

# Leisure Care Homes Limited

# Frampton House

# Residential Care Home

## Inspection report

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Frampton  
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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Frampton House is a residential care home providing personal care for up to 30 older people, some of whom may live with dementia. Accommodation was arranged across three floors and at the time of the inspection 24 people were living in the home.

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

People were exposed to the risk of acquiring infectious diseases including Covid-19 because infection control procedures were not always managed safely.

There had been technical issues with access to electronic systems for the manager that had only recently been resolved.

Quality monitoring systems and management oversight had been significantly reviewed since our last inspection. This was particularly noticeable with regard to record keeping and keeping the environment safe.

The new manager and team were also using an electronic care record system to help ensure high standards of care were consistently maintained.

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

People were seen to be treated in a kind and caring manner and staff understood the importance of maintaining their privacy and dignity. They were supported to choose and take part in meaningful activities, and again were seen to be engaging enthusiastically with these. One relative told us, "The variety of activities is brilliant and although I never thought my relative would want to join in, I am pleased to see the photographs on social media."

People were able to see healthcare professionals when they needed to, and they received their medicines in the ways prescribed for them. They were encouraged to have a balanced diet to help them stay healthy and well hydrated, and one resident said, "the food is just lovely, I often have seconds".

There were enough staff employed in the home to ensure people's needs, wishes and preferences were met in a timely manner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service was good (published 4 October 2019)

### Why we inspected

We received concerns in relation to infection control and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Frampton House Residential Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to monitor the service and discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to people's safe care and treatment.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan to understand what the provider will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress.

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

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

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Frampton House Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

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

The service did not have a manager registered with the Care Quality Commission. A new manager was in place who had recently submitted their application to the CQC. This meant the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. This included

feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service. We spoke with two members of staff including the manager and finance manager.

We reviewed a range of records. This included four people's care records and medication records online. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including infection control policies and procedures were reviewed.

After the inspection

We contacted and received feedback from eight relatives. We spoke to five further members of staff including the Housekeeper, a Team leader, a Senior and Care workers.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- We found current guidance for the control of infection including the wearing of Personal Protective Equipment (PPE), was not all being followed. We saw several staff not wearing masks when we entered the premises, and during the inspection. Some people living in the home questioned why we were wearing masks.

This was a breach of regulation 12 (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We addressed this with the manager on the day, who assured us staff were wearing masks when carrying out personal care but agreed staff were not wearing masks all the time or in communal areas and this was not in line with current government guidance. Additional IPC training was due in the following week.
- We saw staff regularly washed their hands and used hand sanitising products. They wore masks, aprons and gloves when providing personal care.
- We were assured the provider would be able to effectively manage if there was an infection outbreak due to the design of the home and also ensuring at least two rooms were kept empty so people could be effectively isolated. The majority of rooms had ensuite facilities.
- We were assured that the latest guidance regarding cleaning solutions was being followed and saw the IPC grant had been used to good effect with flooring being replaced on ground floor areas and in some bathrooms. The ground floor sluice had been completely refurbished and was a clean and hygienic area. Cleaning audits were robust, and the home presented as very clean and fresh.
- We were assured that the provider's infection prevention and control policy was up to date, but that staff were not always following all the recommendations within it.

We have also signposted the provider to resources to develop their approach.

Speaking to staff post inspection and after the training had been delivered, we found they were all wearing masks and now fully understood why they needed to do so.

### Systems and processes to safeguard people from the risk of abuse

- Staff were able to tell us about Safeguarding systems and processes which were in place to keep people safe, and how to access these and make appropriate reports. Updated safeguarding training was due to take place the week after the inspection.
- People told us they felt safe in their home. One person told us "it's good here, really good the food is lovely; I feel safe and I love living here".

#### Assessing risk, safety monitoring and management

- Quality monitoring systems and management oversight had been significantly reviewed since our last inspection. This was particularly noticeable with regard to record keeping which was now kept electronically.

#### Staffing and recruitment

- Staff had been safely recruited. Changes had been made to improve records and ensure a consistent approach to staff recruitment.
- People and their relatives told us there were enough staff on duty to meet their needs. They said staff responded quickly to their requests for help and support. Throughout the inspection we observed call bells were answered in a timely manner and staff were seen regularly checking if people needed anything.
- The manager told us they covered any shortfalls in staffing levels with their own staff and did not use agency staff. This meant people were cared for by staff who knew them well and who provided consistency for them.

#### Using medicines safely

- We found improved arrangements were in place to safely order, administer and dispose of people's medicines in line with national guidelines.
- Medicines were stored safely in a temperature controlled area, and only staff who had been trained in the safe administration of medicines had access to people's medicines.

#### Learning lessons when things go wrong

- Recommendations from the last inspection had all been actioned, and staff told us that record keeping and the environment had been improved, and that better systems in place meant that risks were quickly identified and addressed.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager had been unable to access the CQC's reporting systems. The inspector was able to signpost the manager to resources to assist.
- Since the last inspection the home had been "decluttered" to reduce the risk of any trip hazards.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was no registered manager in post, but the current manager had submitted an application to become registered with the CQC.
- The culture was person centred, open and inclusive.
- Staff felt supported by the new management team. Staff members told us the new manager was coping really well. Staff told us, "They are turning it round to how it should be; there's a real difference. We can go to them– they are very open. We are a happy family now. "

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and new manager were aware of the duty of candour and they and staff were open and honest with people when something went wrong.
- The manager had reorganised the home and this now meant there was a confidential space for staff to handover to each other, or to discuss people's confidential information.

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

- The service demonstrated a willingness to engage people, staff and outside agencies to continuously learn and improve care.
- All relatives contacted were very appreciative of the way the staff were posting daily photographs of each person on Facebook to which they had private access. One relative said: "(relative) used to do lots of cooking and baking, so it is very nice to see all the activities on the Facebook page such as getting their hair and nails done and the baking." Another relative said "I am pleased to see the photographs on Facebook

where sometimes (relative) is just looking on but other times really taking part, such as painting Pudsey on Children in Need day, with real pleasure."

- Staff also commented on how the local community had warmed towards them over recent months and provided "treats and gifts".

Continuous learning and improving care

- The new manager had quickly identified there were deficiencies in training and they and the provider had worked to address this with block training set up to cover all mandatory training now in place, and a robust plan going forwards.

Working in partnership with others

- The manager had developed a good working relationship with the local healthcare system and was particularly appreciative of the new "WyZan" box which enabled an accurate and rapid transmission of people's health status to the GP Surgery when any concerns were identified.