Leisure Care Homes Limited

Frampton House Residential Care Home

Inspection report

West End Road
Frampton
Boston
Lincolnshire
PE20 1BT
Tel: 01205 724216
Website: no details

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Ratings

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

Overall summary

Frampton House Residential Care Home provides accommodation for up to 30 people who need support with their personal care. The service mainly provides care for older people and people who are living with dementia. The service is a large, converted period property. Accommodation is arranged over two floors and there is a passenger lift to assist people to get to the upper floor. The service has 28 single bedrooms and two double rooms, which two people can choose to share.

There were 23 people living at the home at the time of our inspection.

Summary of findings

This was an unannounced inspection carried out on 15 October 2014. 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.

We last inspected Frampton House Residential Care Home in January 2014. At that inspection we found the service was meeting all the essential standards that we assessed.

The service did not have a robust system to make sure that people who were at risk of not eating and drinking enough always received the extra care they needed. Some staff had not received all of the training which the provider said that they needed. The recruitment system had not ensured that full background checks were completed before new staff were employed. Some fire safety checks had not been completed.

The systems used to assess the quality of the service had not identified the issues that we found during the inspection. This meant the quality monitoring processes were not effective as they had not ensured that people consistently received safe care that met their needs.

People were helped to stay safe. Staff knew how to recognise and report any concerns and how to keep people safe from harm. Staff had helped people to avoid having accidents. There were reliable systems for managing medicines.

People who lived in the service and their families had been included in planning and agreeing to the care provided. People had an individual care plan, detailing the assistance they needed and how they wanted this to be provided.

Staff knew the people they were supporting and the choices they had made about their care and their lives. People were supported to maintain their independence and control over their lives. People had received a wide range of personal care such as help with washing and dressing and moving about safely.

People were treated with kindness, compassion and respect. The staff in the service took time to speak with the people they were supporting. People enjoyed talking with the staff in the service. Staff knew how to support people who lived with dementia.

People were provided with a choice of meals.

People were offered the opportunity to pursue their interests and hobbies.

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 knew how to recognise and report any concerns and how to keep people safe from harm.

People had been helped to stay safe by avoiding accidents.

There were enough staff on duty to give people the care they needed.

Background checks had been completed before staff were employed.

Medicines were managed safely.

Good

Is the service effective?
The service was not always effective.

Staff had not reliably checked that some people were having enough to eat and drink.

People were supported to receive all the medical attention they needed.

People's rights were protected because the Mental Capacity Act 2005 Code of Practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Requires Improvement

Is the service caring?
This service was caring.

Staff were caring and people were treated in a kind and compassionate way. They were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them. This supported people's wellbeing.

People were treated with respect and their independence, privacy and dignity were promoted.

Good

Is the service responsive?
The service was responsive.

People's needs and wishes had been assessed. People made choices about their lives in the service and could pursue their hobbies and interests.

There was a good system to receive and handle complaints or concerns.

Good

Is the service well-led?
The service was not well-led.

Requires Improvement

Summary of findings

Although there were systems to assess the quality of the service we found that these were not consistently effective.

People who lived in the service and their relatives had been asked for their opinions of the service so that their views could be taken into account.

The staff were well supported by the registered manager and there were good systems in place for staff to discuss their practice and to report concerns about other staff members.

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 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.

We visited the service on 15 October 2014. The inspection was completed by a single inspector.

During the inspection we spoke with nine people who lived in the service, the provider, five care staff and the deputy manager of the service. We observed care and support in communal areas, spoke with people in private and looked at the care records for four people. We also looked at records that related to how the service was managed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed the information we held about the service including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the provider had sent us since the last inspection. In addition we contacted local commissioners of the service and a local district nursing team who supported some people who lived at Frampton House Residential Care Home to obtain their views about it.

Good

Is the service safe?

Our findings

People said that they felt safe living in the service. A person said, "I feel very safe here because there are people around all the time and the staff are here to watch over us. I don't have any concerns at all." All of the relatives were reassured that their parents were safe in the service. One of them said, "My mother is relaxed and fond of the staff who without exception are helpful and kind. I have no reservations when I leave Frampton House Residential Care Home because I know mother is safe there and well cared for."

The staff we spoke with told us that they had completed training to keep people safe. They had been provided with written guidance and they knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm.

Providers of health and social care services have to inform us of important events that take place in their service. The records we hold about this service showed that the provider had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected.

Staff said and records confirmed that any risks to an individual, or actions they needed to take to protect people, were recorded in people's care records. This included special measures being put in place so that staff were alerted if a person with reduced mobility was at increased risk of falling and needed assistance.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Senior staff who administered medicines had received training and they correctly followed the provider's written guidance to make sure that people were given the right medicines at the right times. People were confident in the way staff managed their medicines.

We looked at the background checks that had been completed for two staff before they had been appointed. In each case a check had been made with the Disclosure and Barring Service. These disclosures showed that the staff did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service. However, the provider had not obtained full employment histories and had not established why one person who had worked in a care setting had left this employment. These shortfalls had reduced the provider's ability to establish applicants' previous good conduct. However, we noted that no concerns had been raised about the performance of the two staff in question since they had been employed in the service.

The provider had assessed how many staff were needed to meet people's care needs. During our inspection visit that took place in the morning and afternoon we saw that there were enough staff on duty to provide people with the care they needed. Some people who lived in the service and staff thought that more staff should be on duty in the early evening period. However, there was no evidence to show that people were not receiving the care they needed at this time. The deputy manager said that in light of the comments we received the number of staff on duty during the early evening period would be reviewed to see if any changes needed to be made.

Requires Improvement

Is the service effective?

Our findings

Some of the arrangements used to support a small number of people who were at risk of not having enough nutrition and hydration and who needed extra help were not robust. There was no guidance for staff about how much the people in question should drink each day to maintain their good health. We also noted that some people's body weight had not been measured correctly. This made it more difficult for staff to notice any changes that might need to be referred to a doctor. Although care records for the people concerned did not indicate they had experienced any harm the oversights increased the risk of them not eating and drinking enough.

The provider said that staff needed to receive training in key subjects including nutrition and hydration. They said that this was necessary to confirm that all staff knew how to care for people so that they had enough to eat and drink. We examined the records of the training four staff had received in relation to nutrition and hydration. We found that for two staff the provider had not delivered all of the training it said was necessary. In addition, some staff were concerned that they had not received all of the training they needed in a number of subjects including nutrition and hydration. One of them said, "I know how to care for people but I think more training would be useful because it keeps you up to date and gives you confidence."

Staff said that they were confident about supporting people who lived with dementia. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and accompanied them for a walk in the garden. After this event the person was seen to be calm, comforted and reassured. The staff member knew how to identify that the person required support and they provided this in a way that was respectful and effective.

People who lived in the service told us that they received the support they required to see their doctor. Some people had more complex needs and required support from specialist health services. Care records we looked at showed that some people had received support from a range of specialist services such as mental health and occupational therapy teams. A representative of the district nursing team confirmed that they and no concerns about how people living in the service were supported to maintain their health.

The deputy manager was knowledgeable about the Mental Capacity Act 2005 (MCA) and how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. We looked at care records that showed that the principles of the MCA Code of Practice had been used when assessing an individual's ability to make a particular decision. For example, some people who lived in the service were not able to make important decisions about their care due to living with dementia. Senior staff in the service were knowledgeable about the MCA. Where people had someone to support them in relation to important decisions this was recorded in their care plans. Records we saw showed that people's ability to make decisions had been assessed. They showed the steps which had been taken to make sure people who knew the person and their circumstances well had been consulted to ensure decisions were made in their best interests.

There were arrangements to ensure that if people did not have anyone to support them they would be assisted to make major decisions by an Independent Mental Capacity Act Advocate (IMCA). IMCAs support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

The deputy manager was knowledgeable about the Deprivation of Liberty Safeguards. We saw that they had taken appropriate advice about an individual to ensure they did not place unlawful restrictions on them. We were told that no one living in the service at the time of inspection required an application to be made under the Deprivation of Liberty Safeguards, as there was no one who was subject to a level of supervision and control that may amount to deprivation of their liberty.

Good

Is the service caring?

Our findings

People we spoke with made many positive comments about the care provided at Frampton House Residential Care Home. None of the people who lived in the service, their visitors or the staff we spoke with raised any concerns about the quality of the care. A person said, "I find the staff to be very nice and helpful. I pretty much like them all because there's no reason not to." Another person who had special communication needs smiled and held hands with a member of staff when asked about how they felt about their home.

Relatives we spoke with told us that they had observed staff to be courteous and respectful in their approach. One of them said, "I find the staff to be genuinely kind and caring. Nothing is too much trouble for them and I'm completely confident that my mother is as well as she can be and is very well cared for. It's a friendly atmosphere and that's fine."

Throughout our inspection we saw that people were treated with respect and in a caring and kind way. The staff were friendly, patient and discreet when providing support to people. We saw that staff took the time to speak with people as they supported them. We observed many positive interactions and saw that these supported people's wellbeing.

Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how different people liked to dress and we saw that people had their wishes respected. People who lived in the service and their relatives confirmed that the staff knew the support people needed and their preferences about their care. A person said, "The staff ask me what I want as we go along each day. They know what I like but it's nice they check things out with me in any case."

Throughout our inspection we saw that the staff were able to communicate with the people who lived there. The staff assumed that people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made.

All the staff we spoke with said that people were well cared for in the service. They said that they would challenge their colleagues if they observed any unkind or uncaring practice and would also report their concerns to a senior person in the service.

Families we spoke with told us that they were able to visit their relatives whenever they wanted. Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. The service had links to local advocacy services to support these people if they required assistance. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Throughout our inspection we saw that the staff in the service protected people's privacy. They knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. However, two toilets that were close to a public area did not have walls which extended to the ceiling. This meant that the facilities were not completely private.

