Akari Care Limited

Frindsbury Hall Care Home

Inspection report

Frindsbury Hill
Strood
Rochester
Kent
ME2 4JS

Tel: 01634715337

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was unannounced and took place on 16 and 17 May 2018.

Frindsbury Hall is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Frindsbury Hall is registered to provide accommodation and personal care support for up to 74 people but can accommodate only 64 people as a number of double rooms have been converted into single rooms to meet people's needs and preferences. Accommodation is arranged over three floors. There are 24 single and two double rooms on the ground floor in Rochester and Upnor units; there are 22 single and 3 double rooms on the first floor in Hever and Cooling units; and there are 8 single rooms in Windsor unit on the second floor.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The service was run by a registered manager and they were present for part of the first day and throughout the second day of our visit. 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.

People and their relatives told us they felt safe and comfortable and were treated with dignity and respect. They said they were offered suitable activities and enabled to be as independent as possible.

Staff were available in sufficient numbers and had received the training they required for their role. New staff were checked to make sure they were suitable to work with people.

A new medicines system had been introduced and was working effectively to ensure medicines were managed safely and people received their medicines as prescribed.
Links were maintained with the local community through regular afternoon teas being held for older people who lived nearby.

Care plans and assessments of risk continued to detail how people wished to be supported and staff understood how to follow this guidance to meet people's individual needs and keep them safe.

The service had maintained its accreditation with the Gold Standards framework, a coordinated approach to end of life care. A listen and talk member of staff had been employed with the specific role of talking to people and their family members. This added a valuable dimension to how the team helped people and their families towards and at the end of their life.

The provider had a complaints procedure in place and people who used the service and their relative were aware of how to make a complaint.

Staff felt well supported by the registered manager and people and their relatives said the service was well run and the registered manager was approachable. The service worked in partnership with other organisations and sought their advice to improve outcomes for people. The provider continued to have a quality assurance process in place and people and their relatives were regularly asked for their views about the service and how it could be improved.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

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

This inspection took place on 15 and 16 May 2018 and was unannounced. The inspection team consisted of three inspectors, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for family members.

Prior to the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service. We also 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 service, what the service does well and improvements they plan to make. The provider asked for an extension of time to complete the PIR and returned it within this agreed timescale.

During the inspection we spoke with 24 people and 10 relatives to gain their views about the quality of care provided. We spoke with a doctor and representative from a local church and obtained feedback from a commissioner from the local authority and a speech and language therapist.

We spoke to the registered manager, deputy manager, administrator, three registered nurses, four care staff, activities coordinator, cook and housekeeper. We viewed several records including eleven care plans; the management of medicines; the recruitment files of five staff recently employed at the service, staff training records; health and safety records; complaints and compliments; accidents and incidents and quality monitoring audits.

Good

Is the service safe?

Our findings

People and their relatives all told us that they felt safe at the service. People and relatives felt reassured that they were supported by a consistent team of staff who knew them well. People and relatives said that although at specific times staff were busy, there were usually sufficient numbers of staff around to attend to their needs. A relative told us, "Staff seem to always have time".

Staff had received training in safeguarding and knew how to follow the service's safeguarding and whistle blowing policy to ensure people's safety. Staff felt confident if they raised a concern they would be listened to and action would be taken by the management team. However, if their concerns were not taken seriously, they said they would contact the police or Care Quality Commission.

Risks to people's health or safety continued to be identified and assessed and risk assessments were in place to control and manage risks on an individual basis. For people at risk of developing pressure ulcers the specialist equipment they required such as airflow mattresses had been provided. Staff demonstrated they knew which people had been assessed as a risk of skin deterioration and that these people should be repositioned at regular intervals to maintain healthy skin. Care staff followed the guidance given by nursing staff to ensure this occurred at the required frequency.

Checks on the premises and servicing of equipment had been maintained to ensure the service was safe for people and staff. A maintenance person responded in a timely manner to any repairs needed. Each person had a personal emergency evacuation plan which identified their individual requirements when being evacuated in the event of a fire. Staff undertook fire training and fire drills which helped to give them the knowledge and skills to ensure people remained safe in the event of a fire.

An accident or incident record remained in place which included a description of what had occurred, any treatment given and who was informed such as the next of kin. The registered manager reviewed all significant events to see if there had been any common themes or patterns and that the appropriate action had been taken. For example, if people had fallen, an analysis was undertaken to identify if the person had fallen previously and when this had occurred a referral had been made to the falls clinic.

