Akari Care Limited

Frindsbury Hall Care Home

Inspection report

Frindsbury Hill,
Strood,
Rochester Kent, ME2 4JS
Tel: 01634715337
Website: www.example.com

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

The inspection was carried out on 18 November 2014 and was unannounced. At the previous inspection in July 2013, we found that there were no breaches of legal requirements.

Frindsbury Hall Care Home provides accommodation, personal and nursing care for up to 63 older people. The accommodation is arranged over three floors. A passenger lift is available to take people between floors. The range of care provided includes long term care and short term care for people after they have left hospital. There were 47 people living in the home when we inspected. Nursing care was provided to people who needed it and there was access to equipment to meet their needs, such as hoist. These enabled people to be safely transferred, for example from chair to chair. Some people had a secondary diagnosis of dementia. However, people living with dementia as a primary condition, were referred to other services that could better meet their needs.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Medicines were not always managed safely and care plans did not always cover every aspect of people health needs. There were some discrepancies with the medicine stock counts. Also, staff competency in administering medicines safely was not up to date.

People felt safe. The registered manager and nursing staff assessed people's needs and planned people's care to maintain their safety, health and wellbeing. Risks were assessed by staff to protect people. People's comments included, "Mum feels comfortable, happy and safe" and "Mum is warm and well cared for, I am completely satisfied".

Restrictions imposed on people's freedom were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the registered manager understood when an application should be made for what and they were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People told us that staff had the right attitude. They said "Staff are nice and friendly." Others said, "I was sorry to leave my home but I am very happy here." We observed friendly care being provided. People were encouraged to get involved in how their care was planned and delivered. Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected. Staff 'Dignity Champions' had been trained to challenge poor care and acted as role models to educate and inform other staff about dignity and respect.

Incidents and accidents were recorded and checked by the registered manager to see what steps could be taken to prevent these happening again.

Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse. Procedures for reporting any concerns were in place. Staff reported that they had confidence the manager would respond appropriately to any concerns they raised. Managers had access to and understood the safeguarding policies of the local authority. Staff said, "I would whistle blow to social services if I had any concerns".

Managers ensured that they had planned for foreseeable emergencies, such as during periods of extreme weather or in the event of fire or flood, so that people's care needs would continue to be met.

Robust recruitment policies were in place and had been followed. Safe recruitment practices included background and criminal records checks prior to staff starting work. The registered manager ensured that they employed enough staff to meet people's assessed needs. Staffing levels were kept under review and were adjusted according to people's assessed needs.

We observed that when people needed care staff responded quickly. People told us they received their care from staff who were aware of their individual needs. People said, "Staff have the skills to meet our needs." "Staff are well trained and they are always using the training room".

Staff supported people to maintain their health by staff ensuring people had enough to eat and drink. People were happy with the food and refreshments they received at the service. Their comments included, "There is always a jug of water in the room and their favourite fruit juice drink". "I like the food, you get big dinners and there's plenty of choice". Staff understood people's food likes and dislikes and dietary requirements. Meal times were relaxed and promoted positive social experiences for people as they chatted about their interests with others.

If people complained they were listed to and the registered manager made changes or suggested solutions that people were happy with.

People felt that the home was well led. They told us that managers were approachable and listened to their views. The registered manager of the home and other senior managers provided good leadership. This was reflected in the positive feedback given about the home by the people who experienced care from them. Staff said, "The manager works with us, they don't have a problem if we

Summary of findings

talk to them about the running of the home". The registered manager took the time to check what was happening in the home and ask people about their experiences of the care.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

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?

Requires Improvement

The service was not always safe.

People received medicines when they needed them. However, there were inconsistencies in the way medicines were counted.

The systems in place to manage risk had ensured that people were kept safe. Accidents and incidents were investigated and risks were reduced to prevent these happening again.

The registered manager and staff were committed to preventing abuse. Robust recruitment processes were in place to ensure that suitable staff provided care to people who lived at the home. Staff knew the process to report potential safeguarding concerns. There were enough staff available to protect people's health and welfare.

