

June Marilyn Phillips and Gordon Norman Brooking Frenchay Park Nursing Home

Inspection report

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Frenchay
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BS16 1HB
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this inspection on 20 October 2015 and this was an unannounced inspection. During a previous inspection of this service in July 2014 there were no breaches of the legal requirements identified.

Frenchay Park Nursing Home is registered to provide personal and nursing care for a maximum of 30 people. At the time of the inspection there were 24 people living in the home. The home provides care to people living with dementia.

A registered manager was in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People and their relatives felt the service was safe. The service ensured there were sufficient staff on duty to meet people's assessed needs and safe recruitment procedures were completed.

People's received the support they required with their medicines. Medicines were managed safely.

Summary of findings

A regular review of incidents and accidents was completed. The purpose of the review was to prevent or reduce reoccurrence through intervention and support for people.

Staff received training in safeguarding adults and were aware of the reporting procedures should they have any concerns. An assessment of people's risks was completed and supporting risk management guidance was recorded where required. The environment and the equipment used to support people was regularly assessed and serviced to ensure it was safe.

People and their relatives said the staff at the home provided effective care. The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. At the time of our inspection, eight people had a DoLS authorisation in place.

Staff were aware of how the Mental Capacity Act 2005 impacted on their work and demonstrated how they empowered people through choice. Staff said they received regular training and this enabled them to meet the needs of people at the home. Staff were also supported through performance supervision and received an annual appraisal.

People at the service were supported as required to eat and drink and people had access to healthcare professionals when needed.

People and their relatives gave positive feedback about the care they received and the staff at the home. Staff we spoke with knew people well and people were relaxed in the company of staff. We observed that people's privacy and dignity was respected and people's visitors were welcomed to the service. The services compliments log also contained similar positive information about the level of care.

The service was responsive to people's needs. Care records contained personalised information and care was delivered in line with people's needs. There were activities for people to partake in and people spoke positively about the activities provided and the activities co-ordinator. The views of people and their relatives were sought and there was a complaints process which people and their relatives felt they could use.

The registered manager was highly spoken of by people, their relatives and the staff. Staff felt supported in their roles and the management had sufficient systems to communicate with the staff.

The registered manager had systems to monitor the quality of care provided and auditing systems to monitor records and documentation used by staff.

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.

People and their relatives told us they felt the service was safe.

There were sufficient numbers of staff to keep people safe. Appropriate recruitment procedures were undertaken.

The management of medicines was safe and people received their medicines when they needed them.

Staff knew how to identify and report suspected abuse.

Good



Is the service effective?

The service was effective.

People and their relatives said staff provided effective care.

Staff were received regular training, supervision and also an annual appraisal.

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards.

The home worked closely with a nominated GP to meet people's health needs.

People were supported with their nutrition and hydration and specialist advice was sought when required.

Good



Is the service caring?

The service was caring.

People and their relatives spoke positively of the caring staff at the service.

There were good relationships between people, their relatives and the staff team.

People were treated with consideration and respect by staff and their dignity was maintained.

Staff were aware of people's preferences and knew people well.

People's visitors were welcomed at the service.

Good



Is the service responsive?

The service was responsive to people's needs.

People's care records contained personalised information.

Activities within the home were provided for people.

The registered manager sought the views of people and their relatives.

The provider had a complaints procedure and people felt able to complain.

Good



Summary of findings

Is the service well-led?

The service was well-led.

People and their relative's spoke highly of the registered manager.

Staff felt supported and valued by the management team.

The provider communicated with staff and they were encouraged to express their views and opinions.

There were quality assurance systems to monitor the quality of the service provided.

Good



Frenchay Park Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was carried out by three inspectors. During a previous inspection of this service in July 2014 no breaches of the legal requirements were identified.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR and

information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

Some people in the home were living with dementia and were not always able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home such as undertaking observations. This included observations of staff and how they interacted with people and we looked at five people's care and support records.

We spoke with five people who used the service, three people's relatives, the registered manager and six members of staff. We also spoke with a visiting entertainer and a representative from the local church. We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

People and their relatives felt the service was safe and we made observations of people appearing at ease with staff and comfortable within their environment. All of the comments we received about the service and the staff were complimentary. One person told us, “Staff do a good job, they help people.” One person told us the staff were, “Doing a good job” and said they had, “No issues.”

