Care Quality Commission

Bupa Care Homes (ANS) Limited

# Freelands Croft Nursing Home

## Inspection report

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Hampshire. GU52 0RB

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## 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 |

## Overall summary

The inspection took place on 18 and 25 November 2014 and was unannounced.

The previous inspection, in September 2014, was to follow up on three warning notices and three regulations where there had previously been breaches. Overall, the provider had made many improvements and had achieved compliance with five of the six regulations. The provider had not made all the necessary improvements to the management of medicines however, and we served another warning notice, requiring the home to achieve compliance by 20 October 2014. The home was also in breach of the regulation relating to quality monitoring. This inspection, in November 2014, showed the provider had made improvements in all areas where we had previously found breaches in legal requirements.

Freelands Croft Nursing Home provides personal and nursing care to up to 64 older people and people living with dementia. When we visited there were 49 people

# Summary of findings

living at the home. The home is purpose built, with accommodation over two floors. People have their own rooms with ensuite facilities and there is a dining room, sitting room and activity room on both floors.

The service is required to have a registered manager as a condition of its registration. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The manager had submitted their application to register with the CQC at the time of the inspection.

The manager had placed a strong focus on supporting staff to provide personalised care, in line with people's needs and preferences. People living at the home, their visitors and visiting health and social care professionals were complimentary about the quality of care and the support provided by the manager and staff.

People told us they felt safe and staff were kind and compassionate, treating them with respect and dignity. Staff provided practical support and helped people to maintain their health and wellbeing. They were trained to provide effective care, based on best practice guidance. This included training in caring for people with dementia as well as training to support specific health conditions.

People's safety was promoted through individualised risk assessments and safe medicines management.

Arrangements were in place to check safe care and treatment procedures were undertaken and to improve the quality of care provision. There was a commitment to provide high quality care and apply learning from incidents, feedback and training.

People's health needs were looked after, and medical advice and treatment was sought promptly. The home involved health and social care professionals when necessary, following their advice and guidance. This included making decisions on behalf of people when they lacked the mental capacity to make decisions for themselves about important matters.

Staff recruitment processes were robust. There were sufficient staff and staff understood their roles and responsibilities to provide care in the way people wished. They were responsive to people's specific needs and tailored care for each individual. Staff worked well as a team and were supported to develop their skills and acquire further qualifications.

The home aimed to enable people to maintain their independence and socialise as much as possible. People were cared for without restrictions on their movement.

The manager promoted a culture of openness and had made changes at the home to improve the morale of staff and to promote a culture where people came first. There was a clear management structure and systems were in place to deliver improvements in care.

# 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 protected people from avoidable harm and understood the importance of keeping people safe. Risks were managed safely and incidents were reported, investigated and any learning was put into practice.

There were sufficient staff with the right skills and experience to care for people. Staff suitability and skills were assessed at recruitment.

People's medicines were managed and administered safely.

Good

**Is the service effective?**
The service was effective.

Staff understood people's care needs and followed best practice guidance.

People were asked their views about their care and consented before staff gave assistance. When people were not able to understand aspects of their care, decisions about their care were made in their best interest and in liaison with professionals, following the Mental Capacity Act 2005.

People were supported by a staff team who were trained and supported to provide the care and treatment they needed.

They were assisted to maintain their health and receive suitable nutrition. Any changes were discussed with specialist healthcare professionals.

Good

**Is the service caring?**
The service was caring.

People received care and support from kind and compassionate staff. Staff provided practical support in a respectful and sensitive way.

Staff respected people's privacy and dignity. Everyone had their own room, personalised with their own belongings.

People were encouraged to build relationships with staff and with each other to lead independent lives where possible. Relatives and visitors were welcomed.

Good

**Is the service responsive?**
The service was responsive.

Care was personalised, based on people's wishes and preferences. Staff understood people's specific needs and provided care to promote their wellbeing and safety.

Concerns or complaints were listened to, investigated and acted upon.

Good

**Is the service well-led?**
The service was well-led.

Good

# Summary of findings

The manager promoted a culture of openness and had made changes at the home to improve the morale of staff and to promote a culture where people came first.

Governance systems were in place to deliver improvements in care. These were enabled by a clear management structure and staff understood their roles and responsibilities in relation to keeping people safe and happy.

The home was developing links with community groups, for example those involved in improving the quality of dementia care.

