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# Freestones Residential Care Home

## Inspection report

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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

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

Freestones Residential Care Home accommodates up to 20 people in one adapted building. At the time of this inspection, 19 people were using the service.

At our last inspection in January 2016, we rated the service 'Good'. At this inspection, we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and on-going 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.

People and relatives felt safe with the staff providing their care and support. Staff were aware of their responsibilities for keeping people safe from any form of abuse and avoidable harm. The registered manager understood their responsibilities to keep people safe, they had notified the local safeguarding authority and Care Quality Commission (CQC) of safeguarding concerns and carried out investigations as required.

Staff recruitment procedures continued ensure that appropriate pre-employment checks were carried out to assure staff were suitable to work at the service. The staffing arrangements met the individual dependency needs of people currently using the service.

Staff had the appropriate skills, competency and knowledge to meet people's individual needs. Health and safety training followed current relevant national guidance to prevention and control of infection.

On-going support and one to one supervision was provided for staff to reflect on their practice and promote self-development.

People received their medicines safely and staff supported people to access support from healthcare professionals when required, to ensure people continued to receive coordinated care and support.

The registered manager / registered provider and staff understood the Mental Capacity Act, 2005 (MCA) legislation and followed this in practice.

The environment was clean, and repairs and refurbishment works took place to the building, both internally and externally. Routine safety checks were carried out on the fire, water, gas and electrical systems.

People were involved in planning their on-going care and support. The care plans were person centred and provided staff with appropriate guidance on meeting their diverse range of needs.

People using the service, relatives and staff had good relationships. People and relatives were very complimentary of the care and attention, the staff provided. People were treated with kindness, compassion, dignity and respect and staff provided their care and support in keeping with their wishes and preferences.

Feedback from people, relatives and staff was used to drive continuous improvement of the service. The complaints policy was made available to people and relatives so they knew how to raise any concerns and complaints.

Regular audits continually monitored the quality of the service, based on the audit findings the registered manager / registered provider took appropriate action to address and rectify any shortfalls. The registered manager / registered manager had informed the Care Quality Commission (CQC), of notifiable events and incidents, as required by law.

## 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 remains Good.

### 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.

# Freestones 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was the second comprehensive inspection of Freestones Residential Care Home. The inspection was unannounced and undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the registered provider completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager told us they had experienced technical difficulties in completing the PIR on line and at the time of the inspection gave us a copy of their PIR. During the inspection, we used information from the PIR and other information we held about the service. This included statutory notifications. A statutory notification is information about important events; the provider is required to send us by law.

We reviewed the care records for two people using the service, two staff recruitment records and other records in relation to the management and running of the service. These included staff training records, quality assurance audits, safeguarding and complaints records. We spoke with seven people using the service, four relatives, one visitor, three care staff, the registered manager and one visiting healthcare professional. We also took into consideration feedback received from commissioners who monitor the care of people using the service, to make our judgements.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "They [staff] make me feel very safe because I sometimes don't remember things." Another person said, "I feel really very safe, the staff are very friendly and caring." One relative said, "I have no doubts, [Name of person] is totally dependent on the staff, they really look after her, I have no worries at all about her safety." Another relative said, "The staff do a fantastic job, [Name of person] is very safe living here, I have complete peace of mind."

Staff told us, and records showed they received training in safeguarding. One staff member said, "I would not hesitate to contact [Name of registered manager] if I ever suspected anyone living here was being subject to abuse." Records confirmed that staff received safeguarding training that included information on how to raise safeguarding concerns directly to the safeguarding authority, known as 'whistleblowing'. A safeguarding policy was available to staff for guidance. The registered provider was aware of their responsibility to alert the safeguarding authority and the Care Quality Commission (CQC) of any alleged or actual abuse brought to their attention.

People had individualised risk assessments in place, for example, risks of falls, developing pressure area sores and malnutrition. Staff told us, and records showed they followed the instructions in the risk assessments. The registered manager closely monitored all incidents and appropriate action was taken to mitigate the risks of repeat incidents, to ensure lessons were learned to continually protect people from avoidable harm.