There were sufficient numbers of staff on duty to support people safely and meet their needs. People and their relatives told us that staff were available to support them when they needed them. Staff told us they felt there were sufficient numbers of staff on duty to meet people’s needs timely and safely. One member of staff said there was, “Enough time to on shift to spend time with people.” The registered manager used a set number of staff within the home which currently met people’s needs but could increase or decrease numbers as required. They told us that no agency staff were used at the service and that a designated bank staff member or current member of staff was used to cover any additional hours. This ensured people received continuity in their care.

Staff files showed that appropriate recruitment procedures were followed before new staff were appointed. There was an application form, employment references and photographic evidence of the person’s identity. A Disclosure and Barring Service (DBS) check had been completed for all staff. The DBS ensures that people barred from working with certain groups such as vulnerable adults are identified.

The ordering, retention, administration and disposal of people’s medicines was safe. Medicines were signed into the home following a weekly delivery and recorded on people’s Medicine Administration Records (MAR). Medicines were stored safely within a lockable cabinet in people’s bedrooms and a locked treatment room was used to store medicines that required secure storage in line with current legislation. The temperatures of the treatment room and the medicines refrigerator were recorded daily to ensure medicines were stored correctly.

We reviewed a sample of people’s MAR and in the majority of the records there were no recording omissions from staff. We did identify a very small amount of staff recording errors when recording variable dosage ‘as required’ medicines to

the registered manager. They told us this would be addressed immediately. Homely remedies such as topical creams and non-prescribed medicines for headaches and indigestion were used. These were stored in the medicines cabinet in the treatment room. They were agreed for use with the GP for whom all of the people in the home were registered. Administration of these medicines were recorded in a separate book. The registered manager told us that if a person required the homely remedy regularly, this would be discussed with the person’s GP to establish if a prescription was required or an alternative available.

The registered manager had a system to complete a monthly review of reported incidents and accidents within the home. This review was to identify any patterns or trends in incidents and accidents. Their aim was to prevent or reduce reoccurrence through intervention and support for people. The registered manager completed these reviews and supporting records showed that monthly reviews had been completed. No trends in the reported incidents or accidents had been identified recently.

The provider had appropriate arrangements to identify and respond to the risk of abuse. Staff had received training in safeguarding and understood their duties in relation to reporting suspected or actual abuse. They were aware of how to report concerns internally to senior management or to external agencies such as the Commission or local safeguarding team. Staff understood the concept of whistleblowing and how they could report any concerns they may have about the home to external parties. The local authority multi agency policy on how to respond to suspected or actual abuse was available for staff. Although staff knew how to raise concerns, we highlighted to the registered manager that some of the home’s policies were dated 2012 and did not contain full information. For example, the safeguarding policy did not clearly show reporting procedures and the whistleblowing policy did not show contact details for all third party agencies staff could contact. The registered manager told us this would be addressed.

Individual risk assessments were completed for people and where required risk management guidance was recorded for staff. These assessments included people’s risks associated with their mobility, falls, skin integrity, nutrition and where relevant behaviour that may be challenging. Additional risks relating to people’s individual medical conditions were recorded and supporting guidance for staff

Is the service safe?

recorded. For example, for people living with diabetes, this was recorded within their records and a plan of care was recorded. Within the care plans produced to reduce any associated risks were in place, reviews were undertaken on a three monthly basis or in response to changes in a person's condition. This meant the home ensured people's information was current and accurate to help support them safely.

Equipment and the environment within the home was maintained to ensure it was safe to use. Records showed

that equipment such as mobility hoists and bath hoists were serviced. There were systems that ensured the fire alarms and emergency lighting were tested and gas and electrical appliances were serviced for safety. Additionally, equipment such as weighing scales were serviced and calibrated to ensure they were accurate. Monthly water temperature checks were completed and legionella testing was undertaken.

Is the service effective?