Is the service effective?

Good

The service was effective.

People were cared for by staff who knew their needs well. Staff met with their managers to discuss their work performance and staff had gained the skills required to carry out their role well. Nurses kept their professional skills up to date.

People were given enough to eat and drink, their allergies and food likes and dislikes were taken into account and where required their health was monitored to ensure their nutrition was maintained.

People had good access to other health care professionals such as GP's, district nurses and social workers who assisted staff to maintain people's health. Staff worked in people's best interest as they had taken account of the Mental Capacity Act 2005 and ensured that people's freedoms were not unnecessarily restricted.

Is the service caring?

Good

The service was caring.

Everyone mattered to staff in the home. People spoke highly of the staff and the way they cared for them. People had forged good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals, able to make choices.

People had been involved in planning their care and their views were taken into account. People felt included and listened to. If people wanted they could involve others in their care planning such as their relatives.

Summary of findings

Is the service responsive?

Requires Improvement 

The service was not always responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them. The care plan informed staff of the care people needed. However, some areas of people's health although identified on people's assessments had not been incorporated into their care plan.

People were satisfied with the activities they could choose to do in the home. The care people received took account of their current health needs. Information about people was updated often and with their involvement so that staff only provided care that was up to date. Any changes were agreed with people and put into their updated care plan.

People were encouraged to raise any issues they were unhappy about. When people had a complaint the registered manager and staff listened to their concerns and worked to find a solution.

Is the service well-led?

Good 

The service was well led.

The registered manager and the provider were keen to hear people's views about the quality of all aspects of the home. Staff were enthusiastic about delivering high quality care and they were supported to do this on a day to day basis.

The home was well resourced, with people getting new equipment and changes in the way the home was decorated and furnished.

There were clear structures in place to monitor and review the risks that may present themselves within the home and actions were taken to keep people safe from harm.

Frindsbury Hall 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 inspection took place on 18 November 2014. The inspection team consisted of the following people: One inspector, one nursing care specialist advisor and an expert by experience. The expert-by-experience had a good knowledge of homes that provided care for older people.

Prior to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the home. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what they do well and improvements they plan to make. The provider returned a PIR within the set time scale. We also obtained feedback from a care manager from social services, a community nurse and an occupational therapist. An occupational therapist can help people to learn new skills or regain lost skills.

People were able to talk to us, but varied in their ability to tell us about their experience of living in the home. We talked with nine people and eight relatives who were visiting the home. We carried out two observations. Firstly whilst some people were served their lunch and secondly of the care and support provided to a person who could not verbally communicate with us, whilst they were in the lounge area. We observed how staff helped people with food and drink, how people were supported with activities and how staff talked with people. We spoke to the registered manager, seven care staff and two nursing staff. We were shown the communal areas of the home and some people invited us in to look at their bedrooms.

We spent time looking at records, which included five people's care files, six staff record files, the staff training programme, the staff rota and medicine records. We also looked around the home and the outside spaces available to people. We spoke with staff about the care needs of people who lived at the home, asked people about their experience of the care they received, looked at people's care plans and observed how staff delivered the care that people needed. This enabled us to link the processes of assessment, planning and delivery of care with what people actually experienced.

Requires Improvement

Is the service safe?

Our findings

People said "I feel very safe". "There's nothing to be frightened of, there are people all around." "I feel safe here, everyone looks after you". "We are happy our relative is safe."

People described some of the things to us that made them feel safe. They told us that staff were always attentive, asking people if they were okay. They said that staff made sure people who were frail and needed additional support were kept safe. Staff ensured people who were at risk of falls had walking aides to support them to move around safely. We spoke to several relatives who had visited the home daily for many years. They told us they could not fault the home. One said, "I come in every day at any time and have never seen any problems".