Staff received training on infection control and followed best practice guidance in preventing the spread of infection. During the inspection, we saw the service was clean. Staff followed good hygiene practices, including hand washing and using personal protective equipment (PPE) to protect people from the risks of the spread of infection or illness.

Staffing levels were sufficient to meet the needs of the service. One relative said, "There always seems to be a member of staff around." Staff commented they did not feel under any pressure and that the staffing levels were sufficient. "One member of staff said, "We work really well as a team, we cover when another member of staff is on holiday or off sick." The registered manager assessed people's dependency levels and calculated the staffing levels accordingly. At the time of our inspection, we found the staffing levels to be sufficient to meet the current needs of people using the service.

Records showed that suitable pre-employment checks were completed. References were obtained from previous employers and checks were carried out through the government body Disclosure and Barring Service (DBS), to include criminal records checks. This meant the registered manager continued to take reasonable steps to assure staff were suitable to work with people using the service.

People confirmed they continued to receive their medicines safely. One person said, "The staff always bring my tablets and order more when they are running out." Staff told us and records confirmed they received training on the safe administration of medicines. We saw that the medication administration records (MAR)

were completed accurately and the registered manager completed regular medicines audits.

## Is the service effective?

### Our findings

The staff continually assessed people's diverse needs. People and their relatives confirmed they were fully involved in decisions regarding their care. One relative said, "[Name of registered manager] came to assess [Name of person], they were very thorough, asking lots of questions about her likes and dislikes, mobility and general health, It's only right they do a thorough assessment before saying they can care for people." Records showed the pre admission assessments covered people's physical, mental health and social care preferences.

People continued to receive care from staff that had the knowledge and skills to carry out their roles and responsibilities. Staff confirmed they completed induction training and worked alongside experienced staff members when they first started working at the service. The staff training records showed staff had completed training and regular refresher training in areas such as, fire awareness, moving and handling, falls prevention, nutrition, pressure area care and medicines administration. This meant staff continued to work to current best practice guidelines.

Staff told us, and records showed they received regular one to one supervision and an annual appraisal of their performance. They confirmed that the registered manager was approachable and they could speak with her at any time. We observed during the inspection that the registered manager was readily available to support staff, offering advice and guidance.

Staff continued to support people to eat and drink sufficient amounts and follow a healthy balanced diet. Guidance was available in the care plans for staff to follow in relation to people's dietary needs. This included information on food and drink preferences. Records showed that staff followed the guidance and closely monitored the foods and fluids taken by people identified at risk. The Food Hygiene Agency had awarded the service a food hygiene rating of five (very good).

People's care plans contained information about their current health needs. People frequently had their healthcare reviewed. One relative said, "[Name of person] took a bad turn recently and the manager rang me at home in the middle of the night to let me know they had called the doctor." A visiting healthcare professional confirmed the staff contacted them in response to changes in people's health conditions. They said the staffs' timely action ensured appropriate medical intervention could be provided, so people could be treated at the service and unnecessary hospital admissions were avoided. This meant the service continued to work in collaboration with other health and social care professionals and families.

People had personal evacuation emergency plans (PEEP's) in place in the event of a major emergency. Records showed that a programme of repairs and refurbishment works took place to maintain the upkeep of the building. The registered manager told us they planned to replace the carpets in the communal areas, and this would be phased in over time, to cause the least disruption for people using the service. Records showed that routine safety checks took place on the fire, water, gas and electrical systems.

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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood their responsibilities to work in line with the MCA and DoLS legislation. Records showed that DoLS applications had been appropriately submitted to the Local Authority and restrictions on people's liberty were the least restrictive. Staff ensured they always sought people's consent before carrying out any care tasks and they understood the importance of always respecting people's decisions.

## Is the service caring?

### Our findings

People and their relatives continued to experience positive caring relationships with staff. They confirmed staff were caring and supportive towards them. One person said, "The staff will often bring me a cup of tea during night when I can't sleep, they will do anything for you." One relative commented, "The staff are very caring, they often give people a cuddle to help them feel better."

