

The Mortimer Society Frindsbury House

Inspection report

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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

About the service: Frindsbury House provides care and support for up to 23 people with a range of physical disabilities including Huntington's disease and also caters for people with learning disabilities. At the time of our inspection, 22 people were using the service.

People's experience of using this service: The service had improved since we last inspected it. Everyone we spoke with was positive in their feedback. Comments included; "I feel good living here", "The staff do a good job" and "I wouldn't change anything. I would recommend the home to people like me."

People were safe at Frindsbury House. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse. The provider followed safe recruitment practices. One person said, "I am safe because the carers care for us. If I have little worries, the staff talk to me."

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them. They felt a part of their local community and were supported to use local resources to their advantage.

Staff understood the importance of promoting people's choices and provided the support people required while promoting and maintaining independence. This enabled people to achieve positive outcomes and promoted a good quality of life.

People were involved in the running of the service and were consulted on key issues that may affect them.

People received the support they needed to stay healthy and to access healthcare services. Each person had an up to date support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

Rating at last inspection: Requires Improvement (Report published 28 March 2018)

Why we inspected: At our last inspection, we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to the risk of abuse that was not always minimised. The management of medicines was not always safe and there were inconsistent processes in the medicines' management documentation. The provider had not carried out sufficient checks to explore the staff members' employment history to ensure they were suitable to work with people who needed safeguarding from harm. Records relating to drinks people had were not accurate or complete. Audit systems were in place but identified actions had not been completed and records were not always complete, accurate and robust.

We asked the registered provider to take action to meet the regulations. We received an action plan on 2 March 2018, which stated that the registered provider would take action to meet the regulations by 30 May

2018.

At this inspection, we found that improvements had been made in relation the five requirements made above.

Follow up: We will continue to monitor the service through the information we receive. We will carry out another scheduled inspection to make sure the service continues to maintain a Good rating.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Frindsbury House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using similar services.

Service and service type:

Frindsbury House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission when we inspected. The registered manager left in January 2019. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was a comprehensive inspection, which took place on 12 February 2019 and was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in January 2018. This included details about incidents the provider must notify us about, such as abuse or when a person dies. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke to seven people using the service, two visiting relatives, three care staff,

health supervisor, deputy manager who was also acting manager. We also spoke with the head of care, quality and compliance, the head of business and corporate affairs and the chief executive. We also requested feedback from a range of healthcare professionals involved in the service. We received feedback from four local authority care managers.

We reviewed a range of records. This included four people's care records and medication records. We also looked at four staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as meetings with people and surveys they completed to share their views.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection on 16 January 2018, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The risk of abuse was not always minimised. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse but these were not always followed.
- At this inspection, we found that improvements had been made and the regulation had been met.
- Safeguarding processes were in place. Risk of abuse had been minimised because staff were aware of safeguarding policies and procedures.
- Staff had access to the updated local authority safeguarding policy, protocol and procedure.
- Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.
- Comments from people included: "Yes I feel safe here because I am with my friends. I only feel safe with people I know."; "Yes, I feel safe. The staff are lovely" and "Yes, I feel safe here. Things are familiar and I know the staff. The staff come immediately if I need them. I can see a doctor if I need to."
- Comments from healthcare professionals included; "I have observed good working practices and aids and adaptations that are being used for the complex clients to ensure their safety and comfort."; and "There have been no safety concerns raised about the individual I assisted to move to Frindsbury House, I have not found any safety concerns relating to them or any other resident when I have visited the home."

Using medicines safely

- At our last inspection on 16 January 2018, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines had not been managed safely. Medicines had not been recorded, stored or monitored effectively.
- At this inspection, we found that improvements had been made and the regulation had been met.
- Suitably trained staff continued to follow the arrangements in place to ensure people received their prescribed medicines.
- Medicines were stored safely.
- We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed.
- PRN (as required) protocols were in place and staff followed them.
- Staff completed training in medicines administration and their competency was checked to make sure they continued to practice safe medicines administration.

Staffing and recruitment

- At our last inspection on 16 January 2018, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider did not follow safe recruitment practice. Gaps in employment history had not been explored to check staff suitability for their role.
- At this inspection, we found that improvements had been made and regulation had been met.
- The registered provider had carried out sufficient checks to explore staff members employment history to ensure they were suitable to work with people who needed support.
- Gaps in employment histories were fully explored.
- Two references had been received before staff started work.
- Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records of checks were kept in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. Individual risk assessments included risks related to; going out in the community, nutrition and hydration, health, sexuality, activities and holidays.
- Support was delivered as planned in people's support plans. Some people needed support to manage their emotions to reduce the risk of an incident occurring. Behavioural support plans were thorough and detailed and contained the information staff needed to support people safely. For example, there was information on what could cause the person to become upset and what actions staff were to take when people were upset.
- Risk assessments were specific to each person and had been reviewed recently.
- People were protected from risks from the environment. The environment and equipment were safe and well maintained and the appropriate checks, such as gas safety checks, had been carried out. There were regular fire drills. There were window restrictors on the windows to ensure that people could not climb out and fall.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used during our visit.
- Staff were trained in infection control and food hygiene.
- We observed that the environment was clean and odour free during our inspection.
- There were sufficient domestic staff.
- The registered provider carried out infection control audits where any concerns were identified. These had been acted on.