Our findings

People and their relatives expressed positive views of the management and staff. Positive comments were received about the standard of care provided and the staff who provided the care. A relative we spoke with commented how their relative had good access to healthcare facilities and specialists.

Staff received appropriate training to carry out their roles in a variety of subjects to ensure they could care for people effectively. The training record showed that staff had completed moving and handling, safeguarding adults, fire and infection control. Trained nursing staff had received training in clinical areas such as pressure area care, chest conditions, immunisations and vaccinations and leg ulcers.

Staff received training in dementia care to ensure they understood the people they provided care for and were able to meet their needs. Staff also completed training in dementia, challenging behaviour, effective communication, Parkinson's and the Mental Capacity Act. Staff commented positively on the training they received from the provider and told us they felt suitably trained to provide effective care.

Staff were supported through regular performance supervision and all staff received an annual appraisal. Staff we spoke with confirmed they received supervision and we reviewed the supporting documents. Supervisions were completed with the registered manager or senior member of staff every three months. They focused on performance and care delivery and some group supervisions were also held with staff members. We saw that recent group supervisions had discussed CQC inspections and the new Duty of Candour regulation. All annual appraisals were completed in January and reflected on the staff member's performance over the previous year.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. We spoke with the registered manager who was aware they had the responsibility for making DoLS applications when they felt they were required. At the time our inspection there were eight people within the service who were lawfully being deprived of their liberty. Records showed

that additional applications had been made for one other person and this application was currently with the local authority. Where people had conditions attached to their DoLS authorisation, the registered manager had acted in accordance with these conditions.

Staff told us they had received training on the Mental Capacity Act 2005 (MCA) and records supported this. Staff understood how the principles of the MCA was relevant to how they supported the people they cared for. Staff explained how people should always be offered choices and should be involved in decisions about their care and daily lives. Staff told us that the MCA and DoLS was also a topic frequently discussed at staff meetings with the registered manager.

People received the care and support they needed from staff to ensure they ate and drank sufficient amounts. People's weights were recorded regularly to aid in identifying if a person was at risk of malnutrition or obesity. We saw within people's records that where required, the person's GP or other appropriate healthcare specialist was consulted. For example, one person with a recognised low Body Mass Index [BMI] had a care plan that stated they were on a modified consistency diet. The care plan showed the home had consulted a Speech and Language Therapist [SALT] for support. Where people had been prescribed supplementary drinks to aid weight gain the home had met their assessed needs.

We spoke with a member of staff who told us that most people were able to eat independently and three people who needed total support. We observed the main lunch time meal being served in the dining room. The chef served the meals, which looked appetising, from the hot trolley. We observed people being offered a choice of meals earlier during the morning. There were two main choices. I saw people were offered several alternatives if they had changed their mind and did not want one of the main meals. Everyone had drinks available and within reach. Other people ate their meals in their bedrooms and we observed people's meals being taken to their bedroom when this was the case. One person commented, "The food is really good and I choose what I want."

People were supported to use healthcare services when required and the home had made prompt and effective referrals when required. A designated GP from a local practice completed a scheduled visit every week but also

Is the service effective?

attended the home as necessary. In addition to the GP, we saw that people had access to additional healthcare professionals such as speech and language therapists and chiropodists when required.

Is the service caring?

Our findings

All of the comments we received from people that lived at the home, their relatives and other visitors we spoke with were positive. People and their relatives expressed a high level of satisfaction with the care they received. One person we spoke with said, “The staff are wonderful. There are male attendants too, on day and night duty, and they are all discreet and kind.” One person’s relative wished to tell us the home was recommended to them by a friend. A visitor from the local church said, “The care is excellent.” They told us how they were always warmly welcomed by the staff and people.

Staff were observed communicating in a friendly and caring way and it was clear they knew people well. Throughout the inspection the inspection team made positive observations of staff interacting with people and their relatives. We observed that people were comfortable in the company of the staff, and there was also a clearly good relationship with people’s relatives. Staff continually spoke with people in a kind and caring way. We heard continuous warm, friendly and kind interactions between staff and people who lived in the care home. Throughout the inspection, staff made comments to people such as, “Good to see you this morning” and, “Your hair looks lovely”. People were receptive and responsive to these comments from the staff.