People and relatives told us the staff were, compassionate and respectful. A relative said, "The staff treat [Name of person] with great respect." The staff spoke of people they supported in a caring and respectful manner. We observed during the inspection they discreetly provided personal care in private, behind closed doors and did not enter people's rooms before being invited. We observed staff sat beside individual people, chatting to them and taking a keen interest in what they were saying."

People's care plans were written in a person centred way that explained how people preferred their care to be provided. One visitor said, "The staff are amazing, they anticipate things, they are always cheerful and willing to go the extra mile." The staff were able to tell us in detail about the needs of the people they provided care for; their likes and dislikes and the specific support they required, which demonstrated they were knowledgeable of the people in their care.

Information was available for people on using independent advocacy services. Advocacy services can represent people, where they have no family member or friend to represent them. The registered manager told us at the time of the inspection no people using the service were currently using an advocate.

## Is the service responsive?

### Our findings

People continued to receive personalised care that met their needs. Relatives commented that they worked with staff to build their family members care plans. One relative said, "When something changes, so does the care plan." Another relative said, "We have a great relationship with the staff, we work together, they communicate with us and keep us fully informed when anything changes."

People were supported to take part in activities of their choice. The care plans contained information about people's backgrounds, hobbies and interests and staff used the information to deliver personalised care and support. A varied activity programme was available for people, which included one to one and group activities and visiting entertainers. Children from a local nursery regularly visited people, so they had the opportunity interact together. A relative showed us photographs from one of the visits and it was evident from the smile on their family members face they thoroughly enjoyed the children visiting them.

People had the opportunity to worship according to their faith and beliefs. Ministers from local churches regularly visited the service to support people in practicing their faith. A hymn singing session took place once a week, and on the day of the inspection, we observed a group of people enjoy singing along to traditional hymns familiar to them.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. For example, written information was made available in large font, supported with pictures.

People using the service and relatives confirmed resident's meetings regularly took place and that the registered manager took time to talk to them and give them opportunities to comment on the service. They confirmed they had been given a copy of the complaints procedure and knew how to make a complaint if needed. They said the registered manager was very approachable and if they had any concerns they would speak directly with them. The registered manager told us that since the last inspection, no formal complaints had been received from people using the service or their relatives.

The service provided end of life care and staff had received appropriate training to provide such care. At the time of the inspection, no people were receiving end of life care, though some people were cared for in bed due to frailty. They told us the staff helped them stay comfortable, we saw they were visited by a specialist nurse practitioner to provide nursing care interventions. The registered manager respected people's end of life wishes and made every effort to ensure people could remain at the service if this is what they wanted.

## Is the service well-led?

### Our findings

The registered provider was also the registered manager for the service. 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 2008 and associated Regulations about how the service is run. The registered manager was aware of their responsibility to submit notifications and other required information.

It was clear from the positive feedback we received from people, relatives, staff and health and social care professionals that people were at the heart of the service. The registered manager adopted a positive open culture and worked closely with people using the service and their relatives. Relatives expressed great confidence in the registered manager and the staff team.

Feedback was regularly sought from people, relatives and staff. The feedback we received from people and commissioners was positive and records showed the feedback the registered manager received was equally as positive.

The service was committed to ensuring on-going development and improvement. The registered manager carried out regular quality assurance audits to monitor the effectiveness of the service. The audits included checks on care plans, risk assessments, medicines and medicines administration records. Where any improvements were identified, timely action was taken to rectify and learn from them.

Staff told us, and records showed they had regular one to one meetings and team meetings with the registered manager. Staff told us the registered manager was very approachable and they felt they could contact them at any time.

The service worked in partnership with commissioners and the local authority safeguarding authority to ensure that people received care that was consistent with their assessed needs.

Established quality monitoring systems were used to continually assess the effectiveness of the service and identify areas for further improvement. The registered manager was aware of their responsibility to have on display the rating from their last inspection. We saw the rating was clearly on display on the provider website and within the service. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments.