

Leisure Care Homes Limited

Frampton House

Residential Care Home

Inspection report

West End Road
Frampton
Boston
Lincolnshire
PE20 1BT

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19 November 2018

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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 ●

Summary of findings

Overall summary

This inspection took place on 19 November 2018 and was unannounced.

Frampton House Residential Care Home 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. Frampton House Residential Care Home is registered to accommodate 30 older people, some of whom are living with dementia. At the time of our inspection there were 24 people living in the home.

At our last inspection in May 2016 we rated the service good overall, but we found improvements were required in the implementation of the Mental Capacity Act 2005. At this inspection we found those improvements had been made and the evidence continued to support the overall rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Good staffing levels were in place. Staffing support matched the level of assessed needs within the service during our inspection.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Specialist training was provided to make sure that people's needs were met and they were supported effectively.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions. The staff we spoke with were all positive about the senior staff and management in place, and were happy with the support they received.

People's consent was gained before any care was provided. People were supported to have maximum

choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner. Our observations during inspection, were of positive and friendly interactions between staff and people.

People were involved in their own care planning and were able to contribute to the way in which they were supported. People and their family were involved in reviewing their care and making any necessary changes.

A process was in place which ensured people could raise any complaints or concerns. Concerns were acted upon promptly and lessons were learned through positive communication.

The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required.

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 remains good.

Is the service effective?

Good ●

The service was good.

The service was working within the principles of the Mental Capacity Act.

Staff received regular training.

People were supported to maintain a healthy diet.

People had access to healthcare.

The premises were accessible.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Frampton House 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.

This inspection visit took place on 19 November 2018 and was unannounced. The inspection was carried out by one inspector

Before the inspection, 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 looked at the PIR prior to our visit and took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted the Local Authority and the local clinical commissioning group (CCG) for any information they held on the service.

During our inspection visit, we spoke with six people who used the service, three support workers, and the registered manager. We reviewed three people's care records to ensure they were reflective of their needs, and other documents relating to the management of the service such as staff files, quality audits, user feedback, and meeting minutes.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "Oh yes, I feel very safe here, I don't feel worried at all."

Staff knew how to recognise and report potential abuse to keep people safe from harm. One staff member told us, "I have no problems in reporting any concerns about people, or any bad practice from staff that I see. I know from experience that it would all be followed up properly by the manager." We saw that safeguarding investigations were carried out when required, and lessons learned were shared with the staff team.

Risk assessments provided staff with guidance on how to support people and we saw that these were followed. For example, a person who was at risk of pressure sores was regularly monitored to ensure their skin remained as healthy as was possible. Staff we spoke with felt that all risks had been identified, and that the necessary steps had been taken to support people safely.

People and staff told us there was enough staff available to support them. One person told us, "Yes the staffing is pretty good. There is normally someone around to help. If I call I know that it won't take too long for someone to come." Our observations on inspection were that there was an adequate amount of staff on shift to respond to people promptly. For example, we saw one person in a communal area push a call bell for assistance to use the toilet. Two members of staff responded quickly to the person, who required the use of a hoist to move around.

The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role. All the staff we spoke with confirmed that these checks took place before they were able to start work at the service.

Medicines were stored and administered safely. We observed medicines being administered to people by trained staff, who told us they were confident in using the systems in place. Records were completed accurately, and showed that people were given the right medicines at the right time. This included any medication that was required on an as and when basis, for example, when a person wanted paracetamol for pain relief.

The building was clean and tidy, and the staff took pride in the environment they worked in. Regular cleaning took place, and staff were trained in infection control. Many of the rooms had been re-decorated and refurbished. Some areas were still in need of attention, including some worn areas of carpet, but the registered manager told us these were being replaced imminently. The service had been awarded a five-star food hygiene rating.

Accidents and incidents were recorded appropriately, and actions were created and communicated to the staff team to ensure that lessons were learnt. This included the use of body maps to demonstrate any injury that a person may have sustained, so that it could be accurately monitored by staff. No recent serious

accidents had taken place.

Is the service effective?

Our findings

At our last inspection in May 2016, we found that improvements were required in relation to actions taken with Deprivation of Liberty Safeguards (DoLS) under the Mental Capacity Act 2005. This was to ensure that people only received lawful care that respected their rights. At this inspection, we found that improvements had been made in this area.

The Mental Capacity Act 2005 (MCA) provides a legal framework for 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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

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 had the appropriate legal authority and were being met. We found that consent was sought before care and support was provided. People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded.

The registered manager continued to assess people's support needs prior to them using the service. Information was gathered prior to admission, and was used to develop the person's care plan and identify their needs, preferences and interests. This was done in consultation with people's families to gather a picture of the person's life and what was important to them. People's needs were regularly reviewed to ensure the placement was right for them, and that their needs were being met and effective outcomes could be reached.