Medicines were kept securely in locked trolleys within clean and safe lockable rooms on each floor of the home. People received their prescribed medicines to maintain their health and wellbeing. Controlled drugs were well managed and people were identifiable with photographs on medicine administration records (MAR) so that staff could check they were administering medicine to the correct person. The disposal of medicines no longer required was done correctly. However, there were no instructions in place for staff to follow for medicines that were 'taken when needed' (PRN). This meant that staff may not administer PRN medicine's consistently to meet people's needs.

Information was not always clear for staff to follow on MAR charts about how to administer medicines. In one case eye drops were required. Staff administering these knew which eye they were for, through handovers from other staff, but this was not recorded on the MAR. Therefore other staff who were not familiar with the person would not know this instruction. Also, we found discrepancies in the PRN medicine stock counts. For example, there should have been 96 paracetamol tablets, but there were only 91. This left questions about why the administration records were not matching the medicine count. Nursing staff could not explain why this was and it had not been picked up at the last medicine handover.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Before we inspected the home we had received information of concern about staffing levels. However, we found that there were enough staff in the home to meet people's needs.

Our observations and feedback from relatives and staff did not raise any concerns about staffing levels. People said, "If you move at night the girls are there straight away to see if you are alright". Another person said, "Although staff always appear to be busy, when you press the call buzzer for assistance they always come straight away". All of the staff we spoke with told us there were enough staff.

During our inspection we observed there were sufficient staff to meet people's needs and keep them safe. For example, throughout the home staff were easy to locate and on hand. The registered manager explained to us that staffing levels were kept under review and adjusted according to the dependency levels of people who lived in the home. We saw that there was a system in place to do this.

We looked at the planned staff rota between 22 September 2014 and 16 November 2014 and we compared this to the actual hand written staff attendance records. These indicated that staffing levels were consistent with the planned rota which had been developed based on people's needs; there were no staff vacancies. We saw that staff absences such as sickness were covered by other staff to reduce the impact on people's care.

When people required care or support this was provided in a timely manner, by the appropriate number of staff. When people needed two staff to provided care, two staff were available.

The registered manager ensured that risks had been assessed and that safe working practices were followed by staff. People had been assessed to see if they were at any risk from falls or not eating and drinking enough. If they were at risks the steps staff needed to follow to keep people safe were well documented in people's care plan files. Staff understood the risk people faced and made sure

Requires Improvement

Is the service safe?

that they intervened when needed. For example when people moved around the home with a walking frame they would walk with them. This was reassuring for people and protected their health and welfare.

Senior staff assessed the risks of delivering care to keep people safe. Environmental risks were assessed and equipment was checked by staff before they used it. Accidents and incidents had happened in the home from time to time. When we looked at these records we noted that they were fully recorded by staff who had witnessed the event. The actions staff had taken, such as calling the GP or getting help from nursing staff was recorded. The registered manager had looked at all of the records and investigated each incident to see if they could be avoided in the future.

All of the staff we spoke with were committed to challenging poor practice and protecting people. They confirmed that they had received safeguarding training and had a good understanding of how abuse could occur. Staff said, "I would always go to the nurse in charge in the first instance, but if nothing was done I would go to the registered manager". "I record any issues in care plans and inform the nurse in charge, I check to see if things have been reported, if not I would blow the whistle to social services".

There were procedures in place that dealt with emergencies that could reasonably be expected to arise.

The registered manager had identified other places where care and support could continue if the home had to be evacuated. We saw a range of emergency numbers for emergency contractors, such as for gas leaks were easily accessible to staff. There was an up to date fire risk assessment in place. This gave detailed information about the fire risks within the home and how they were managed. The registered manager explained how the home would be evacuated by stages in the event of a fire. Staff confirmed that fire evacuation practices had taken place.

The way staff were recruited to work in the home was safe. The registered manager followed a policy which addressed all of the things they needed to consider when recruiting a new employee. Staff records were well laid out, showing that applicants for jobs had completed applications and been interviewed for roles within the home. Health questionnaires were in pace to check if staff were fit to carry out their roles. New staff could not be offered the post unless they had proof of identity, written references, and confirmation of previous training and qualifications. The registered manager had made checks to ensure that people were eligible to work in the UK. All new staff had been checked against the disclosure and barring service record. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Good

Is the service effective?

