

Consensus Support Services Limited

Frinton House

Inspection report

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20 December 2016

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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? | Requires Improvement  |
| Is the service well-led? | Requires Improvement  |

Summary of findings

Overall summary

Frinton House provides accommodation for up to six younger adults who have learning disabilities. There were five people living at the home at the time of our inspection. People's needs were varied, some displayed behaviours that challenged and some were on the autism spectrum. People had complex communication needs and required staff who knew them well to meet their needs. Frinton House is owned by Consensus Support Services Limited who have a number of care homes nationally.

At our last inspection in January 2016 we found improvements were required in relation to safety, consent, person centred care and good governance. Warning notices were issued and the provider was required to be compliant with the regulations by 20 June 2016. The provider sent us an action plan that told us how they would address these issues. We carried out this unannounced inspection on 14 and 20 December 2016 to check the provider had made improvements and to confirm that legal requirements had been met. We found that the provider had not fully addressed the breaches of the regulations in relation to consent and good governance. Although significant progress had been made in relation to person centred care further work was required to embed this into everyday practice. We found the provider met the regulations in relation to safety.

There was no registered manager in post. 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. An acting manager had been appointed and they had applied to be registered and an interview had been arranged.

DoLS applications had been made in respect of some people. (A DoLS is used when it is assessed as necessary to deprive a person of their liberty in their best interests and the methods used should be as least restrictive as possible). Although there were restrictions in place and applications had been submitted to the local DoLS team staff were not sure if some people needed them.

Record keeping in some areas was not detailed and did not show the actions taken by staff to address matters. For example, in relation to the management of complaints and people's activities. Although progress had been made in providing person centred care, further work was required to demonstrate that the plans made were followed.

Staff had a good understanding of people as individuals, their needs and interests. Some people attended day centres and college and people were also supported with activities both within and outside of the home daily. Since the last inspection the lounge and dining room had been redecorated and there was a relaxed and homely appearance.

There had been significant progress in addressing the requirements of the last inspection to drive improvements in the quality of the support provided to people and to support staff. The provider had

strengthened the systems for monitoring the management and quality of the home. Through regular internal monitoring, the registered manager ensured that staff were clear about their role and the actions to be taken to meet people's needs. Where shortfalls were identified, action plans were drawn up and matters had been addressed in a timely manner. There was a continual system of review and evaluation to drive improvement.

There were enough staff to meet people's needs. Staff had a good understanding of the risks associated with supporting people. They knew what actions to take to mitigate these risks and provide a safe environment for people to live in. Staff understood what they needed to do to protect people from the risk of abuse. Appropriate checks had taken place before staff were employed to ensure they were able to work safely with people at the home.

There were safe procedures in place for the management of medicines. People had access to healthcare professionals when they needed specific support. This included GP's, dentists and opticians.

Staff had the skills and knowledge necessary to provide people with safe care. Training was provided which was specific to meeting people's needs. Since the last inspection staff had received training on person centred care, record keeping and positive behaviour support. Staff received regular supervision and support from management which made them feel valued. A staff member told us, "Supervision is done regularly, there is a very good team here, we help each other, it's brilliant."

Staff spoke positively about the way the service was managed and the open style of management. They valued the increased involvement of the external management through their attendance at staff meetings and regular visits. People and staff also had opportunities to attend events run by the organisation nationally to share the home's views and to hear about other services.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People's medicines were stored, administered and disposed of safely.

There were risk assessments in place and staff had a good understanding of the risks associated with the people they supported.

Recruitment procedures were in place to ensure only suitable people worked at the home. There were enough staff to meet people's needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The acting manager and staff were not clear about their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff received specialist training to support people effectively.

People were supported to access a range of health care professionals to help ensure that their general health was maintained. Support was provided in the way people wanted to receive it.

Is the service caring?

Good ●

The service was caring.

People were treated with warmth, kindness and respect.

Staff knew people well and displayed kindness and compassion when supporting people. People's dignity and privacy was promoted.

Staff adapted their approach to meet people's individual needs and to ensure that care was provided in a way that met their particular needs and wishes.

Is the service responsive?

The service was not consistently responsive.

Care was centred on people's individual needs but further work was needed to ensure that this worked effectively and that choices and decisions people made were addressed, and if they could not be addressed the reasons were explained to them.

Care plans provided detailed advice and guidance about how to support people.

People had increased opportunities to take part in activities.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

There were some shortfalls in relation to record keeping particularly in relation to the management of complaints and documentation of person centred care.

