Mr Munundev Gunputh

Friern Residential Care Home

Inspection report

26-30 Stanford Road
N11 3HX
Tel: 020 8368 6033

Date of inspection visit: 4th December 2015
Date of publication: 11/01/2016

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?	Requires improvement
Is the service well-led?	Good

Overall summary

We inspected Friern residential care home on 4 December 2015.This was an unannounced inspection. At our previous inspection in April 2014 we found that the provider was meeting the regulations we inspected.

Friern Residential Care Home provides accommodation and care to up to 18 people with mental health needs. On the day of our visit there were 14 people living in the home.

The service had a registered manager who had been in post since August 2015. 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.

People told us they were happy with the care and support they received.

People were supported and encouraged to make choices about what they ate and drank. The care staff we spoke with demonstrated a good knowledge of people's care needs, significant people and events in their lives, and

Summary of findings

their daily routines and preferences. Staff also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff told us they enjoyed working in the home and spoke positively about the culture and management of the service. Staff told us that they were encouraged to openly discuss any issues and had been supported with promotion opportunities within the service. Staff described management as supportive.

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people with complex needs in the home. Some staff told us that during busy periods they did not have as much time to spend with people.

The registered manager provided good leadership and had made a number of improvements since she had been in post and people using the service and staff told us the manager promoted high standards of care.

The service was safe and there were appropriate safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were cared for and staff listened to them and knew their needs well. Staff had the training and support they needed. Relatives of people living at the home and other professionals told us the home was very responsive and acted quickly on advice

Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interests decisions had been undertaken by relevant professionals. This ensured that any decisions were made in accordance with the Mental Capacity Act, DoLS and associated Codes of Practice.

People participated in a limited range of activities and some people were supported to access the local community. They also participated in shopping for the home and their own needs. The manager was looking at ways to provide more stimulation for people.

We have made a recommendation that the service seeks guidance to improve activities available for people who use the service and we will be following this up at our next inspection

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?

Good

The service was safe. People were protected from avoidable harm and abuse and risks to individuals had been managed so they were supported and their rights protected.

People told us that there were enough staff to meet their needs.

There were robust recruitment procedures in place.

People's medicines were managed so they received them safely.

Is the service effective?

Good

The service was effective. There were arrangements in place to ensure that people consented to the care provided to them in line with the Mental Capacity Act 2005.

Staff received regular supervision and appraisals and felt supported in their work. There were systems in place to provide staff with a range of relevant training.

People were supported to attend routine health checks, and to eat a healthy diet.

Is the service caring?

Good

The service was caring. People were consulted and felt involved in the care planning and decision making process. People's preferences for the way in which they preferred to be supported by staff were clearly recorded.

We saw staff were caring and spoke to people using the service in a respectful and dignified manner.

People were supported to maintain their independence as appropriate.

Is the service responsive?

Requires improvement

The service was not consistently responsive. People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

People were involved in making decisions about their care wherever possible. Where people could not contribute to their care plan, staff worked with their relatives and other professionals to assess the care they needed.

People participated in a limited range of activities and some people were supported to access the local community. The service lacked activities that were specific to the needs of people using the service.

Summary of findings

There was a clear complaints procedure that was understood by people who use the service.

Is the service well-led?

Good

The service was well-led. People living at the home, relatives and staff were supported to contribute their views about the service and felt listened to.

There was an open and positive culture which reflected the opinions of people living at the home. There was good leadership and the staff were given the support they needed to care for people.

There were systems in place for monitoring the quality of the service

Friern Residential Care 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.

We inspected Friern Residential Care Home on the 4 December 2015. This was an unannounced inspection. The inspection team consisted of two inspectors and a specialist mental health advisor.

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts. We also spoke with three healthcare professionals who worked closely with residents in the home.

We spoke with five people who use the service. We also spoke with four care staff and the registered manager.

During our inspection we observed how staff supported and interacted with people who use the service. We also looked at a range of records, including; six people's care records, staff duty rosters, six staff files, a range of audits, the complaints log, minutes of various meetings, resident surveys, staff training records, the accidents and incidents book and policies and procedures for the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home, comments included, “Happy here … don’t have any complaints … no problems … Yes I feel safe.”

Staff told us they had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One care worker said, “I look out for changes in personality, for example, if people are quieter than they usually are.” Another told us, “I keep alert, especially if I notice any different or unusual marks on people’s bodies.” They explained that if they saw something of concern they would report it to the registered manager, or in her absence, the senior person on duty.Staff understood how to whistle blow and told us they would not hesitate to make their concerns known to the Care Quality Commission.

People we spoke with told us there were enough staff available to meet their needs. One person told us, “They always have time to chat with me.”Care staff told us there were not always enough staff around to fully meet people’s needs. Staff said that this impacted on the flexibility of staff to engage in activities with those who used the service, for example, going shopping with an individual. One worker told us, “we are quite short at the moment, but the manager is recruiting new staff.” They also said, “I believe people [who use the service] are quite safe;” When we asked if staff had to work extra hours, we were told, “It is not that we work extra hours, it is just sometimes we are too busy.” Another support worker said, “At the moment we are short staffed. It can get quite hectic at times, but somehow, we manage.”

We spoke with the registered manager about staffing levels. She acknowledged that there had been staff shortages over recent months, but was able to demonstrate to us that she had already increased staffing levels at night and she was making a concerted effort to recruit new staff. She explained the difficulties she was facing in finding staff that were of “a good standard.” Staff we spoke with told us they believed the service would improve with increased staffing during the day. One said, “you really feel the pressure when someone is sick or on leave.” They also told us, “People’s needs have increased as they grow older. They need support to do some of the things they used to do, like going out to places and doing their shopping. There are now not enough staff to respond to everybody’s requests.”

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare. We saw that people’s risks were identified in respect of their mental health. Indicators of deterioration in people's mental health were set out in people’s files and we saw that staff were monitoring the signs from the daily records we looked at. Where concerns were identified staff told us that action was taken swiftly including liaison with health and social care professionals. Risk assessments formed part of the person’s agreed care plan and covered risks that staff needed to be aware of to help keep people safe. Staff showed an understanding of the risks people faced.

Medicines were stored and administered safely. The temperature in the medicines trolley was recorded daily and remained consistently within the safe temperature range. There were individual Medicine Administration Records (MAR) for each person using the service. We noted the photographs of people on their information sheet had been taken some time ago. The registered manager showed us updated information sheets which listed details such as GP and information about any allergies they may have. They also included a current photograph and we were told they would be included in the person’s medicines records once fully completed with all relevant medical and contact details.

The MAR sheets were up to date, accurate and no gaps were evident, our checks confirmed that people were receiving their medicines as prescribed by health care professionals. We saw how staff recorded any refusal of drugs on the back of the MAR and also wrote reasons for requested PRN (as required) medicines. Staff we spoke with could describe how to administer medicines safely, and we saw on their training records that they had done the appropriate training**.** The manager told us the local pharmacy which supplied the medicines did an annual training session with staff around how to administer medicines safely.

The majority of medicines were administered to people using a monitored dosage system supplied by a local pharmacist. We checked the balances of medicines stored in the cabinets against the MAR for six people and found these records were up to date and accurate. The manager

Good

Is the service safe?

told us that a care worker informed her that there was one tablet missing from a person's blister pack the previous night. We confirmed that the manager had spoken with the GP and ensured this tablet was re-prescribed in time for the person's night time medication. We looked at the medicines return book and saw this was completed accurately and those medicines for return were stored appropriately until collection by the pharmacy.

The provider had safe systems in place and thorough recruitment checks were carried out before staff started working at the home. The registered manager told us, "I absolutely cannot have staff on the premises until I have done all the proper checks." We looked at the personnel files of seven staff and saw completed application forms which included references to their previous health and social care experience, their qualifications, their employment history and explanations for any breaks in employment. Records had health declarations and Disclosure and Barring Service certificates, two employment references, and proof of identification. In addition, where relevant, records contained evidence of the right to work in the UK and an occupational health assessment which cleared the person fit for work. These meant staff were considered safe to work with people who used the service.

The home had recently been refurbished and we saw it being cleaned throughout the day. The registered manager told us she had just recruited a cleaner for four hours per day, seven days a week. Infection control measures were in place and we saw staff using gloves and protective clothing appropriately.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills to enable them to support people effectively. All staff were required to complete an induction programme. The manager told us this was a provider specific programme which was in line with the Common Induction Standards (CIS) published by Skills for Care. The registered manager was unaware of the Care Certificate which was launched in April 2015, replacing the current Common Induction Standards (in social care). Whilst it has not been put into legislation and is therefore not mandatory, it is the benchmark that has been set for the induction of social care support workers and is therefore what CQC should expect to see as good practice from providers. The registered manager told us she would raise this as a matter of urgency with the provider.

We looked at the training records of staff and saw that staff had completed training the provider considered mandatory. This included safeguarding adults, medicines, health and safety, moving and handling, fire safety and first aid. We saw that staff had also completed training on the Mental Capacity Act 2005. In addition to this, staff had also completed some specialist training which reflected the needs of those whom they supported. For example, they had completed training in mental health and challenging behaviour. One member of staff told us, "We talk about training needs in supervision and you get plenty of training."

A care worker said, "I have not had much training recently; the new staff are sent whilst I seem to have to cover all the time, and I think I need more training, for example, in diabetes care."

Staff told us they received regular supervision, "it helps us to find out where we are going and acts as a reminder of our role." We saw from staff records that supervision took place every two months.