There continued to be appropriate procedures relating to medicines management. Medicines were managed safely using an electronic system which advised staff of the correct time when medicines could be given and enabled the administration of medicines to be audited at any time. Medicines were stored safely including controlled drugs, which require special storage and closer monitoring. Registered nurses responsible for medicines administration had received relevant training. Protocols for medicines with variable doses and for prescribed creams were in place and followed. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them.

The registered manager used a care dependency tool to make sure there were sufficient care staff and nurses to care for people. This considered the level of care and support people required each day to plan the

numbers of staff needed to support people safely. Staff rotas showed that the provider had ensured that staffing was within its identified safe staffing levels. Any staff shortfalls due to sickness or planned leave were covered by existing, rather than agency staff to ensure consistency of care. Staff were visibly present, not rushed and provided appropriate support and assistance when this was needed. Staff described how they worked as a team to make sure people received the care they need.

Staff recruitment practices continued to protect people from the risk of receiving care from unsuitable staff. Appropriate checks were carried out which included obtaining a person's work references, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

People and their relatives were satisfied with the cleanliness of the service. Cleaning staff followed a schedule and worked hard to ensure the service was clean and free from unpleasant odours. Infection control audits were carried out and staff had access and used personal protect equipment such as disposable gloves and aprons to prevent any cross infection. All these actions helped to minimise the spread of any infection should it occur.

Good

Is the service effective?

Our findings

People and their relatives told us the staff team had the skills and knowledge they required to meet their needs. One person told us, "Staff are good at their job" and another person said, "Staff do very well and are well trained". A relative said, "Even when new staff come in you don't notice it. They are all nice". People said that staff arranged appointments with health care professionals such as hearing tests, eye tests and visits from their doctor when they were needed.

A GP from a local practice was assigned to the service and undertook visits three times a week to attend to people's medical needs. The GP said that there was a good working relationship with the registered nurses and that they worked together to ensure any problems were sorted out early to avoid the need for a hospital admission. The GP said that any advice they gave was followed and that registered nurses called them out appropriately. They described the approach of the service in relation to meeting people's health needs as proactive rather than reactive.

An initial assessment was undertaken before people moved to the service to check the service could meet the person's care and support needs. Assessments included nationally recognised specialist tools with regards to identifying people at risk of pressure ulcers, malnutrition and the early warning signs of people who were acutely ill.

Specialist guidance and advice had been sought and acted on with regards to people's health. Treatment records were in place to evaluate the progress of any wounds. The service was effective in caring for people whose skin had deteriorated. For example, one person had a wound to their right heel when they were admitted to the service and this had healed due to the care and treatment programme followed by the nurses and care staff. Staff knew how to follow the recommendations of the speech and language therapist to safely feed people who had a percutaneous endoscopic gastrostomy (PEG). PEG is a tube that feeds directly into a person's stomach. We recommended one person's care plan would benefit from some additional information and this was immediately actioned by the registered manager.

People were very complimentary about the quality and choice of meals provided. Comments included, "I really enjoy the meals here as there is always choice and if I don't like what is on offer, I can choose something else"; "They are very nice home cooked meals"; and "The food is very good. Thursday is chicken Kiev. It is nutritious and pleasurable". People were supported to have enough to eat and drink. Care and catering staff were aware of people's individual dietary needs such as if people were diabetic, lactose intolerant, vegetarian or required their food pureed and of people's likes and dislikes.

A comprehensive induction and training programme continued to be available for staff. Nursing staff completed additional courses to make sure they continually validated their nursing qualification with the Nursing and Midwifery Council (NMC). About half of the staff team had completed a Diploma in health and social care level two or above. To achieve this qualification, staff must prove that they have the ability and competence to carry out their job to the required standard.

Staff felt well supported by their colleagues, senior staff and the management team. They received regular supervision (one to one meeting) and an annual appraisal of their work performance. This was to provide opportunities for staff to discuss their performance, development and training needs, which the registered manager monitored. One member of staff said, "You get to talk through things and the nurse tells you about anything that you could be doing better or differently that they have noticed. But they always praise us for what you're doing well: It's really nice".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff continued to understand the main principles of the MCA and how to put them into practice.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made to the local authority for people who may be restricted in their freedom. The registered manager monitored DoLS authorisations and resubmitted applications before they expired to ensure that they only restricted people's liberty when it had been assessed as lawful to do so.

The service had redecoration and refurbishment programme and people and staff commented positively on the environment and that it was a pleasant atmosphere in which to live and work. Corridors were wide to enable people with wheelchairs to access them and there was a lift available to all floors.