# Freelands Croft Nursing Home

**Detailed findings**

## Background to this inspection

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

This inspection took place on 18 and 25 November 2014 and was unannounced. The inspection team included three inspectors, an expert by experience, a specialist advisor in nursing and a Care Quality Commission (CQC) pharmacy inspector. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this inspection had personal experience of caring for a relative.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the home, for example any events the provider had notified us of or any concerns raised about the service.

During our inspection we observed how staff interacted with people using the service and used the Short Observational Framework for Inspection (SOFI) during lunch. The SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with nine people living at the home and three relatives to obtain their reviews on the quality of care. In addition, we spoke with the manager and 15 members of staff, including care, nursing and support staff. We reviewed 13 people's care records which included their daily records, care plans and medicine administration records (MARs). We looked at staff training records and recruitment files for three staff. We also looked at records relating to the management of the home. These included maintenance reports, audits and minutes of meetings. After the inspection we spoke with two health care professionals, a commissioner of services and a visiting chaplain.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at Freelands Croft. Some people we spoke with had difficulty communicating but when asked if they felt safe they nodded, smiled or said yes.

The areas of concern from the previous inspection, relating to medicines management, had been addressed. There were safe procedures for the management of medicines and staff followed these accurately and consistently. Medicines were stored at a safe temperature in locked fridges, cupboards or trolleys. Keys to medicines cabinets were kept securely to minimise the risk of unauthorised access. There were clear protocols for the administration of medicines, and staff completed records in full to show when people had taken their medicine or refused it. Protocols for the administration of medicines only needed 'as required' had been written to provide detailed guidance to minimise the risk of staff administering too much or too little. Staff completed topical medicine charts correctly and documented any changes to people's medicines.

Some medicines require staff to test people's blood and these tests had been carried out accurately, at the right time and by trained staff. Staff checked medicine stock levels and ensured these balanced, including for those medicines controlled by legislation, known as 'controlled drugs'. There was a complete record of decision making when people were given medicines covertly, for example hidden in food. Records showed that this was done only after a mental capacity assessment judged the person was not able to make a decision about their medicines, and a best interest discussion with the GP and family members had taken place, as appropriate. People were protected against the risks of unsafe medicines management.

People's risk of harm from abuse was minimised because staff had a good understanding of how to keep people safe. Staff were trained to recognise signs of abuse and were able to explain how to care for people safely and how to report actual or suspected abuse. There was guidance on display for staff to refer to. Staff were confident that action would be taken if abuse was reported to the manager. The manager had submitted notifications of alleged abuse to the safeguarding authority and the Care Quality Commission (CQC) when concerns had been raised, and had followed agreed procedures. Staff knew about the provider's whistle blowing policy, referred to as 'speak up', and said they would use it to keep people safe if they needed to.

Incidents and accidents were documented and reviewed by the manager, and any learning was put into practice to minimise the risk of people experiencing a repeat event. One staff member had raised a concern when they saw a colleague providing unsafe moving and handling support. This incident had been investigated promptly, and the staff member concerned received additional training and supervisions.

The staff supported people to keep safe by carrying out risk assessments and taking steps to minimise risks effectively. People's needs were assessed before they moved into Freelands Croft, using information from the person themselves, relatives and others involved in their care. This assessment was used to ensure people were admitted only if their needs could be met safely.

Risk assessments included risks of falling, skin breakdown and malnutrition. When people were identified at risk of falling, the home put measures in place to reduce the risk of harm for people. They did this with minimal restrictions on people's movement. Staff encouraged people to walk independently and at their own pace, but with the support of a staff member.

People at a high risk of developing pressure ulcers or of malnutrition had individual care plans to minimise the risk of harm. For example, this was achieved by ensuring people had the correct cushions and mattress support and by providing appropriate nutritional support.

The number of staff supporting people was monitored and changed when required to reflect people's needs. An additional 'twilight shift' was being set up to improve staffing levels during the evenings as a result of an increasing level of needs of the people living at the home. The home minimised the use of agency staff and had successfully recruited additional permanent and bank staff. Staff worked across both floors of the home so they got to know everyone and could work flexibly when necessary to meet people's needs. Working shifts were planned with 10 care staff working during the day shift, with one staff

Good

# Is the service safe?

member allocated to work on whichever floor had greatest need. Staff reported that shifts were well covered and they worked as a team to ensure people received the care they needed.