A wide range of audits were carried out to monitor the running of the home and to ensure that it was well run.

There was a positive and open culture at the home. Staff told us the acting manager was supportive and approachable. They were readily available and responded to what people and staff told them.

Requires Improvement ●

Frinton House

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.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We considered information which had been shared with us by the local authority, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

This inspection took place on 14 and 20 December 2016 and was unannounced. When planning the inspection we took account of the size of the service and that some people at the home could find visitors unsettling. As a result, this inspection was carried out by one inspector without an expert by experience or specialist advisor. Experts by experience are people who have direct experience of using health and social care services.

Some people who lived at Frinton House were unable to verbally share with us their experience of life at Frinton House because of their disabilities. Therefore the inspector spent time observing the interactions between people and staff and watched how people were being cared for by staff. During the inspection we met with two people. We also met with the acting manager, the operations manager, a senior carer and two care staff.

We reviewed the records of the home. This included staff recruitment, training and supervision records, medicines records, complaint records, accidents and incidents, quality audits and policies and procedures, along with information in regard to the upkeep of the premises. We also looked at three people's support plans and risk assessments along with other relevant documentation.

We also asked the provider to complete a 'Provider Information Record' (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make and this helps to inform some of the areas we look at during the inspection. This was

provided before our inspection and informed the planning of the inspection.

Is the service safe?

Our findings

At our last inspection in January 2016 the provider was in breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the inspection, warning notices were issued that required the provider to meet with the requirements of Regulation 12 by 30 June 2016. At this inspection we found the provider had made improvements in this area and now met the requirements of the regulations.

One person told us, "I'm safe here, I use a buzzer to call staff if I need them at night." Staff told us that people were safe and we observed this to be the case. Staff encouraged people to develop their independence skills but were on hand if support was needed.

At the time of the last inspection one person's epilepsy monitor was not working. We tested this during the inspection and it was in working order. There were regular checks in place to ensure that this remained the case. Although the person did not like the monitor being tested they recognised that this was in their best interests and it kept them safe.

People's changing needs were met. Since the last inspection an occupational therapist had assessed one person's ability to get in and out of their bath and equipment had been provided to ensure they could do this safely. The risk assessment documentation related to this had been updated and staff said that they had no problems when they supported this person in this task.

People were protected against the risks of harm and abuse because staff had an understanding of different types of abuse and knew what action they should take if they believed people were at risk. Risk assessment documentation in care plans had been updated at regular intervals and always following an incident. Staff told us that when an incident occurred they reported it to the acting manager who was responsible for referring the matter to the local safeguarding authority. Records related to incidents had been well documented, and where appropriate, matters had been reported to the local authority for further advice and support. Each staff member carried business cards with them when they supported people outside of the home. If a member of the public raised any kind of concern about how people were supported, staff were instructed to provide them with a card so that they could raise a concern if they chose to.

Staff recruitment records contained the necessary information to help ensure the provider employed people who were suitable to work at the home. Staff files included a range of documentation including photo identification, written references and evidence that a Disclosure and Barring System check had been carried out. (A DBS check is a police check that ensures that staff have no record of misconduct of crimes that could affect their suitability to work with people).

There were enough staff working in the home to meet people's needs safely. There were clear on call arrangements for evening and weekends and staff knew who to call in an emergency. Staff told us there were enough staff to meet people's individual needs.

Medicines were stored, administered, recorded and disposed of safely. People's medicines were stored

securely in their bedrooms and any excess medicine was stored within the office. There was advice on the medication administration records (MAR) about how people chose to take their medicines. Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example if they experienced pain. A copy of each person's PRN protocols were stored within the MAR charts. Not everybody who experienced pain was able to express this verbally, and there was information in people's care plans about how they may express they were in pain. For example, staff confirmed that when one person was in pain they would be able to tell by their facial expressions and because they would be quiet and stay in their bedroom.

Regular health and safety checks ensured people's safety was maintained. Regular safety checks were carried out on wheelchairs and lap belts to ensure they were in good order. It was noted that in December the brakes on two wheelchairs needed adjusting and one person's lap belt was loose. These matters had been referred to the provider's health and safety assessor who visited and advised staff to request new wheelchairs. In the interim the acting manager had updated the risk assessments to show that in the short term the wheelchairs were still safe to use. Other checks included infection control and cleaning checks, gas and electrical servicing, legionella testing, vehicle testing and portable appliance testing. All staff had received fire safety training and people had personal emergency evacuation plans. They contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation. There were regular fire safety checks in place including fire drills and staff were clear about what they should do in the event of a fire. A fire risk assessment was completed in August 2016. The acting manager carried out a health and safety audit in July 2016.