Good

Is the service caring?

Our findings

Everyone told us that staff were kind and caring. One relative told us, "The staff have got to know me and are always very friendly when I arrive. I truly believe that they would do anything necessary to make sure my family member is well cared for in my absence". Another relative said, "It is like a home from home here and we are made to feel like one of the family". Relatives said they could visit at any time but were advised to avoid mealtimes if possible but explained this was a respected wish and not a set rule. People appreciated the positive relationship they had developed with staff. One person told us, "The carers are always laughing. They come into my room in the morning for a laugh". A visiting doctor and member of a local church both commented on the "nice atmosphere" at the service, the "kind, caring and compassionate" manner of staff and their observations of people's "happy" demeanour when they visited.

People and staff had developed positive relationships. Staff gave people their full attention during conversations and spoke with people in a considerate and respectful way using people's preferred method of communication wherever possible, such as facial expressions or verbal communication. They gave people the time they needed to communicate their needs and wishes and then acted on this.

People were treated with kindness, respect and compassion. One person was sitting on their own in the corner of the lounge looking uncomfortable. A staff member went over to them and held their hand asking them if they were okay. They gave the person choices such as if they wanted to sit up, or move towards other people. The person declined but the staff member remained with the person for a while talking to them.

Respecting people's dignity was central to the service and one member of staff had been appointed as Dignity Champion. A dignity champion challenges poor care practice, acts as a role model and educates and informs staff working with them. Staff explained how they maintained people's privacy and dignity whilst encouraging them to be as independent as possible. One member of staff said, "It's about giving people time. It is quicker and easier to do things for people but this is not good for the residents." There was a person-centred approach to care. Staff listened to people and talked with them appropriately in a way they could understand. Care files had detailed information about their personal histories such as their family back ground, past employment and important events. They also included people's likes, dislikes and interests. People had advance care plans (ACP) in which people had listed three things that they would like to be remembered for. Staff engaged in conversation with one person about a part of their character which was contained in their ACP. This showed that staff knew people's individual wishes and personalities and had developed positive relationships with people.

People were supported to be involved in making decisions about their care. Whenever possible, people's families were involved in the reviews of their care. One person told us, "I'm involved with my care plan. My son and daughter also do everything to look after me". One person who had only been at the service for three days had a substantial care plan which included what needed to be in place to promote their independence. A registered nurse explained, "I know they have a very positive attitude to improve their ability to get around. Hopefully we can encourage them whilst they are here and help rehabilitate them back home with community assistance".

People had access to the information that they required. Details about how to access advocacy services was on display in the reception area together with leaflets about the Gold Standards Framework (GSF). GSF is a systematic, evidence based approach to optimising care for people approaching the end of life, delivered by generalist frontline care providers. The relatives of people whose family members were at the end of their life were given a specially devised pack giving practical advice and useful contact details such as explaining why people stopped eating. All relatives were given a pack explaining about registering their loved one's death and about the grieving process.

Good

Is the service responsive?

Our findings

People and their relatives said staff knew them well and supported them according to their care plan. One person told us, "The staff get me everything I need. They know how to look after me". People said that staff were responsive to their needs and requests. Comments from people included, "The senior nurse in charge is around if I need anything"; and "I have a bell which I occasionally use. When I do, staff come quickly". Relatives said there was good communication in the staff team and they had confidence they would respond to any matters they raised. Comments included, "Staff always communicate with me or my granddaughter about even the small things"; "I sometimes get asked if I would like a sandwich if we are here at tea time: They really look after me" and, "Not that I have any complaints, but I'm sure staff would deal with them quickly".

A range of activities were available which included coffee mornings, card games, movie nights and one to one chats for people who spent time in their rooms, on subjects of interest. A relative told us, "There is lots to do here they always trying to keep them busy". People had been consulted about celebrating the Royal Wedding and decided to have a fish and chip lunch and a royal wedding theme on each floor. Bunting was being put up and staff planned to dress in red, white and blue on the day. People were very enthusiastic about the preparations. A relative told us, "I am looking forward to the Royal Wedding here, and so is Mum".

People were supported to follow their faith and the service had developed a relationship with a local church. A representative from the church said staff "Could not be more helpful" in making sure that people who wished to do so were able to take communion. They also said that children from local schools visited at different times of the year, such as at Easter and harvest time.