People were looked after by staff whose suitability had been checked at recruitment and whose performance was monitored. These checks were completed before people started to work for the provider. They included following up references from previous employers, interviewing candidates to assess their skills and experience for the role and carrying out criminal records checks.

The premises were maintained so that people lived in a safe environment. The utilities, such as gas and electricity were routinely checked under contract and the maintenance staff ensured that repairs were completed promptly. There was a business continuity plan for the home, which included an up to date register of residents and a fire risk assessment and log book. Fire systems were checked regularly.

Good

# Is the service effective?

## Our findings

People living at the home said they were well looked after and that the staff were wonderful. One person described how the care staff had supported them to regain mobility after leaving hospital, by helping them continue their exercises. Relatives told us staff were "Conscientious", had "Excellent skills" and that the "Night staff were really good". A regular visitor told us, "In all my visits, the residents speak highly of the care staff and the meals and it's the level of care they really appreciate most of all".

People were cared for by a team of staff able to understand and respond to people's needs. The training offered to staff was comprehensive and staff were up to date with the basic training they required to carry out their roles. This included training and supervision of lead care staff in medicine administration. All staff had completed, or were booked to attend, training in the provider's own dementia care programme, delivered by specialists in the topic. In addition, all nurses had received clinical training in pressure ulcer treatment in line with the National Institute of Health and Care Excellence guidance. Most care staff had also been trained in pressure ulcer awareness and care.

Staff had access to best practice guidance and support from a variety of sources to help them provide individualised care for people. The visiting specialist community nurse told us that staff were aware of what they didn't know and sought advice and put their learning into practice. Staff had attended training provided or suggested by the community nurses and the community nurses were impressed by the amount of training staff had completed to reduce falls and improve people's hydration. In addition, the home had links with the local hospice for end of life care and with the Parkinson's nurse for specialist advice.

Newly recruited staff completed a comprehensive induction programme, which included a week of shadowing experienced staff and two weeks as an additional member of staff. They were also provided with a mentor for ongoing support and advice. Staff received supervisions every two months, and these were useful. Supervision and appraisals were documented and included opportunities for staff and their managers to discuss performance, skills and development opportunities.

Staff understood their obligation to support people's freedom and independence. People chose how they spent their time and were offered choices of meals and drinks. When staff offered people medicines or took blood tests, they explained what they were for and asked for consent before continuing. Mental capacity assessments had been undertaken when there was doubt about a person's ability to make decisions about their care or treatment. When people lacked or had variable capacity, care was provided in their best interest following the principles of the Mental Capacity Act 2005 (MCA). If people had capacity to refuse treatment or care, their views were respected. Staff had completed training to understand the MCA and its associated legislation, the Deprivation of Liberty Safeguards (DoLS). The DoLS are part of the MCA and are designed to protect the interests of people living in a care home to ensure they receive the care they need in the least restrictive way. Authorisation had already been given by the local authority to deprive one person of their liberty using the DoLS, and the deputy manager had submitted applications for other people who were at risk of having their liberty restricted.

People received care and support that helped achieve good health outcomes. Staff understood people's specific health needs and care was planned effectively to monitor and respond to changes in people's health. Staff communicated changes in people's health or wellbeing at shift change-over meetings and the management team met each day to discuss and monitor any particular issues or trends. Staff used recognised tools for monitoring malnutrition and skin integrity, and implemented these correctly.

People's nutritional needs were assessed and there was guidance for staff on how to support people in the way they needed. This guidance was detailed in their care files and summarised on handover forms. Information about peoples' nutritional needs was available in the kitchens. Where people were identified at risk of malnutrition or dehydration, the home had set up a system for monitoring their dietary intake. Any shortfalls were discussed at handover and staff had a good understanding of people's changing needs. They knew who required diabetic diets. They also knew who specifically chose not to follow the diet recommended by health professionals, and their preferences were managed safely. If people didn't like a meal they were offered alternatives and meals were provided outside the normal meal times if people were not

Good

# Is the service effective?

awake or unavailable. The chef was involved in serving people's meals so also developed an understanding of people's preferences. Enriched foods were provided, such as fruit smoothies, to encourage people's calorie intake, and there was access to range of foods during the day.