Our findings

The registered manager had carried out individual assessments of people's needs and staff were provided with training to meet these needs. People's experience of the care they received was positive as was that of their relatives. Comments included, "Staff are well trained, there are always training meetings in the training room". "My relative recently had a stroke, but we have found staff very good". "The staff are good to me, they walk along with me when I use my Zimmer frame in the corridors".

People were complimentary about the food they were offered. They said, "The food is good here" and "Staff here are good at encouraging people to drink enough". "The food is lovely, it's colourful and easy to eat because it's cut up for me".

Menu choices and options were displayed on the tables in the dining areas and people who chose to eat their meals in their rooms had been made aware of the choices available. People could help themselves to fresh fruit at any time of day or night or chose where they ate. One person said, "I have my dinner in my own room, I don't need any help with eating". Dishes on the menu were described in detail with a choice of vegetables. People told us how much they had enjoyed the meal served the day before. When people expressed a liking for certain foods they were added to the menu more often. The registered manager promoted meal times as a social event and people were pleased that they could invite relatives to eat with them. Others had continued having lunch as if they were still in their own home. One person said, "I always had a glass of wine with my lunch and when I moved here I continued to do so". They were pleased that they were able to do this.

The food we saw looked very appetising and home cooked. If people needed assistance from staff to eat the staff approached this sensitively and with a calm attitude. They spoke to people about the food to make sure they were enjoying it. People could change their minds about what they had chosen and were offered other choices. One person changed their mind because on the day the chocolate pudding looked much more appetising to them. We noted that one person had asked for an omelette at lunchtime as an alternative to the meals being offered and saw the cook brought this to them. The lunch time period was relaxed and people were allowed time to enjoy their food.

Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. The Deprivation of Liberty Safeguards concern decisions about depriving people of their liberty, so that they can be given the care and treatment they need, where there is no less restrictive way of achieving this. People's mental capacity had been assessed and taken into consideration when planning their care needs. Seeking consent from people before care was delivered happened routinely throughout the home.

Care plans gave information to staff about how to provide care in a range of areas which included preventing pressure areas developing on people's skin, what people could do for themselves when washing and dressing and what staff needed to help with. People's basic health needs were taken care of, for example eye care, teeth and foot care. Everybody had access to a doctor, and people's experience of this was good. They said, "The doctor is here at least once a week I like him." People had clear information about the times and dates the doctor would be in the home so that they could ask to see him. One relative told us how important it had been that staff had maintained their mother's care following a stay in hospital to progress her recovery.

Wounds, such as pressure areas were being monitored and staff made checks to see how these were healing. Care plans showed when dressings needed changing and staff kept to the schedule for this. People at risk of losing weight were monitored and referrals were made to dieticians or the GP when necessary.

When people needed referring to other health care professionals such as speech and language therapist, for example if people were at risk of chocking, meetings were arranged to include all the other people the person wanted to be involved. People spoke about the health problems they faced and as part of the group they followed the recommendations made to them to keep well.

Staff worked in partnership with other health care agencies so that people's care was delivered in a joined up way. Staff received specialist training that ensured they could support people with more complex needs to maintain their health and wellbeing. Care files directed staff as to the action they should take if they had concerns about people's health.

Good

Is the service effective?

Nursing staff understood how to manage people's care when it involved specialised intervention. This included when a tube was connected to a person's stomach so that they could eat, drink and take medicines because they could not take these by mouth. This care needed to be managed carefully and skilfully by nursing staff as people were exposed to higher risks of infection or complications. We found that the nursing staff fully understood their responsibilities in relation to this and they spoke confidently about how they managed this care.

Any events relating to the people were recorded including appointments and health professional visits. There was a communication diary used by staff to communicate information regarding people and entries seen included dates. Between each change in staff, information was handed over to staff coming on shift. This ensured that staff were kept up to date with people's care and could plan what needed to be done during their shift.