People were supported to be as independent as possible. We saw them being encouraged to do as much for themselves as they were able to. Some people used items of equipment to maintain their independence. For example, some people with reduced mobility used walking frames that helped them to move from room to room in safety and comfort. Staff knew who needed to use particular pieces of equipment to support their independence and ensured these were provided. For example, we saw staff checking that people who were sitting in the main lounge had their walking frames to hand so that they could safely leave the room whenever they wanted.

Good

Is the service responsive?

Our findings

People who lived in the service told us that they made choices about their lives and about the support they received. They said that staff in the service listened to them and respected the choices and decisions they made.

People said that staff knew the support they needed and provided this as they required. We saw that each person's care plan was regularly reviewed to make sure that it accurately described the care to be provided. A person said, "I'm always chatting with the staff who ask me how I'm doing and do I want anything. They're very kind here."

Families told us that staff had kept them informed about their relatives' care so they could be as involved as they wanted to be. A relative said, "I have been consulted about my father's care. Staff check out things with me when I visit and they contact me if there's something significant such as them needing to call the doctor."

The staff we spoke with showed that they were knowledgeable about the people living in the service and the things that were important to them in their lives. People's care records included information about their life before they came to live in the service. Staff knew what was recorded in individuals' records and used this to engage people in conversation, talking about their families, their jobs or where they used to live.

People said that they enjoyed their meals and were provided with a choice of dishes. A person said, "The food is good here in general and the cook is very helpful if you don't want one of the two main choices on the menu at each meal time."

We saw that staff respected people's individual routines and so some people were given quiet time after lunch to 'have a nap' in their bedroom. Another example was staff acknowledging that some people liked to be addressed using shortened versions of their first name while others preferred to be addressed more formally. Staff were happy to do extra things for people that responded to their individual preferences. For example, a staff member noticed that someone seated in the lounge was not wearing their favourite cardigan. They fetched it from the person's bedroom and the person was pleased to immediately put it on.

We observed how care was provided for a number of people who were using one of the lounges. On each occasion when someone asked for assistance from staff this was provided promptly. For example, a person said that they needed to use the bathroom as matter of urgency. A member of staff who was doing something else stopped what they were doing and quickly assisted the person to go to the bathroom. Staff had learnt how to respond to another person who lived with dementia and who had complex communication needs. When they pointed towards their walking frame they were comforted when staff recognised that they wanted to be assisted to use the bathroom.

People were supported to pursue their interests and hobbies. During our inspection, a person was supported to go out into the garden to enjoy seeing plants and trees. This same person had also been supported to press leaves and flowers as they had done before they lived in the service. We saw that people could choose to take part in a range of social activities such as games and quizzes but only if they wanted to do so.

Everyone we spoke with told us they would be confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the care provided. A person said , "I don't have anything to complain about. If there was I'd just say." The provider had a formal procedure for receiving and handling concerns. Each person and their relatives had received a copy of procedure when they moved into the service. Complaints could be made to the registered manager of the service or to the provider. This meant people could raise their concerns with an appropriately senior person within the organisation.

The provider had investigated and quickly resolved the small number of concerns and complaints they had received since our last inspection visit to the service. Doing this had helped to reassure people that their voice would be heard if they had any concerns. A relative said "If there is something that I need sorting out I only have to speak to staff and next time I call it's been done. You can't say fairer than that can you."

Requires Improvement

Is the service well-led?

Our findings

Although there were systems to assess the quality of the service we found that these were not always effective. The systems had not ensured that people were protected against some key risks to their wellbeing and safety. We found problems in a number of areas including supporting people to eat and drink enough, promoting some aspects of privacy, staff training and recruitment. In addition to these issues, staff had not consistently completed all of the fire safety checks that were necessary to safeguard people from the risk of fire. Together, these shortfalls in the auditing process increased the risk that people would not reliably receive all of the care they needed in a safe setting.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who lived in the service told us that they were asked for their views about their home. A person said, "We have a chat with the staff and they know how we like things. Little things we want to have changed like the menu get done without any fuss." We were told that relatives had also been invited to make suggestions by completing an annual quality questionnaire. Although none of the relatives recalled having seen them they said that this was not a problem because they were free to speak with staff about the service.

People said that they knew who the registered manager was and that they were helpful. A person said, "I know the manager and she's always about the place. She comes in the lounge and we have a chat with her."

A number of things were done to promote good team work so that people consistently received the care they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. There were handover meetings at the beginning and end of each shift so that staff could review each person's care. These steps helped to ensure that staff had up to date knowledge about the care each person needed and could get advice if someone's care needs changed.

The atmosphere was open and inclusive. Staff said that they were well supported by the registered manager. They were confident that they could speak to the registered manager if they had any concerns about another staff member. A staff member said, "There are no rigid divisions here, the manager and the deputy manager are always around and they're happy to come out of the office and help us if we need it."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The registered persons did not have effective systems in place to monitor the quality of the care and facilities provided in the service.**