All the staff had received the training they required to effectively do their jobs, and were regularly supervised by management to monitor their competency, and discuss any concerns. One staff member said, "This was my first job in care, and with the induction training, I felt that I needed more time to shadow staff than was originally allocated to me. The manager let me continue shadowing staff until I felt confident enough to deliver care myself. All the training courses were very good." Records we looked at showed that staff training was up to date.

People were supported to eat and drink enough and maintain a balanced diet. We observed the lunchtime period and saw that people were offered a choice of different meals. Those that required it, were given assistance by staff to eat, and staff were aware of people who had dietary requirements, for example, when a person required foods of a softer texture due to swallowing difficulties. We saw there was a large picture menu for people to view the options available each day. People we spoke with told us they enjoyed the food on offer.

People had access to the healthcare professionals they required. We saw that medical professionals regularly visited the service to ensure people's health was maintained. This included a doctor, nurses, and podiatrists. Some people required daily injections to be administered by nurses, who visited the service every day to support them with this. People's care plans contained the detail about any medical requirements they had, as well as a log of contact with any professionals or appointments attended.

The premises and environment met the needs of people who used the service and were accessible. People's rooms were personalised to their tastes, and communal areas were accessible to people across the home. A lift was in place to enable those who wanted to move upstairs or downstairs freely. There was outside space for people to use. The registered manager told us that a longer term aim for the service was to increase the access to the outside spaces within the grounds of the home.

Is the service caring?

Our findings

People we spoke with felt well cared for. One person told us, "The staff are lovely, I get on with them all." Another person said, "I have to say that the staff are very dedicated in their roles. I can't fault them really." One staff member said, "I love my job, residents always come first." We saw a written compliment from a person which said, 'I get everything I need, everyone is so kind to me.'

Our observations during our inspection were that staff communicated with people in a warm and friendly manner, and gave people the time they required to communicate. Staff considered people's feelings, and regularly checked if people were okay. For example, we saw staff check with several people if they were in any pain, and if they wanted any pain relief medication such as paracetamol.

People and their families were encouraged to be involved in making decisions about care and support. We saw that care plans were regularly reviewed and changes were made when required. People told us that staff would regularly check with them if their care was satisfactory, and if any changes were required. Staff all felt they had time to spend with people so that care and support could be provided in a meaningful way and they could listen to people's views and opinions.

People felt their privacy and dignity was respected. All the people we spoke with confirmed that staff respected their privacy, knocked on doors before entering, and conducted personal care with dignity and respect. We observed that when people were supported by staff using hoists, they were communicated with through the process, and staff were sensitive and discreet in their approach.

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. One person told us, "I do like talking to the staff. They are very good and we have a laugh." We saw that people's care plans contained information that was personalised, for example, a 'what's important to me' section and a 'How best to support me' section. Staff and management had a good knowledge of people's personalities, and personal history, and were able to tell us the specific things that certain people enjoyed doing.

People were provided with meaningful activities, and were encouraged to take part in sociable events. This included a group of people who often took part in a social group run in the local community with staff support. During our inspection, we saw that people were engaged in a Christmas card making session, with the plan to sell the cards to raise money. One person was helping to keep the hallway within the service clean, by Hoovering the floor. The person told us they enjoyed regularly doing this activity and it was clear they felt a valued part of the home by doing this. People's personal beliefs and backgrounds were respected by staff. We saw that people who practiced religion, were supported to do so and had regular visits from a vicar to conduct a service for them.

People received information in accessible formats and the registered manager knew about and was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.

The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that staff had acted to investigate complaints and had resolved any concerns. This included raising appropriate safeguarding alerts when concerns about people's safety had been included in any complaints.

People's choices for their end of life care were recorded in their care plan. People had been asked about their preferences and staff were knowledgeable about what they were. People's families had been involved when appropriate, and the staff at the service ensured people's wishes were supported.

Is the service well-led?

Our findings

There was a registered manager. 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. The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

The service had a clear vision and strategy to provide positive care for people. The management team and senior staff we spoke with, all had a good knowledge of the people that were using the service, and how to meet their needs. The staff were happy that they had the support of management. One staff member told us, "It's a really good team, I love my job." Another staff member said, "The management have been so supportive. I went through a difficult time in my personal life, and thought I might need to leave the job. They really wanted me to stay and helped me so much." All the staff we spoke with were aware of their role and responsibility, and understood what was expected of them.

People had the opportunity to feedback on the quality of the service. We saw that quality questionnaires had been sent out to people to comment on the quality of care they received. The responses we saw were positive, and the registered manager told us that any issues raised would be fed back to the team for improvements to be made.

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. Staff told us that they were able to feedback through a variety of forums including team meetings, supervisions, observations and spot checks, as well as informally should they wish. We saw minutes of meetings held, and staff we spoke with confirmed they took place.

The registered manager conducted regular audits to check that people received good quality care. This included audits on the medication administration, infection control, and any accidents and incidents that occurred. We saw that when errors were discovered, improvements were actioned. The registered manager and staff team worked in partnership to ensure people received the relevant support from other agencies as required; such as the local authority, and community health care professionals.

The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.