Staff records demonstrated that new staff were provided with training as soon as they started working at the home. They were able to become familiar with the needs of the people they would be providing care for. They had a mentor who took them through their first few weeks by shadowing them. New staff needed to be signed off as competent by the registered manager at the end of their induction to ensure they had reached an appropriate standard.

The registered manager observed staff at work and provided guidance to help them develop. They met with staff to discuss their training needs and kept a training plan for staff to follow so that they could keep up to date with developments in social care. After staff had attended training the manager discussed with them how the training had improved their performance at work. Once a year staff met the manager for a review of their years' work and to discuss their development opportunities for the year ahead. Staff told us that their monthly meetings with their line manager were 'Useful' as they could discuss things that had not gone so well for them and also talk about their own development.

People received care from nurses who were well trained. Nurses told us they received monthly supervisions with the matron in the home. This gave them the opportunity to discuss practice issues and to keep their professional development up to date. Staff at the home had developed links with the local hospice who provided them with some specialist training. They told us they were fully supported to undertake additional professional training such as using syringes and treating people in shock after suffering an allergic reaction.

Good

Is the service caring?

Our findings

People felt that staff treated them well. Comments included, "I laugh and joke with the staff they are very caring". "The staff are very caring, they get respect and they give respect back". People said staff were "Welcoming and friendly". Others said, "We chose to stay here because we were very impressed by the nice caring staff".

Relatives were impressed with the care their loved ones received. One said, "The staff are angels in disguise, I wouldn't mind coming here to live myself" and "It's a big relief to know that mum is looked after, its five star here". "I visit every day, I have watched them (staff) and have always found staff to be caring".

People described to us how important it was for them to be as independent as possible and how staff supported this. One person told us how they liked to wash and dress themselves, but sometimes they had difficulty. They were impressed how staff were "Always there to help when needed'. They told us, "You could search the whole country for the best staff, but wouldn't need to because they were already working at Frindsbury Hall".

Staff wanted to treat people well. They said, "I always work in a way that I would want to be treated myself" and "Dignity and respect are very important, I always make sure people are covered". We noted that staff made sure people had their nurse call bells in reach, so that when they needed help they could call for it. Staff responded quickly when people did call for assistance, staff would leave the call buzzer on if they needed to go off again to fetch any equipment they needed. This ensued that people were not forgotten and that other staff would attend the call to make sure the person was okay.

Each of the floors in the home had a nominated member of staff who had received specialist training to promote dignity and respect within the home. These staff were called 'dignity champions'. The role of these staff was to challenge poor practice and provided staff with someone to discuss how they could improve the way they delivered care. It was easy to identify these staff within the home through photographs and posters. People were aware that they were available to promote good practice. It was clear that the dignity champions had made a difference to people. People told us about a staff team which had the right attitude. All of the staff we spoke with were committed to treating people with dignity and respect. People told us how staff made sure their privacy was respected, for example by closing their curtains and bedroom doors before providing care. People trusted the staff and one mentioned that staff were good at keeping things confidential.

People received care that was compassionate and respectful. All of the visitors we spoke with told us they could come and visit when they wanted. Staff communicated well with people, chatting and keeping people informed about their care. One person who needed to be repositioned in bed gave us permission to observe the staff in their room. Staff asked the person for permission to start moving them before they started. They needed to use a hoist, but to reassure the person they explained every step they were taking before they did it. Before finishing they confirmed with the person they were comfortable and in the right position. We could see from the person's facial expressions that the experience had been a happy one, they were relaxed and comfortable with staff; there were lots of smiles.

Information was given to people about how their care would be provided and their views about this were taken into account. People and their relatives said, "We have been involved with the care plan and have been able to express our opinions about this." And "We were asked about our likes and dislikes." People who had recently moved into the home told us that the registered manager had organised meetings with them so that they could ask their relatives to attend if they wished. At these meetings discussions took place about what people wanted from their care and the things that they felt they could do for themselves.