The manager demonstrated a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). A DoLS application is where a person can be lawfully deprived of their liberty where it is deemed to be in their best interests. There was only one person subject to a DoLS at the time of our inspection. Staff we spoke with were familiar with the MCA, and the need to obtain consent from those who used the service. One care worker told us how they assumed everybody had the capacity to make decisions, but if they thought this had deteriorated, "I would have to discuss this with the manager and request a capacity assessment by a social worker." Another told us, "How could I not get people's consent first, that would be so wrong."

We heard care workers offering choices to people during our inspection day. This included choice of food or snacks and whether they wanted assistance to clean their rooms.

Staff we spoke with understood people's dietary requirements and how to support them to stay healthy. We noted when reading people's care support files that where there were concerns about a person's nutrition or hydration extra monitoring of people's weight and their food and fluid intake, took place.

There were menus displayed in the dining room and we were told that people had a "food activity every Monday" whereby they discussed food preferences for the following week. There was a plentiful supply of fresh food, including fruit and vegetables and the cupboards had a good stock of tinned and dry food. Light snacks were available at all times in the lounge area, including sandwiches and biscuits, tea, coffee and juice. We checked the main fridge-freezer in the kitchen and noticed there was some water discharged. It transpired that the main switch had been turned off, possibly in error by builders on site. The registered manager took immediate steps to address this situation and ensured all the contents were destroyed. The fridge-freezer had returned to temperature by the end of our inspection day and was safe to use again.

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. People also had access to a range of other health care professionals such as a nurse specialist in epilepsy, dentist, and optician. The care files included records of people's appointments with health care professionals. The manager told us there was good contact with the local Community Mental Health Team, whose advice was frequently sought and followed as required.

Good

Is the service caring?

Our findings

People told us they liked the staff that supported them and that they were treated with dignity and kindness. One person told us, "If I have a problem I know I can go to anyone of them".

And another told us that the staff are "good to me" and they "are caring … they do their best." In particular "they help me with cleaning my room … doing this myself makes me ill."

We observed staff treating people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued. A relative told us they felt welcome at any time in the home; they felt involved in care planning and were confident that their comments and concerns would be acted upon. They said their relative was "very well looked after" and "the staff work hard here". People told us they were treated with dignity and respect.

Staff supported people to make sure they were appropriately dressed and that their clothing was arranged properly to promote their dignity.

During our inspection we saw many positive interactions between staff and people who used the service. We saw that staff interacted well with people and were not rushed, staff greeted people and informed them of their intentions when providing support. We heard staff saying words of encouragement to people. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance. One staff member told us, "It's important to talk to people, so they know you are around."

We saw people's care plans included information about their needs around age, disability, gender, race, religion and belief, and sexual orientation. People's plans also included information about how they preferred to be supported with their personal care. For example, care plans recorded what time people preferred to get up in the morning and go to bed at night, and whether they preferred a shower or a bath. Staff demonstrated they knew about people's preferences and routines. People using the service were able to make daily decisions about their own care and we saw that people chose how to spend their time. People told us they were able to choose what time to get up and how to spend their day. One person told us, "They always listen to us; they ask us what we want to do." We observed staff to be caring in their approach to those who used the service. They demonstrated a depth of understanding of those whom they supported.

A care worker told us, "it is so important how we speak to people." They also told us, "I make sure people are well dressed so that those who don't know them cannot make a judgement." Another care worker told us, "I like people to be in a happy environment."

Staff gave us examples of how they respected people's dignity by making sure bedroom doors were closed before supporting with personal care. They also told us how they encouraged people to remove their own clothes, "I don't like them to feel I am taking control." Our observations confirmed that staff respected people's dignity by knocking on doors before entering rooms and closing doors when supporting people with their personal care.

We saw staff offered people choices about activities and what to eat, and waited to give people the opportunity to make a choice. For example, at lunchtime, staff reminded people of food on the menu and the drinks that were available.

Requires improvement

Is the service responsive?

Our findings

We saw that people's preferred activities were noted on their care plans and activities were discussed at residents meetings. The registered manager told us she was aware that many people in the home went out independently and chose not to partake in activities. One person told us, "They do ask me, but I like doing my own thing."

On the day of our visit we noted that some people did not take part in any activities. We also saw that there were no specific activities available for people with mental health needs. However, the manager told us that she was trying to address this issue by increasing the hours of the current activities co-ordinator who worked one day a week .Some of the activities included art, bingo and dominoes. The manager also told us that whilst there was an activities schedule; staff asked people if they wanted to do anything else. A care worker told us, "I think there could be more activities for people. Perhaps this will change when the weather gets better."

Some people participated in shopping for the home and their own needs and some people regularly attended individual activities that they enjoyed such as going to library, arts and crafts and creative writing. The manager told us that she was in the process of arranging a day centre place for one person.

