerns about frequency of falls such as informing relatives of concerns, referral to outside agency for support.

There were other quality assurance audits undertaken on a monthly or frequent basis these included infection control and medicines. Where actions were needed these had been identified and timescales of those actions to demonstrate they had been undertaken.

Because of essential improvements needed at The Woodlands people had been moved to one of the “houses” now established at The Parsonage. All of the people who required nursing care and previously lived at The Woodlands were now living on Wood House. People told us they had been consulted about the move and people’s preferences and choices respected where at all possible. However all the people we spoke with told us they did not know when they would be able to move back to their room at The Woodlands. One person said “I don’t really like this room (at Wood House) I’m looking forward to going back. I don’t know when I’m going back. They don’t really tell you much.” Another person said, “I don’t like this side. I want my old room back. I’ve no idea when that will be though. They don’t tell you.” A relative told us “They haven’t told us when (name) will be likely to go back to the Woodlands. They are not really keeping us informed.”

We discussed with the registered manager and director the comments we had received from people who were living temporarily at Wood House. They acknowledged people had not been told a possible or provisional date for their return. They said there were difficulties in establishing a date because of the complexities of the work and unforeseen complications. They were also concerned it may raise some people’s anxieties about returning. No meetings had been held with people or their relatives to recognise, acknowledge and discuss worries and anxieties about when they would be able to return to The Woodlands. People and/or relatives had not received any written notification of progress of the refurbishment or possible date for people to return to The Woodlands. This demonstrated a failure by the provider and registered manager to ensure people and their relatives were fully informed with effective communication to address people’s anxieties and worries about their return to The Woodlands.

There had been a new registered manager since our last inspection along with the recruitment of a care manager. Staff told us they found the registered manager approachable and supportive. One staff member told us “She is very good you can go to her with any problems and she will listen.” Another said “She is easy to talk to.” A third said “Things have really improved they are around a lot more.” and “The manager challenges staff poor behaviour.”

We discussed with the registered manager their approach and what they wanted to achieve. They told us how they wanted to provide a safe and sustainable service. Their focus was on providing a person centred service. They acknowledged there was continuing need for improvements however they also felt considerable changes had been achieved. Staff confirmed the improvements telling us “We know people better, more person centred care and better understanding of what people need.” and “Definitely improvement in the standard of care.” and “There have been a lot of changes they are all for the better.” Some staff told us morale had “definitely” improved and “There is more team working.”

The service was in the process of undertaking a staff survey asking staff for their views of how they felt about Frome Care Village 6 months ago and now. We saw two comments which had been received:

“Everybody is working much better as a team not only can you notice it with the carers but also with the residents.”

Is the service well-led?

“Frome care Village has improved a lot, this place has become alive. Things like teamwork have improved.”

A professionals survey was also being undertaken comments received included “A welcoming and warm environment.” and “I have always been treated professionally by staff.”

The provider had notified us of significant events, such as deaths, which had occurred in line with their legal responsibilities.

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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

Failure to ensure robust and effective arrangements are in place to protect people's rights as upheld by the MCA.