Staff told us they had all the information they needed within people's care plans to support them. Care plans covered all aspects of people's care and support needs. For people who had difficulty swallowing, guidance included if they required their food cut up, or a soft diet, if they could drink water or required it to be thickened and if they needed staff to support them to eat. People had a specific care plan which contained the support that they required at night time. Care plans were regularly reviewed and dated to indicate when people's needs had changed.

Once a month the service adapted the lounge into the 'Frindsbury Hall Tea Room' and provided afternoon tea and cakes for around ten people from a local day centre for older people. The day on which it was held was alternated so as many people as possible could attend. Some people from the service also took part so they could meet new people, chat on a range of topics and integrate with people living nearby.

People and their relatives knew how to raise a concern or complaint and felt comfortable doing so. The registered manager had continued to respond to complaints in a quick and timely manner. For example, a concern raised in January 2018 was acknowledged within seven days and escalated to an Area Manager for investigation. Statements had been taken from staff and a letter was sent to the person outlining the steps taken by the provider, how they could learn for the future and any other outcomes following the investigation.

The service was an accredited 'National Gold Standards Framework (GSF)' provider. GSF helps staff to understand and support people approaching the end of their life. A 'Listening and Talking' staff member had been appointed to engage with people in a gentle way to get to know them and to write an advance care plan about their future wishes. Case studies demonstrated the effectiveness of this approach and the positive impact it had had on people and their family members. Staff had advocated on behalf of one person who was in hospital to ensure their wishes were met to die at the service. For another person, their words that had been recorded in their advance care plan had been read out at their funeral and had helped the family with the grieving processes. Memorial services were arranged for family members where people could talk about and remember their loved ones and to light a candle in their memory. A memory tree, memory book and photographs of people who had passed away were located and available in the reception area for people and family members.

Good

Is the service well-led?

Our findings

People and their relatives were positive about people's experiences at the service. One person told us, "The overall package is good" and a relative said, "Staff are very caring and they and the nurses live their job". Everyone said that the service was well managed and were complimentary about specific members of the management team. "Staff are like family" a relative told us. People said that the registered manager was a regular presence around the service and recognised them, although not everyone could remember their name.

Records were held securely and those in respect of people's care were easily accessible so that they were available to staff and visiting professionals who required them. Records were made about all aspects of people's care and treatment. The regional manager's service audit in January 2018 highlighted that improvements were needed in the recording of body maps. This was to make sure that a new body map was completed each month for each person. Further audits had confirmed that this practice had been adopted. Care and nursing staff knew which people's skin integrity was at risk and repositioned regularly those people who were cared for in bed. This resulted in people at high risk of their skin deteriorating being supported appropriately and them receiving the correct care and treatment.

The registered manager had been in post for many years and provided a stable and a consistent approach to leading the service. They understood their roles and responsibilities and had submitted notifications to CQC appropriately. The provider, Akari Care Limited had 35 adult care services and the registered manager had received the provider's home manager of the year award. Staff were proud to work for the service, and understood its aim and values and how to put these into practice. They felt well supported, that their views were listened to and described the staff team as like being a member of a family. Many staff had worked at the service for many years and therefore provided consistent care to people.

The registered manager and regional manager continued to undertake quality monitoring and audits of the service and provided the local authority with information about essential areas. Quality reports had highlighted areas where improvements were required and action had been taken to address these. Short daily meetings had been introduced with nursing, care, housekeeping, catering and maintenance staff to discuss any issues. This gave the registered manager an overview of the service and enabled them to monitor the progress of any actions taken.

People and their relatives were asked for their views using a satisfaction survey questionnaire. The last time this took place was in February 2018 and the resulted had been analysed and were on display in the reception area. Most people said they would recommend the service to other people. People responded that they felt safe, that they were listened to, treated with dignity, had choices, were provided with sufficient activities and that the service was clean and tidy. Where people had reported any dissatisfaction with the service, the registered manager had taken been action. For example, a few people said that the service was not welcoming and inviting. The front of the service was repainted in bright colours and people commented on the improvement with regards to how good it looked.

End of life care was an area where the service continuously learned and improved for the benefit of people and their relatives. A dedicated member of staff spoke to people and their family members about people's wishes at the end of their lives and provided them with information booklets. Consideration had been given to all aspects of death and dying. When a person died a decorative heart was placed on their door to alert other people. Neighbours had been consulted and their agreement gained as how a person's body was removed from the service on their death. This meant that when a person died their coffin was transported with dignity out of the front door of the service, with family members and staff following.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the reception area and on their website.