Each person had their own 'activities record sheet' and we saw that this was individualised and contained information on people's social interests. Satisfaction levels for activities were regularly monitored We saw that on one occasion the frequency of an activity had been increased as a result of positive feedback from a person using the service.

People's needs were assessed before they moved in. These had been regularly reviewed and updated to demonstrate any changes to people's care. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. People told us the staff had discussed the care and support they wanted and knew this had been recorded in their care records. The care records contained detailed information about how to provide support. People and their families and friends completed a life story with information about what was important to the person. Care staff told us that they read people's care plans, "which gives us confidence to know what people need and want." They also told us they supported people to maintain links with relatives, either by assisting them to make a telephone call, or by updating the relative, with the person's permission.

During our inspection we viewed the rooms of two people with their permission, and saw that the rooms were well maintained, clean and personalised.

Each person had an assigned keyworker who was responsible for reviewing their needs and care records. Staff told us that they kept people's relatives, or people important in their lives, updated through regular telephone calls or when they visited the service. Relatives were formally invited to care reviews and meetings with other professionals with the permission of the person using the service.

Care plans and risk assessments had been regularly reviewed. There was detailed information about each person's needs and how the staff should meet these. Indicators of deterioration in people's mental health were set out in people's files and we saw that staff were monitoring the signs from the daily records we looked at. Where concerns were identified staff told us that action was taken swiftly including liaison with health and social care professionals.

The care and support people received was responsive to people's needs. We spoke with a visiting professional who told us they had requested certain adaptations to be made when on their last visit. They were able to confirm that those adaptations were almost complete, subject to the builder's timetable.

All the health care professionals we spoke with all described the service as "very responsive" comments included "they always follow advice and act quickly" and "my patient's health has really improved, they acted very quickly when he was unwell."

There was a clear complaints procedure. People we spoke with told us they knew what to do if they were unhappy about anything. There had been no formal complaints made in the last 12 months.

We recommend that the service seeks guidance and training on best practice for people with mental health needs to participate in person-centred meaningful activities in and outside the home to contribute to their quality of life.

Good

Is the service well-led?

Our findings

The registered manager had been in post for six months. She told us that she had spent this time focusing on developing a strong and visible person centred culture in the service. She told us that her vision was that, "Everyone should be looked after well with a good quality of life and should be treated the way we would all like to be treated." During her time as manager she had made a number of improvements to the service, these included increasing the staff numbers and an increase in pay for all staff. We saw that she had also arranged for the premises to be refurbished and had introduced a new improved care planning system. Our observations of, and discussion with staff found that they were fully supportive of the manager's vision for the service. Staff told us that the atmosphere and culture in the service had improved since the manager had been appointed.

Staff told us that the manager was very knowledgeable and inspired confidence in the staff team, and led by example. They said that the service was well organised and that the registered manager was approachable, supportive and very much involved in the daily running of the service. Staff described the registered manager as "very experienced." One care worker told us, "she has taught us a lot and things are much better here." Another told us, "She is very hands on, I have never seen this before, she does her job very well." Staff felt confident they were listened to, one care worker told us, "The manager is the best; she is very supportive about giving me advice on career development." Another told us, "The manager is very motherly; the home is much better in every way since she started."

People using the service also made positive comments about the new manager, comments included, "The manager is a 'nice' manager another person described the registered manager as a "lovely lady" and told us he felt able to approach her if he wanted to make a complaint.

The manager told us she was now undertaking regular 'night checks' and as a result she has changed the staffing structure to include two waking night staff instead of one. She also told us she had spoken to some staff regarding their conduct.

Staff spoke about the service being a good place to work. Comments included, "I like my work it's good to see how you can help people" and "I really enjoy working here, even though people can be very demanding." Staff said that there were plenty of training opportunities, and they felt supported and received regular supervision. They also felt empowered, involved and able to express their ideas on how to develop the service. Minutes of staff meetings confirmed that staff were involved in the day to day running of the service and had made suggestions for improving the service for people. The manager continually sought feedback about the service through surveys, formal meetings, such an individual service reviews with relatives and other professionals and joint resident and relative meetings.

People told us that regular resident meetings were held. One person told us "We have meetings to talk about things." We saw the minutes of the last meeting; we saw that health and safety, and activities had been discussed. Regular surveys were sent out to all the residents, relatives and staff. We saw that the last survey had been sent out in November and that the registered manager was waiting for responses to come in so she could analyse these.

The registered manager also monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. During our meeting with her and our observations it was clear that she was familiar with all of the people in the home and was very 'hands on' in her interactions with the people who used the service.

We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. The registered manager told us that they had access to a maintenance man and that there was no delay if repairs to the building were required.

The registered manager told us she was supported by the provider with regular management meetings and one to one sessions and that she regularly accessed the training and support that was available from the local authority.