Good

# Is the service caring?

## Our findings

People living at Freelands Croft told us they were happy living there. People said the staff were caring and cheerful. One person said "I would recommend [the home] to my friends". Staff responded to people's requests for assistance promptly and cheerfully. A relative said the home had been "Wonderful with end of life care" and good at involving and listening to the family. Feedback from another relative stated that all the staff had been caring and attentive when they had provided end of life care for their family member. They commented the staff had offered their relative "every comfort" and had supported the family well, which was greatly appreciated. A visiting health professional had reported that it had been "lovely to see the approach of staff, so sensitive to people". Another regular visitor said staff were welcoming and encouraged people to participate in group activities. We observed interactions between staff and residents that were consistently warm and friendly.

People were asked about their life history, interests and preferences when they moved to the home, and families were invited to contribute to this as well. This information helped staff understand how people lived their lives before they moved to Freelands Croft, and also helped indicate how they would like their care provided. A 'This is me' summary was on display outside people's rooms, which summarised some life history and gave conversational prompts for staff. These had been created with people's consent. The visiting chaplain also commented this summary had been very useful for helping to get to know people.

Staff were kind and compassionate. We observed staff talking with people in a gentle, supportive way and responding to their requests and opinions. Staff described how they supported people when they were upset or agitated and understood what approaches might be effective in helping them emotionally. For example, one person liked to be given small jobs to do. Another person, who had difficulty hearing staff, liked things to be written down. All staff had received training on how to treat people as individuals, including those with dementia. A visiting Admiral Nurse delivered training in person-centred care and told us she had seen "Vast improvements" in the way staff supported people and their approach to care. Admiral Nurses are specialist dementia nurses. The manager had signed up to a six-month training programme to improve the care they provided for people with dementia, and had appointed dementia 'champions' to take a lead in promoting good practices. Staff told us that visiting mental health nurses also contributed ideas and support to the staff team. The home had received compliments from relatives about the way people were cared for by staff and the kindness shown to relatives.

Staff knew people and how to comfort them. One staff said they were particularly proud of the care they gave people at Freelands Croft. They said "The carers do care here, they love the residents. If they are upset we sit down and talk to them". They went on to say they were able to calm and reassure people because they understood what people liked. A visiting health professional told us they had observed one resident's health improve markedly since moving to the home, because staff understood how to provide care for them in a sensitive way that they would accept.

People were supported to build relationships with each other as well as with staff. Staff had a good understanding of people's social preferences, and encouraged people to spend time with friends they had made at the home. The chaplain, who visited every fortnight, also offered a service of collective worship each month.

People's privacy and dignity was respected. People had their own rooms and these were personalised with their belongings and memorabilia. Staff knocked and asked for permission before entering their rooms and spoke courteously with people. Staff gave examples of how they supported people in a dignified way when assisting with personal care, by ensuring doors were closed and drawing curtains when necessary.

Good

# Is the service responsive?

## Our findings

People were positive about the support they received. The relatives we spoke with were aware of the complaints process and those who had used it were happy with the outcome. They said they were listened to when they had concerns or complaints, and the manager took their views seriously.

There were a range of ways people and visitors could comment on the service. The manager welcomed people to speak with him directly if they had concerns or worries and he held a weekly 'open house' session in the evening. All concerns were logged, investigated and responded to, and this approach was valued by the relatives we spoke with. The manager was committed to developing a culture of encouraging feedback and using this to improve the service.

People's care plans were comprehensive and personalised, providing useful guidance to staff in how to provide care in the way people wanted. Care documents included information about people's life history, interests and individual support needs. This included details such as food preferences and how to support people when they were distressed. Relatives had contributed information about people's life history and their choices in respect of care. People's care plans included specific plans for people's health conditions, such as heart disease or epilepsy, and how to support them if they became unwell. These were explained in sufficient detail for staff to understand people's conditions and what the illness meant for the person concerned. Care plans also described how people communicated and any care needs associated with this, such as prompting people to use their hearing aids.

People's care plans were relevant and up to date. They were reviewed at least once a month, when people were the 'resident of the day'. This was when people met with a range of staff including the activities coordinator and chef, and their views about care were shared. Care plans were updated each month with contributions from care and nursing staff, so people's emotional wellbeing as well as health was reviewed. Care plans also showed where people preferred staff of a particular gender. Staff told us they had worked hard to improve the quality of the care plans. One staff member said "We like to put in as much details as we can". The plans were amended more frequently than every month if people's needs changed.

People's day to day care was recorded, with daily records showing the support people had received. Where people's health was at risk of deteriorating, there were regular records of the specific care they needed in, for example, repositioning and assisting with meals. This meant information was available to monitor trends in people's wellbeing.