Staff we spoke with understood people well. Staff explained how they read people’s care files to learn about them and also gained information through speaking with people and their relatives. Our observations of staff interacting with people showed that staff understood people’s mobility needs, the level of support they required

to complete certain tasks and when they were able to achieve things independently. A visitor to the home on the day of our inspection also commented on how they observed that staff had time to sit and talk with people.

People could be visited by their friends and relatives at any time of day. There were no restrictions on people’s relatives or friends visiting the home. People’s relatives commented very positively about the reception they received when visiting the home and told us the staff always made them feel welcomed. One person’s relative said, “It’s lovely that you can just visit when you want.” Another person’s relative explained how they visited every other day and told us they were “Always welcomed” by staff when they arrived. The registered manager explained that following feedback from people’s relatives, additional tea and coffee facilities were made available to allow people’s relatives and visitors to make their own hot drinks.

People’s privacy and dignity was respected. We saw examples of people’s privacy being respected. Staff would knock on people’s doors prior to entering and we observed staff speaking with people asking them if they needed anything or if they were happy alone. Where people had received support from staff with the toilet, staff gave them their privacy when assessed as being safe to do so to help maintain the person’s dignity.

We reviewed the compliments sent to the service. Comments from the most recent compliments received included, “I would like to thank you and all of your staff for the care and kindness shown to Dad since he came to Frenchay Park.” Another relative commented, “Thank you so much for all of the care you and your staff gave to Mum. Coming to visit her was like visiting her at home.” Another card from a relative said, “I would like to express my thanks and appreciation for the compassionate care you showed my Mother during her stay with you.”

Is the service responsive?

Our findings

People and their relatives spoke positively about the personalised care they received from staff. People's relatives said their relatives care needs were met. During the inspection, staff were responsive to people's needs by ensuring they had the correct mobility equipment to reduce their risk of falls. Where required, staff responded to people's requests for the use of the toilet and for drinks and snacks. Over the lunch period we observed staff being responsive by offering alternative meal choices where needed.

Care records contained personal information about people such as their food and drink preferences and their communication needs and preferences. Additionally, every person in the service had a completed personalised information record. The document showed information such as the person's life history, where the person had grown up, their jobs, family information and like and dislikes. This information was available so that staff were able to understand the person better and meet their needs in a person centred way. We saw there was also a system to review people's care records on a regular basis and that people and their relatives had been involved in reviews.

Additional personalised information was contained within people's care records. For example, in relation to communication, people's different needs were recorded. One person's care record provided detail about how to communicate effectively with them and said, "Speak clearly and concisely and do not confuse with complex decisions." Another care plan provided detail about the person's mobility, the type of footwear they were required to use to when they were mobilising, and the need to offer pain relief prior to mobilising. We did highlight to the registered manager that although staff were aware of people's needs, some records did not always have sufficient information. For example, in one person's records the person's triggers for them to display behaviours that may be challenging, and then how to effectively manage this behaviour, this was not clear in the records. The registered manager told us they would address this within people's care records.

People had personalised rooms with items important to them. We saw within people's rooms that items such as photographs and personal ornaments were present. This ensured that people had items significant to them to aid in

recollection of their family and historical events throughout their lives. People we spoke with were happy with their rooms and told us they liked that their rooms were personalised. One person commented to us, "I have my own things in my room." Another person's relative commented that they were satisfied with the personalisation of their relative's room.

A range of daily activities were available for people to participate in. We received positive feedback about the activities provided at the home and about the activities coordinator who was away on the day of our inspection. We saw that regular activities included jigsaws and quizzes, memory cards, sense of smell activities and cake decorating. Additional activities for people included external providers such as singers. On the day of our inspection a singer attended the home and people were observed to enjoy this. The home had themed events, for example an 'Abba' event had been held and a 'Grease' themed afternoon was planned. People at the home could also access the local community on the home's minibus.

The registered manager sought the views of people's relatives through surveys and communication at meetings. Surveys had been set to people and their relatives in August and September 2015 to allow the registered manager to learn from people's experiences. No concerns were raised in the surveys, with people's relatives writing comments such as, "Very clean", "Staff very friendly" and "All residents are very well cared for." People who lived at the home made comments such as, "I like the home as it is" and "Very good atmosphere here."