What people thought about their care was incorporated into their care plans which were individualised and well written. They gave staff all the information they needed to provide the care to people. Staff were given guidance about what to do if people became frustrated or unsettled. They needed to stay calm and listen to people. In other cases they provided emotional care to people after they had suffered from illnesses such as cancer.

Requires Improvement

Is the service responsive?

Our findings

People were encouraged to discuss issues they may have about their care. People told us that if they needed to talk to staff or with the registered manager they were listened to. One person said, "My mum had a problem with her teeth, the registered manager resolved this immediately by getting her an urgent appointment with the dentist".

We found that people's needs had been assessed, but that the information was not always consistent or incorporated into their care plans. For example, nursing staff told us that one person could verbally ask for medicine if they were in pain. However, when we looked at the persons care plan we noted that it said the person was unable to express their needs verbally and that they used other means of communication. Nursing staff were aware of how to respond to people's needs in areas such as epilepsy, asthma and dementia, but guidelines were not in place in peoples care plans to back up the knowledge the nursing staff had about people. This could mean that if people became unwell, the care staff may not know how to respond appropriately.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans were individualised and focused on areas of care people needed, for example if their skin integrity needed monitoring to prevent pressure areas from developing. There was evidence that when people moved into the home their risk assessments were completed as a priority.

Relatives told us about how quickly the staff had arranged GP appointments when their relative had become unwell with a possible infection. When the GP confirmed there was no infection but that an appointment should be made with an optician, staff arranged this and we saw that the optician called at the home on the day of our inspection.

People's care was changed if they were exposed to any risk. We saw there had been an accident when staff were moving someone in a wheelchair. After investigation, it was discovered the person liked to place pillows behind them when using the wheelchair which had contributed to the accident. The registered manager had worked out a way for the pillows to remain and ensure the person's safety. This had prevented further accidents from happening whilst the person still remained comfortable in their chair.

If people were choosing to stay in their bedrooms, the effects of this were considered by staff to prevent people from becoming isolated. Some people told us they preferred to do things like watch television on their own rather than go to the communal lounges. However, people felt they were not ignored. People told us a member of staff came to them regularly asking them about things they may want to get involved in. One person said, "I am able to attend church services", others told us they went shopping with a care worker and one person said, "I like to read books in my room, but the activities lady is always popping in to let me know what's going on". The activities being offered were well advertised in the home, they often had singers in to perform, the salvation army band came in and there was a programme of other activities. These included craft and drawing sessions.

People's care was kept under review so that any changes in their needs were taken into account. Records of multi-disciplinary team input had been documented in care plans for Speech and Language Therapists, Continence nurses and District Nurses. They had supported the staff to assess and monitor people's health and recommended changes when necessary. If people needed a specialist assessment to assist them with their continence care or for using equipment this was undertaken.

People in the home were being supported by rehabilitation teams. This was giving them the opportunity to rebuild their independence skills and enable them to move back home. Physiotherapists in the home provided exercise programmes for people to re build muscle tone and make people more confident about coping on their own. Care managers were available too, so that they could respond to people's social care needs when they were ready to leave the home. They ensured that people were provided with on-going care for a short period after they left the home.

People benefited from the home's respite service if they needed short term care to get them back on their feet. This gave people who may only need limited care who were otherwise independent time to recover from illness and return home.

Requires Improvement

Is the service responsive?

There were examples of how the registered manager had responded to complaints with compassion. One person had lost a present they had received but it was not clear if they had thrown it away by mistake or if something else had happened to it. A relative had asked if the registered manager would pay for half the cost of replacing the present. However, the registered manager offered to pay the full cost of replacing the item and had written a friendly covering letter, because the issue had occurred in the home.

There was a policy about dealing with complaints that the staff and registered manager followed. This ensured that complaints were responded to. If they could not be resolved to people's satisfaction, there was a mechanism for people in the organisation who were not based at the home to get involved to try and resolve the issues. However, the registered manager was very open with people making sure that they were happy. People were offered meetings with the registered manger and if staff informed them about any negative comments people made, they would speak to the person concerned to try and sort the issue out. For example, staff had made the registered manager aware that one person had not liked the food. The registered manager had met with the person and agreed with them that they could have different food choices.