People were supported to pursue social activities to protect them from social isolation. Social events were arranged in the home, which included visiting entertainers, singing and dancing and seasonal celebrations. The home held a Disney-based theme day on the day of our inspection, where staff dressed up and Disney films were shown. This created a lot of interest and laughter. The activities coordinator outlined other activities offered, from tea parties, quizzes and other games. The home had recently introduced a beer evening, aimed primarily but not exclusively for men having recognised a shortfall in social activities for this group. The staff changed the activities offered based on feedback. In addition, the home supported people on visits outside the home, such as to the local garden centre. The service employed three activities coordinators. These coordinators also spent time with people on an individual basis, especially with those who spent most of their time in their rooms, and read and chatted with people. One visitor commented that people had access to a creative programme of activities and events.

Good

# Is the service well-led?

## Our findings

Relatives thought very highly of the manager and said the home was well led. This was confirmed by visiting health and social care professionals. One relative described a meeting they had had with the manager, saying they were listened to and their concerns were addressed effectively.

The manager had improved communication with relatives and had taken a range of steps to make themselves available for meetings.

Staff, visitors and relatives consistently reported that there was a culture of empowering staff to make improvements at Freelands Croft. The recent staff survey, carried out in Autumn 2014, showed staff liked working at the home and there was effective, two-way communication. Ninety two percent of staff said they felt they made a real difference to people's lives. Over 90% of staff participated in the survey and 86% felt they were able to try new things in their job. Staff were complimentary about the management of the home, with over 90% reporting their manager was a good listener, treated them with respect and ensured they understood what was expected of them. Staff were positive about the recent changes at the home. They had been involved in creating a more 'dementia friendly' environment and their suggestions for improvements were listened to. One staff member said, "I am really pleased with the way [the home] is going". Others commented on the improvement in staff morale, saying the manager had worked hard to develop staff confidence and teamwork. A visitor commented, "I have noticed a great sense of pride amongst the staff about the changes they have been involved in".

Opportunities had been offered to staff to develop their skills. Some staff had taken on leadership roles and were receiving training in carrying out supervisions and appraisals. Others reported good access to specific training suited to their roles, such as in end of life care and phlebotomy.

Communication between management and staff was effective. There were regular staff meetings which were used to remind staff of good practices and update them on developments. The manager had met with a cohort of new staff to gain feedback on their induction experiences, and this had resulted in improvements to the support given to new staff.

There was visible leadership in the home. People, staff and relatives said the manager was open to feedback. The manager had held family meetings to answer questions about the service and share plans for the future. They had also established an 'open house' programme for people to raise issues for discussion privately. There were monthly afternoon teas and open house sessions to encourage relatives to share in discussing plans for the home.

A clear management structure had been established to improve governance. The manager was supported by a deputy manager, who was the clinical lead, two unit managers and managers for maintenance, housekeeping, catering and human resources. The management team met each day to review events, issues, and changes and key information was cascaded to staff. This promoted staff understanding of the home's priorities.

There was a focus on improving the quality of care. Governance systems were in place which included regular audits of practice to check people were cared for safely. Medicines audits were carried out each week and each month, with additional spot checks of the medicines trolleys and records. Care staff had recently been trained to carry out audits of each other's daily records, and this was prompting learning and improvements in recording. A monthly corporate audit of key aspect of quality highlighted areas for development and tracked progress. Quality monitoring visits by commissioning services had also been used to inform improvement plans.

Incident trends were monitored. The staff had reviewed falls trends and used the results to inform training. This had helped reduce the frequency and risk of falls to people living at the home. The visiting specialist nurse confirmed staff had put this learning into practice.

There was a culture of reporting errors, omissions and concerns. Staff understood the importance of reporting errors to keep people safe, and staff were offered additional support and training when necessary. The manager understood their responsibility to report incidents of actual or suspected abuse promptly to the Local Authority and to notify the CQC.

Records were managed well to promote effective care. The records were clearly written, up to date and informative. They were routinely audited and kept securely to maintain confidentiality.

Good

# Is the service well-led?

Longer term plans were in place to continue to develop support for new staff and to develop relationships with the community. The manager had already held a Hampshire Falls conference at the home and was organising a Parkinson's awareness seminar, open to members of Frimley care Home Forum as well as those with links to the home. The manager had also set up links with Hart District Council to host the Fleet Dementia Action Group at the home.