In addition to the surveys, people and their relatives were invited to regular meetings to give feedback about the service. Residents meeting were held every two months and discussed matters such as the standard of food at the service, how to make a complaint and activities. Relatives meetings were forecast for every three months however the registered manager told us attendance was often poor. The agenda items for these meetings included an explanation of the Deprivation of Liberty Safeguards, care reviews, annual flu vaccinations and end of life care.

People and their relatives felt able to complain or raise issues within the home. One person told us, "I would complain if I needed to. I see the manager a lot so I would speak with her." The home had a complaints procedure which also information about how to escalate a complaint

Is the service responsive?

should they not be happy with the investigation by the service. We reviewed the complaints record within the

service that showed a total of eight separate complaints had been received during 2015. The service had responded to these complaints to reach a resolution in line with their policy.

Is the service well-led?

Our findings

People, their relatives and the other visitors we spoke with commented positively about the management of the home and how it was run by the registered manager. Relatives said they received good communication from the registered manager and we observed the registered manager was visible to people and staff throughout the inspection. A visiting relative told us the registered manager was very approachable and always acted on any requests made. A visitor to the home commented the registered manager, “Run a tight ship and was doing a good job.”

Staff at the home were positive about the registered manager and the senior staff at the home. All said they felt able to raise concerns or speak with the registered manager should the need arise. One member of staff told us the registered manager had, “High standards” and also described them as, “Very approachable.” Another member of staff told us the registered manager was always available and described them as, “Hands on.”

A staff survey was distributed to staff to allow them to express their views and opinions on their employment. The survey was returned with most responses being positive, with further positive comments about the registered manager being noted. All of the staff who responded said they felt that people in the home received the care they needed. One member of staff commented, “I think it’s a nice place to work” on their survey. A minor matter about the decoration of the home was raised. This was currently being addressed and work was in progress at the time of our inspection.

Messages were communicated to staff through meetings. Different levels of meeting were held frequently at the service. For example, meetings involving all staff were held that discussed matters such training, safeguarding, CQC inspections, records and the Deprivation of Liberty Safeguards. Additional meetings were held for department heads which discussed health and safety issues, new policies and quality assurance inspections and the environment including building renovation works being completed.

There were appropriate governance systems to monitor the health, safety and welfare of people. For example, There were infection control audits completed and medicine

audits were completed. There were systems to monitor the progression of infections people were living with, and this monitored the type of infection, the intervention by the person’s GP, the prescription of medicines the person had and if the person’s condition was improving. There were additional systems to monitor the safety of the bed rails being used and the condition of people’s mobility slings if they used one. It was highlighted to the registered manager that we identified some air mattresses that were not at the correct setting during the inspection. They advised us that an audit system to monitor these settings would be implemented immediately.

In addition to these governance systems, the registered manager completed ‘spot checks’ on various aspects of the home to monitor the quality of service provided. These checks involved staff observations. During the checks, staff obtaining consent from people, speaking with people in a dignified and respectful manner and the staff members communication skill was monitored. Any moving and handling procedures, infection control practice and personal care standards were also monitored. The registered manager told us that any shortfalls were immediately addressed with staff at the time of the observation.

The provider’s group manager conducted monthly reviews at the service. This included care observations and a review of different aspects of the service. We highlighted to the registered manager that since April 2015 these reviews had been completed using standards that were no longer aligned with current regulations due to the introduction of the new Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People’s families had the opportunity to be involved in the service. The registered manager showed us a quarterly letter produced by the relatives of a person in the home. The registered manager told us they communicated frequently with the person’s relative about the content of the newsletter. We saw that information such as new staff members, new people arriving at the home, deaths and the quarterly activity schedule was within the newsletter. There were also quizzes and jokes on the newsletter for people to enjoy. The newsletter was available for people in the home and their families.

Is the service well-led?

The registered manager demonstrated they understood their legal obligations in relation to submitting notifications to the Commission. The Provider Information Return (PIR) had been completed accurately by the registered manager and returned within the specified time frame.