Good

Is the service well-led?

Our findings

The registered manager was well known by people in the home. We observed them being greeted with smiles and they knew the names of people or their relatives when they spoke to them. People said, "They (manager) run the place marvellously well, everyone does their bit". Other people told us how approachable all of the staff were. They said, "I can approach any staff here they are all helpful whether they are carers or cleaners".

One relative said, "This is the best she (mum) has looked in years". "I think this is a great home by far the best, the manager is approachable and the staff are fine".

Professionals such as care managers were very complimentary about the way the home was run; they had confidence in the staff and the managers. The registered manager made themselves available so that people could meet them when they visited. The registered manager worked two evening shifts a week, working alongside staff and catching up with relatives who could only visit in the evenings. They were keen to hear people's views, make themselves known to people and resolve any issues people may have early on before people felt the need to complain. The registered manager said, "I want to be very open with people, their relatives and staff, I encourage them to talk to me". And "I like to take breaks with staff so that we can chat informally; I want to know if there are any problems".

All of the staff we spoke with told us they enjoyed their jobs. Staff felt they were part of a good team. They were positive about the management team in the home. They spoke about the importance of customer care and how they wanted people to experience a good service. They told us that the registered manager was approachable. They could ring the registered manager at any time to discuss any work issues they had. The staff spoke about how useful it was to have named staff trained as 'Dignity Champions'. They said it underpinned the whole positive experience people had reported they had whilst being cared for at Finsbury Hall.

There were a range of policies and procedures governing how the home needed to be run. They were kept up to date and current. We found that the registered manager was very experienced and was passionate about the people they care for. They spoke with enthusiasm and knowledge about people and their needs.

The registered manager told us that there had been a huge change in the culture of the home in recent years. They told us about some of the improvements, for example, people are now choosing the decoration, curtains and furnishings. They told us if they asked for new equipment they got it and sometimes if they asked for one thing to be renewed, the provider had updated these for everyone. For example, after a request for some new beds, all of the beds were replaced with the newest model. This meant that people were safer because the bed rail system on the new beds were modern and met current health and safety best practice guidance.

Other people from outside of the service came in every month to look at the quality and performance of the home's staff. They checked that risk assessments, care plans and other systems in the home were reviewed and up to date. All of the areas of risk in the home were covered, staff told us they practiced fire evacuations and maintenance staff showed us how they ensured that repairs were carried out quickly and safety. Other environmental matters were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses. The maintenance team kept records of checks they made to ensure the safety of people's bedframes, other equipment and that people's mattresses were suitable. This ensured that people were protected from environmental risks and faulty equipment.

Area managers were kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. Senior staff at head office were kept informed about anyone who was losing weight, needed DoLS applications or an MCA assessment. These were checked during audits and progress was reported back. There was further management oversight every six months when two area managers not involved in the running of the home came to have an in-depth look at the home and what people were experiencing.

Where any issues were found during these visits, the manager was informed and time scales were set for completion. For example, if a care plan had been due for review and it had not been done. This was checked and signed off by the registered manager's own manager.

Good

Is the service well-led?

People were asked for their feedback more formally by questionnaire. People's thoughts were collated and areas for improvement were fed back to the home. The manager reported how the home was performing to people though a quarterly newsletter and took the time to report back to individual people if they were not happy about something in the home. For example, one person had been critical of the home because they had not felt staff communicated with their relatives very well. We saw that the registered manager had met with the people concerned and addressed the issue with staff. Comments from the last quality survey included, 'Very nice home, lovely staff', Mum gets good care and the staff are great' and 'I am involved in mum's care, the staff are friendly and efficient.'

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care The registered person was not taking proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe as they were not incorporating all of people's needs into their care plans. Regulation 9. (3) (b)-(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person was not protecting service users against the risk associated with the unsafe use and management of medicines because there were discrepancies in the way medicines were administered and counted. Regulation 12 (f) & (g)