

Truecare Group Limited

Fritham Lodge

Inspection report

36 Shirely Park Road
Shirely
Southampton
Hampshire
SO16 4FU

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Website: www.choicecaregroup.com

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out this inspection on 11 March 2016. The inspection was unannounced. Fritham Lodge provides accommodation and support for up to twelve people with mental health needs. At the time of our inspection there were eleven people living at the home.

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

People felt safe living at Fritham Lodge and people were very much at the heart of the service. The risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies.

Relevant recruitment checks were conducted before staff started working at Fritham Lodge to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

People were supported to take their medicines safely from suitably trained staff. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

Staff received regular support and one to one sessions of supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role. New staff completed an induction programme before being permitted to work unsupervised.

Staff sought consent from people before providing care and support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully.

People were cared for with kindness, compassion and sensitivity. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

The provider had employed someone in the home to be an 'expert auditor' which involved them travelling to other homes within the group to improve the quality of service for people living there.

People were supported and encouraged to make choices and had access to a wide range of activities. Staff knew what was important to people and encouraged them to be as independent as possible. 'Residents meetings' and surveys allowed people to provide feedback, which was used to improve the service.

A complaints procedure was in place. There were appropriate management arrangements in place and staff felt supported. Regular audits of the service were carried out to assess and monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe living at the home and staff knew how to identify, prevent and report abuse.

There were enough staff to meet people's needs and recruitment practices were safe.

Risks were managed appropriately and medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff told us they felt supported, had regular sessions of supervision and received a wide range of training.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to access health professionals and treatments.

Is the service caring?

Good ●

The service was caring.

People felt staff treated them with kindness and compassion. People were treated with privacy and dignity.

People were involved in planning their care and were encouraged to remain as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

The provider involved and employed people to visit other homes within the group to make sure they were providing a quality service.

People received personalised care from staff that understood and were able to meet their needs. Care plans provided comprehensive information to guide staff and were reviewed regularly.

People had access to a range of activities which people could chose to attend.

The home had a complaints procedure in place.

Is the service well-led?

Good ●

The service was well led.

Staff spoke highly of the registered manager, who was approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided. Staff attended regular staff meetings.

Fritham Lodge

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.

The inspection took place on 11 March 2016 and was unannounced. The inspection was carried out by one inspector, and a specialist advisor in the care of people with mental health needs.

Before the inspection, we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with two people living at the home. We also spoke with the registered manager, the assistant area director, and six staff members. We looked at care plans and associated records for four people, four recruitment files, accidents and incidents records, policies and procedures, minutes of staff meetings and quality assurance records. We observed how staff interacted with people whilst supporting them with a range of activities in the home.

We last inspected Fritham Lodge on 12 December 2013, when no concerns were identified.

Is the service safe?

Our findings

People told us they liked living at Fritham Lodge. One person told us, "I'm now safe, settled and content. It's nice here". Another person said, "Staff help me with my medicines and it's given to me on time."

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One staff member told us, "I would tell a senior member of staff, unless it was them causing the harm, then I would go over their heads, to the director or CQC." Another staff member said, "I would report it straight away. Complete paper work and get statements from people, then ring safeguarding, and let my manager and area director know." An appropriate safeguarding policy was in place and staff were required to read this as part of their induction.

There was enough staff to meet the needs of people to keep them safe. We observed that staff were available to support people whenever they needed assistance. The registered manager kept the staffing levels under review and staffing was adjusted to meet people's needs. People and staff told us they felt the number of staff was sufficient to look after people's routine needs and support people individually to access community activities. One staff member said, "I feel we have more than enough staff."

Robust recruitment processes were followed that meant staff were checked for suitability before being employed in the home. Staff records included an application form and a record of their interview, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working at the home. A staff member told us, "They went through my employment history and asked about any gaps in my employment; I had a gap, and they went into detail about what I was doing at this time."

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medication administration records (MAR) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and had been assessed as competent to administer medicines; their training competency was updated every six months. Monthly audits were carried out of medicines and MAR charts. Weekly medicine stock checks were conducted to make sure all medicines were properly accounted for.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. The registered manager told us, "I have an initial meeting with the referral team and read the report and meet people before they come into the home to assess risk." They also told us, "If it's a new risk we have an assistant psychologist who comes in once a week and assess risk and talks to people who needs support."

Staff informed us risks of harm to people were minimized through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. The registered manager told us, "We assess everybody in the home, so we normally know what behaviour to

expect from paperwork that has been sent to us as part of the pre-assessment." Risk assessments covered personal care, support for when people went out in the community, participated in social and leisure activities, and leisure interests. Risk assessments were reviewed monthly. The registered manager said, "When people have an incident or near miss, we need to rethink and minimise it."

Risk assessments had been completed for the environment and safety checks were conducted regularly of electrical equipment. A fire safety risk assessment was in place. Weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed that staff had received fire training and were aware of the action to take in the event of a fire, and fire safety equipment was maintained appropriately. There were plans in place to deal with foreseeable emergencies. The home had a business contingency plan in place for the loss of services due to severe weather and loss of power in the home, as well as other foreseeable emergencies.

Is the service effective?

Our findings

People told us they liked living at Fritham Lodge and were able to make their own decisions. One person told us, "I like my room, it's how I want it and it's nice and clean." Another person said, "I like the food, I get what I want."

People received varied and nutritious meals including a choice of fresh food and drinks. One staff member told us, "People get their own breakfast and lunch and can have support if required. Then dinner is cooked by staff and always a second option." Staff were aware of people's likes and dislikes and offered alternatives if people did not want the menu of the day. One staff member said, "We know what they like and don't like." Another staff member told us, "Definitely got choices. For example, one person wanted a banana milkshake, so I was able to get in the car just to get the milkshake straight away, so will provide and meet needs." People could choose when to eat and had a choice of snacks throughout the day. People's plan of care included information about their dietary needs.

Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff praised the range and quality of the training and told us they were supported to complete any additional training they requested. One staff member said, "A lot of training can be interesting and found training has helped make me feel I can do a better job as given me more understanding." Staff told us training was based at the provider's head office and was class room based. One staff member said, "I completed my first aid training yesterday as I was due a refresher and it was really good."

New staff to Fritham Lodge completed a comprehensive induction programme before they were permitted to work unsupervised. One staff member told us, "Induction very long, covered everything, policies, health and safety, absolutely everything, I've recently just finished the care certificate." All new staff worked towards the completion of the Care Certificate. The Care Certificate is awarded to staff who successfully complete a learning programme designed to enable them to provide safe and compassionate care. One staff member told us, "Training really go into detail and make sure I understand everything before I leave, it was not rushed and I really enjoyed it."

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "Chance to talk about how I feel about the company, any improvements, and good feedback for me as well, to see how I'm doing. Really enjoy my supervisions." Staff informed us that they had supervisions monthly as well as a yearly appraisal. One staff member said, "I just had my first supervision yesterday and found it really helpful." Another staff member told us, "I feel supported and really learnt a lot since been here. Definitely a two way process."

Staff had received training in the Mental Capacity Act, 2005(MCA). The MCA provides a legal framework to making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in

their best interests and as least restrictive as possible. Where people had been assessed as lacking capacity, best interest decisions about their care had been made and documented, following consultation with family members and other professionals, where relevant.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty was being met. A DoLS application was being processed by the local authority for one person. Staff were aware of how to keep the person safe and protect their rights.

People were supported by health professionals and staff knew how to access specialist services for people. Records showed people accessed a range of health care services which included doctors, chiropodists, opticians and dentists. People were also supported by community health support teams with therapy and support which included Psychiatry and Psychology.

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person told us, "Staff are good." Another person said, "Staff respect my privacy."

When people moved to the home, they and their families (where appropriate) were involved in assessing, planning and agreeing the care and support they received. The registered manager told us, "When people move into the home, we always meet the person and assess what their independence capabilities are." Staff informed us that people were fully involved in their care plan, and made sure they were happy with the care plan. Records showed that people's relatives were involved in this process and any follow up work ensuring that people's needs and wishes were met.

Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were, showing how they had got to know people in their care. Staff showed respect for people by addressing them using their chosen name and maintaining eye contact. One staff member told us, "I love working here, I'm really happy. The people we look after can be really rewarding, I really enjoy working with people living here."

One staff member was keen to tell us, "I absolutely love working here, I came in not knowing about mental health, and I have been supported so much, and really love my job". Throughout the course of our inspection we observed staff treating people in a respectful and dignified manner. Staff took their time and gave people encouragement whilst supporting them. People were guided by supportive prompts and gentle reminders when they became confused or disorientated.

Staff told us that privacy and dignity were always adhered to. One staff member said, "I always knock and give people time to respond." Another staff member said, "With dignity I support them with what help they need, encourage them. Always respect their wishes."

Staff understood the importance of promoting and maintaining people's independence. One staff member told us, "We have one person who likes to cook, so we make sure they are involved and if they want to cook, they can cook with staff."

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view it. When staff discussed people's care and treatment they were discreet and ensured they could not be overheard.

Is the service responsive?

Our findings

People received personalised care from staff who supported people to make choices. One person told us, "Staff listen to my views in meetings and I can ask for things." Another person said, "Staff are very good; if I am interested in something, they will bend over backwards to help provide the opportunity."

Staff told us, care plans were based on the individual person. One staff member said, "Care plans are very detailed, if I need to know about the person's history and health problems it is all in there." Care plans included detailed information and guidance for staff about how people's care and support needs should be met. They contained information about people's medical and physical needs, including cultural, religious and spiritual support needs.

Care plans were reviewed by people's key worker each month. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. One staff member told us, "As part of my keyworker role we meet up to look at their care plan, and chat regularly." Another staff member said, "We check people's progress in achieving their goals and this may involve going through past history and some people don't want to go through past history, but it is always offered."

Staff used a 'handover sheet' to communicate important information about people. This had been recently reviewed and updated. It was detailed and allowed staff to record daily details of people's health, welfare and activities, that needed to be passed on to other staff.

One person was employed by the home as an expert auditor. They told us this involved them, "auditing other homes within the group by talking to people and staff about their experiences and checking the home was clean." They also told us, "I write a report and hand it to the manager. Every few months we meet at head office and have a meeting. There are about five of us at the moment within the group." They also informed us that staff provide travel and support to take them to the audits and meetings. The registered manager told us, "We are very lucky as it's great as they bring ideas from other homes that we can use to improve the service here."

People were supported to participate in a range of social and leisure activities in line with their personal interests. One person told us, "I'm looking for a part time job as a volunteer and staff are helping me with my interview." Another person liked to sleep in the mornings, so their activities were planned for the afternoon and evening. People were also supported with group activities which included, cooking sessions, board games, cinema, bowling and swimming. One person told us how much they enjoyed gardening and said, "In the summer there was a gardening competition in all the homes and I won the hanging basket competition."

'Residents meetings' were held every month. The registered manager told us, "Not many people attend, so we now bring refreshments to encourage people to attend, but everyone will be given copies of the minutes." Minutes from a resident meeting in February showed that people were asked for ideas for day trips

and someone had suggested a farm trip to feed the animals, the planetarium in Winchester, and days out to Bournemouth and Salisbury.

People knew how to complain or make comments to improve the service. One person told us, "I made a complaint recently and I am still waiting for a response." The registered manager informed us they were in the process of dealing with the complaint. The home had received five formal complainants in the last year, which had been investigated and responded to appropriately in accordance with the home's policy. A recent compliment from a family member stated, 'Staff are doing a great job with [my relative] they have never been happier.'

Is the service well-led?

Our findings

Staff told us the home was well run. One staff member said, "Manager really lovely, can talk to her about anything, couldn't wish for a better manager." Another staff member said, "Love the manager, feel really welcomed into the company. Very professional and feel if I have any problems I can speak to the manager."

There was an open and transparent culture within the home. Staff felt they could raise concerns, make suggestions on improvements and would be listened to. One staff member told us, "Manager is friendly and approachable, it's an open office and can talk anytime, if busy will meet up later." Another staff member said, "Manager nice and easy to talk to always know I can talk to them."

Staff meetings were carried out once a month and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. One staff member said, "We can put ideas forward, we have an agenda put in the office a week or two before the meeting and we are encouraged to add to the agenda." Minutes from a meeting in January 2016 showed people's care plans were discussed, staff training, activities and meals. One staff member said, "If we are unable to attend meetings we are given a copy of the minutes so we can see what has been discussed."

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, health and safety, infection control, complaints, accidents and incidents. Safeguarding, accidents and incidents also had to be sent to the assistant area director as part of a monthly report. This meant that lessons could be learnt from it to reduce the risk of reoccurrence.

The service provider also carried out their own audit of the service which was carried out yearly and looked at all aspects of the service. While we were at the home a health and safety audit was taking place. Records showed that the home had achieved all outcomes from this and had no actions to carry forward.

The provider sent out annual surveys to people and their families, staff and health professionals. The surveys seen from August 2015 showed people were happy with the service provided at Fritham Lodge. From this a summary was produced and a development plan developed. Some of the comments included, 'I like it at Fritham now more than I did a few years ago. The staff team are good at the moment.' Also, 'very satisfied with the support I get from the staff, from the manager down.' As well as, 'Fritham have drastically helped me in my life in the past five years and I feel stable and content at Fritham.'

Policies and procedures were kept on line and were accessible to all staff. There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. One staff member told us, "I was given a card when I first started with numbers on to call if we have any concerns as well as the company values, which can fit into a wallet."

The provider had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager told us, "I keep up to

date with any changes in legislation by head office and the company provides lots of management training, and we share ideas and good practice across the other homes." The provider had a clear vision and set of values which encouraged the philosophy of placing the person in the centre of all the care they received.