Is the service effective?

Our findings

At our last inspection in January 2016 the provider was in breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the inspection, warning notices were issued that required the provider to meet Regulation 11 by 30 June 2016. At this inspection we found that the provider was still not meeting this regulation.

Staff had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and were able to describe its principles and some of the areas that may constitute a deprivation of liberty. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and there was appropriate documentation in place. There was a keypad lock on the front and rear doors. We were told that standard authorisations had been requested for each person in relation to the doors being locked. Risk assessments had been carried out and it had been assessed that the doors needed to be kept locked. However, we saw one person knew the code for the keypad lock and used the code to check the mail. We asked the acting manager if they had applied for an authorisation that was not actually required. The acting manager was not clear if this was the case and confirmed that the assessments needed to be reviewed to ensure they reflected each person's needs and that DoLS were necessary. This showed a lack of understanding of the DoLS process.

Two people who used wheelchairs outside of the home had lap belts. One person wore a protective helmet. In various parts of their support plan the advice in relation to wearing the helmet was different. Whilst a capacity assessment had not been carried out we were told that the person could remove the helmet independently if they wanted to. Staff told us that they had not recognised the use of lap belts as a form of restraint and therefore had not carried out capacity assessments to determine if people understood the need for their use. This showed a lack of understanding of restraint and consideration of the MCA.

One person had recently made a complex decision about an aspect of their life. This person's family had been consulted about the decision made and had been supportive of their relative's choice. We asked if the person had the capacity to make this decision and were told yes and that a best interests meeting had been held. However, when we asked to see the documentation it was confirmed that a meeting had not been held and the person's social worker had not been informed. Whilst staff confirmed they felt the person had the capacity to make this decision, this had not been assessed and the care records did not demonstrate consideration of the MCA.

The above issues are a continuing breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a commitment to ensuring staff had the necessary skills to carry out their roles effectively. The training programme and records showed that staff had completed all essential training and where renewals were due, timescales for achievement had been set. Staff told us they received training which included safeguarding, mental capacity and DoLS, infection control and food hygiene.

Systems were in place to ensure staff received appropriate training to maintain competence in their role and provide effective care. We asked if staff had received any specific training to meet the needs of people living at Frinton House. Staff had completed essential training on epilepsy, the use of buccal midazolam and conflict and challenging behaviour awareness. In addition all staff had completed person centred planning (PCP), recording and documentation and equality and diversity training. A staff member told us that if they requested training the acting manager arranged it. They had recently had training on PCP. As a result, this had brought the care plan alive for them. They said, "I can see traits in (person's) behaviour and the way I interact has an impact on them. I need to give them space and this is what it says in the support plan and it works. This showed the home was striving to drive improvement and to ensure staff had the skills they needed to meet people's identified needs.

At the time of our inspection the acting manager had almost completed a level 5 management course. They told us the course had been useful to meet with other managers and to discuss and share ideas. They told us they had learned to present the office and the home well. Staff told us that they liked the new systems as they knew where to find documentation easily and this saved time that could be spent with people. They said that since the acting manager had taken over they were much more involved in all aspects of the running of the home.

There was a structured induction programme for new staff to make sure they knew what was expected of them in their role. This included time to get to know people, to read their support plans and to shadow other staff. An in-house induction checklist was completed to ensure that staff knew the home's procedures. On completion, staff who had not previously worked in care went on to complete the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff received regular supervision and appraisal of their performance. A staff member told us the acting manager was, "really supportive." Another said, "Supervision is done regularly, there is a very good team here, we help each other, it's brilliant."

People were supported to maintain healthy diets. Menus were planned weekly at the residents' meetings and two choices were available at each mealtime. People took it in turns to choose the menu for each evening from pictorial cards. The menus were then displayed using a pictorial format. People were involved in choosing and where appropriate, making their own drinks. Throughout our inspection people were asked and given regular drinks. Participation in meal preparation varied on each person's ability. On the day of our inspection one person helped with vegetable preparation and carried out the task set independently. Another person had wanted to bake a cake and staff had supported them to check they had all the ingredients and to make a list of the items they needed to buy.

People received support from staff that knew them well and had an understanding of how to support them appropriately. People were supported to maintain good health and received on-going healthcare support.

Everybody had a health action plan that identified the health professionals involved in their care, for example, the GP, physiotherapist, speech and language therapist and dentist. People's health action plans contained important information about their health needs.

Each person also had a care passport. People take their care passport with them if they are admitted to hospital. They included information such as: 'Things you must know about me,' 'Things that are important to me' and, 'My likes and dislikes.' This would enable hospital staff to have information, at a glance that would assist them in meeting a person's individual needs. One person had a very detailed funeral plan in place that was very personal, specific to their wishes and had been signed by them.

Is the service caring?

Our findings

People were supported by staff who knew them well as individuals and staff were passionate about providing care that met people's needs. All of the staff had worked in the home for a long time and they were able to tell us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported. They communicated well with people and in a way they could understand and people responded warmly to them.

Each person had a chart within their bedroom that in some way they had helped to design or decorate. The chart showed information about how best to support the person, what other people liked about the person and what was important to them. There were photos shown that the person had chosen to display. Each chart reflected people's individual character and interests. People were proud to show us these charts and staff told us that they had enjoyed supporting people to make the charts. The charts made information easily accessible to all staff and would have assisted them to ensure the care provided to people was based on their wishes.

People's bedrooms reflected their individual tastes and interests. One person chose to have a curtain over their wardrobe and asked for the doors to be removed. Two people's bedrooms had recently been redecorated and people had chosen the colour schemes used. We were told that some people rearranged the furniture and fittings, with staff support, to suit their individual needs. For example, one person's television had been moved to ensure that they had a good view from their chair in their bedroom.

People were supported by staff who cared about Frinton House and who helped them to make decisions about how it should look. Since the last inspection emphasis had been placed on redecoration and making the house more homely. A staff member told us, "Since the manager took over people are happier. We painted the place, we can decorate the place so it looks like a home, they can see the difference. We are doing the garden like a family." We were told that staff had come in on their days off and painted the lounge and dining room and new curtains had been fitted. One person told us that they had been involved in choosing the colour schemes. There were photos displayed that showed the activities and holidays people had been involved in. One person's art work was displayed. There was a photograph of one person who was the designated health and safety officer and they were keen to show us the photo and to explain the role to us. For example they took the rubbish out and were responsible for recycling within the home.

People were supported by staff to improve their independence skills. Staff told us that since putting labels on one person's bedroom drawers, the person was able to put away and find clothes independently. Cupboards in the kitchen were also labelled so that people could find things easily and carry out tasks with minimal staff support and therefore increase their independence. For example, whilst we were in the kitchen, one person came in and with very minimal prompting got their breakfast.

People were treated with respect and dignity. Staff told us they maintained people's dignity by ensuring that their doors and curtains were always closed when personal care was given. A staff member said, "We need to be discrete when talking with people and make sure we are not overheard if we talk about private

matters. We also need to ensure people wear appropriate clothes for the weather." We saw that one person was given a drink and staff discretely used a wipe to clean their mouth and maintain their dignity.

One person had been supported by staff to attend a family event. There was a letter from their family thanking staff for enabling this to happen. The person confirmed that they had enjoyed the event and were thankful to staff for their support. A staff member told us that one person had requested that only female staff attended to their personal care needs. As a result the rota had been changed to make sure that there was always a female staff member on shift to meet their needs.

People chose where they spent their time and if they wanted to be on their own or with others. For example, one person had a desk in the dining room where they liked to do jigsaws and another person liked to sit in an arm chair in the hallway. People came and went from their rooms independently. When one person indicated, by standing in the doorway, they wanted to be taken out, although this had not been planned, this was accommodated.

People's care plans, daily records and charts were stored safely within an office to ensure confidentiality was maintained. People's care plans gave advice on how people liked to be supported, their individual likes and dislikes, their dreams and aspirations and information about how staff should support them to maintain their dignity.

Is the service responsive?

Our findings

At our last inspection in January 2016 the provider was in breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the inspection, Warning Notices were issued that required the provider to meet Regulation 9 by 30 June 2016. This inspection found that Regulation 9 was met. However, although the provider had made significant progress in addressing the concerns found at the last inspection, there was still more work required to embed this into everyday practice.

At the last inspection care had not been provided in a person centred way. Since then all staff had received training on person centred planning. A staff member told us the training had been, "Very informative." They said, "We now provide more choices and use different ways to judge reactions to activities and to document them." Progress had been made in relation to guiding staff to work in a person centred way. For example, in one care plan it stated, 'I like to be asked where I want to go and what I like to do. Give me a choice of two places.' A staff member told us that, "It is sometimes difficult to figure out verbally which choice (person) has made, but if you tell (person) what you think they have decided and they don't want to do it (person) will flatly refuse to go."

Although staff had received training in person centred care planning, staff did always work in a way that centred on individuals. For example, we were told that one person had decided to have a female chiropodist. However, we were then told everyone was now going to have this chiropodist. It was not clear if others had been happy with the service they had previously received and to what extent they had been involved in the decision to change to the new chiropodist. This did not demonstrate a person centred approach.

On two occasions we saw staff answered for a person rather than waiting for them to respond themselves. For example, we asked a person if they preferred having their medicines in their bedroom or the office. (New medicine's cabinets had been fitted in people's bedrooms). However, before the person had time to respond to the question the staff member said to them, "You like the new cabinets don't you." This may have been the person's view but the person was not enabled the opportunity to share a view that might have been contrary to this.

We recommend the provider continues to source material from reputable sources on how to ensure people's decisions are always respected.

People planned their weekly activities in meetings with their key worker. (A key worker is a member of staff who works closely with a person to ensure that their needs are met.) People were supported to join in activities of their choice including attending day centres, college courses and planned activities both within and outside of the home. One person attended an art project each week and recently some of their art work had been displayed at a London art gallery. A certificate of achievement was on display in their bedroom.

The range of activities on offer to people had greatly increased since our last inspection. One person enjoyed weekly aromatherapy sessions. This person was now supported to take part in a wide variety of

trips each week and the information about where, when and what they did was recorded along with information about how staff knew if the activity had been enjoyed. Pictorial evidence was used to demonstrate the person's enjoyment of the activities provided. This person also attended swimming, bowling, calm farm and a club. They had recently been to the opera and were due to go to a local pantomime. A staff member told us, "It was a privilege to take (person) to the opera. They loved every minute of the activity and were engaged from start to finish." They also said, "It was so rewarding to see (person) so happy, I got so much out of the trip too." This person also enjoyed sensory activities in house such as hand massage and foot spas and they had sensory equipment that they enjoyed using regularly.

People were relaxed and content. A staff member told us that in the past year people were happier and slept better. They said, "It's a happier home and there are positive vibes." People had been away on holidays and they hadn't had a holiday for two to three years. The holidays were based on their individual wishes. For example, one person had been to Blackpool to see the lights as this met their sensory needs. Another person's care documentation had stated that they didn't like holidays. However, staff said, if you show this person a brochure and they want to do it they will hold on to it. This person chose to go on holiday to a place where there were animals and staff reported that they loved it. A staff member told us, that staff enjoyed taking them and this had sparked ideas for more activities."

Since the last inspection the home received several compliments and thank you cards from people's relatives which showed that they appreciated the care and support provided to people. The complaint's policy was displayed so that people and visitors were clear about how they could raise concerns should they wish to. Since the acting manager had taken on their role communication with people's relatives had increased and comments from the cards received demonstrated that they appreciated the increased communication. One complaint had been received and a decision had been reached on how this was to be resolved.

There was a range of documentation held for each person related to their care needs. This included information about their medical and support needs. There was information to guide staff about how people communicated in each care plan. People's care plans were reviewed monthly and annual reviews had been booked to ensure that relatives and professionals were kept up to date with the care provided. The records contained detailed information and guidance for staff about people's routines, and the support they required to meet their individual needs. If someone required specific support to meet a health need such as epilepsy there was detailed advice and guidance for staff to follow. Each person had goals that they were working towards achieving and progress was recorded in daily notes. People had the equipment needed to support their individual needs, for example one person had a walk in shower, another person had grab rails to assist them getting in and out of the bath and a bath seat.

Is the service well-led?

Our findings

At our last inspection in January 2016 the provider was in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the inspection, warning notices were issued that required the provider to meet with Regulation 17 by 30 June 2016. At this inspection we found that although significant progress had been made in many areas, the provider was still not meeting this regulation.

The home had been without a registered manager since August 2016. An acting manager was appointed in October 2016 and they had submitted their application for registration and an interview date had been set.

One person's care records showed that in August 2016 it had been identified that they should have a medical procedure. We were told the person did not have capacity to consent to this procedure. We asked if a best interests meeting had been held. Staff told us they had recently noted that this had not been done and the acting manager had gone back to the person's GP to chase this. However, this had not been done in a timely manner and the person was still awaiting this procedure.

Although there were procedures in place to monitor the quality of the care provided, monitoring in relation to MCA and DoLS had been less effective. Monitoring of records related to this had not identified that staff were not always working within the principles of MCA and DoLS.

Record keeping related to the management of complaints were not effective. There was one complaint about the house car that had been raised on a number of occasions. The home's complaint procedure had not been followed in that the actual details of the complaint had not been accurately recorded and the home's hard copy records were different to the electronic records. Records showed that three people would be supported to write a letter of complaint but this had not been done. Although we were told that the car would be replaced in the New Year, documentation did not show that people had been informed of this.

Records of activities people had taken part in were not consistent. For example, there was a planned bowling activity so this was entered on the shift plan. However, we were told that people had changed their minds about what they wanted to do so they went for a drive instead. Although it was shown in one person's daily records where they had been, and that they had enjoyed the trip, this was not stated in another person's daily records. This would not have assisted staff to evaluate this person's activities and their enjoyment of them.

The above issues are a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the concerns above the provider had strengthened the systems to monitor the management and quality of the home by ensuring that a representative visited regularly and carried out audits of the service. Where shortfalls were identified there was information about the actions to be taken and the timescale. Records showed the numbers of corrective actions had steadily decreased over the past few months because quality monitoring had encouraged continuing improvement. Internal audits were also carried out

on a monthly basis, for example, in relation to the management of medicines. The audits demonstrated the provider's commitment to continually evaluate and drive improvements in the way people are supported and how the home is operated.

The organisation had a weekly business newsletter which was used to share information about the company, to share its successes and to drive improvement. For example, staff were encouraged to read reports for services that were rated as outstanding and to compare their service to them. The home also received copies of the organisation's best practice group meetings. These meetings were also used to look at best practice in care homes and to share ideas. Two representatives from each home attended and staff told us they enjoyed the opportunity to representative the views of Frinton House at these meetings. There were also local network meetings that people had the opportunity to attend and two people told us that they had been to these meetings and enjoyed them.

The acting manager told us the organisation listened to what they had to say. They said, "Every request I have made has been agreed". We wanted individual medicine cabinets in people's bedrooms and this was done. We wanted new curtains for the lounge and this was agreed." Some staff had felt that external management were at a distance to the home. The acting manager said that as a result they invited people from their head office to join the staff meetings and to explain their role. For example, the operations manager and a representative from the property team had attended meetings. Staff told us they valued this as they could put faces to names and felt more a part of the organisation.

Staff were clear about how the vision and values for Frinton House fit in with the organisation's vision and values. The values were prominently displayed and all staff were able to tell us how they were implemented daily. We asked one staff member how they achieved the values of the home and organisation and they said, "By ensuring a person centred approach is achieved, following care plans, keeping people safe, looking after their wellbeing, ensuring privacy is respected and people are treated as individuals."

There were systems to seek views of people, staff and relatives. A staff survey was completed in May 2016. This showed there had been an improvement in staff morale. For example, one staff member said, "There is a sense of effort being made." At that time, some weaknesses were highlighted in relation to communication and leadership. We asked what actions had been taken to address these issues. We were told that these areas had been discussed at staff meetings and minutes of meetings demonstrated that communication had improved and staff had been given clear direction in their role.

The provider was in the process of completing the relative's survey. Feedback received so far had been positive and one relative had stated they were, "Confident (person) is getting the best care and opportunities that (person) could possibly receive."

Staff felt appreciated for the work they did. Staff meetings were held regularly. Minutes of the meetings were detailed and showed that staff were encouraged to have a say on the running of the home. All discussions were documented and actions reached were clear so that if a staff member had not been at the meeting they would understand the agreed actions and outcomes. A staff member told us, "Everyone gets a say." To recognise staff achievements the acting manager had introduced a 'best employee of the month' award and as it was the end of the year, at the staff Christmas party they were going to award an employee of the year award. We asked a staff member what was the best thing about working in the home, they said, "There is continuity as there is hardly any turnover in the staff team. People have complex needs but staff know them well."

Resident's meetings were also held regularly. As part of this process people were encouraged to raise any

concerns or worries they might have. A wide range of topics were discussed in relation to health and safety matters, menus and people's activities. Minutes showed people were given the opportunity to share their views.

Accidents and incidents were logged on the computer system and in paper format. The acting manager told us that they analysed the accidents and incidents regularly and made sure that there were no trends or patterns and ensured that risk assessments had been updated. We were also told that external monitoring carried out by the organisation looked for any particular trends of patterns for accident and incident reporting.

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 will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to give appropriate consideration to the MCA and DoLS in accordance with legal requirements. 11(1) |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure that accurate record keeping was in place and to ensure actions were taken to mitigate risks. 17(2)(b)(c) |