Learning lessons when things go wrong

- Staff maintained an up to date record of all accidents and incidents. The registered manager monitored these so any trends could be recognised and addressed.
- The registered manager used the information to make improvements to keep people safe. This meant that people could be confident of receiving care and support from staff who acted on changes to their needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- At our last inspection on 16 January 2018, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not always receive food and drink in a safe way following guidance that had been given by healthcare professionals.
- At this inspection, we found that improvements had been made and regulation had been met.
- The manager contacted other services that might be able to support them with meeting people's health needs. This included the local GP and the local speech and language therapist (SALT) team demonstrating the provider promoted people's health and well-being.
- Records relating to food and drinks people had been completed accurately.
- People were fully involved in decisions about the menu. A menu was in place so that people knew what meals to expect.
- People had control over what time they ate and any snacks and drinks they wished to have through the day.
- People were supported to eat a healthy and balanced diet. One person said, "The food is ever so nice. I like the salad and the fish and chips. There is enough to eat. We are offered drinks between meals." Another person said, "The food here is wonderful. We can have coffee or tea between meals."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider undertook an initial holistic assessment with people before people moved into the service.
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support.
- People and their family members were fully involved in the assessment process to make sure the registered manager had all the information they needed.

Staff support: induction, training, skills and experience

- Staff continued to receive the training and updates they required to successfully carry out their role. Training records confirmed this was the case. One person said, "The staff have training. They know what they are doing."
- Staff had received training to support them in their roles. We saw training certificates in staff files which confirmed this.
- Staff commented that the training they received was useful.
- Staff had regular one to one supervision meetings and an annual appraisal of their work performance with

the registered manager. This was to provide opportunities for staff to discuss their performance, development and training needs and for the registered manager to monitor this.

Staff working with other agencies to provide consistent, effective, timely care

- People had hospital passports in place. These are documents people can take with them when they go to hospital to provide useful information for healthcare staff. Passports included information such as how the person expresses that they are in pain, how they take their medicines and information about how the person engaged with healthcare professionals previously. For example, if a person would let staff take their blood pressure or if this caused them to become upset.
- People had communication passports. These included information on what the person's signs and gestures meant and what they could understand. These documents could be used by healthcare staff to aid communication.
- Senior staff liaised with professionals when assessing a person's needs, and kept those needs under constant review so they could provide information to professionals when needed.
- There was a close working relationship with the local hospice, district nurses, local GPs, occupational therapists, and physiotherapists.

Adapting service, design, decoration to meet people's needs

- The service was designed and decorated to meet people's needs. The environment was pleasant, spacious and decorated with people's involvement.
- People had free access to the garden and all areas of the service, including the kitchen.
- People's rooms were personalised to suit their tastes and needs.

Supporting people to live healthier lives, access healthcare services and support

- People continued to be supported to maintain good health. One person said, "I see an optician regularly and I can see a doctor."
- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs.
- People's individual health plans set out for staff how their specific healthcare needs should be met.
- Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. This showed that the manager continued to ensure that people's health needs were effectively met.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority.
- We checked whether the service was working within the principles of the MCA and found that they were.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- One person said, "The staff encourage me and tell me how well I have done. I am encouraged to do as much as I can for myself. I have a stand aid I like to use. If the staff are busy it is easier to use the hoist. Sometimes they are short staffed, especially at weekends. The staff treat me with respect and ask me before doing things such as personal care."
- Staff knew the people they were supporting.
- People's care records contained information about people's background and preferences, and staff were knowledgeable about these. Staff were able to give us details on people throughout the day, without needing to refer to care plans.
- Staff helped people to stay in touch with their family and friends. People's relatives told us that they were able to visit their family member at any reasonable time and they were always made to feel welcome.
- The interactions between people and staff were positive, caring and inclusive. There was a feeling of mutual respect and equality.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support.
- People were involved in reviewing their care, and when people wanted support from their relatives or friends this was arranged by staff so they were able to fully understand their care.
- People were able to express their needs and received the care and support that they wanted in the way they preferred.

Respecting and promoting people's privacy, dignity and independence

- One person said, "Yes, I would say the staff are pretty good and kind. They know how to support me. I feel the staff respect me."
- Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way.
- Staff understood the importance of respecting people's individual rights and choices.
- People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter.
- People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence. Support plans included what people could do for themselves and where they needed support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The management of the service undertook an initial holistic assessment with people before they moved into the home. The assessment checked the care and support needs of each person so that the registered manager could make sure they had the skills and levels of staffing within the staff team to care for the person appropriately. A healthcare professional said, "Very person-centred service, welcoming, reassuring to the service users. I felt Frindsbury went above and beyond to settle my patient in. They purchased new bedding with her favourite colours on, staff brought in clothes that may fit her, they encouraged her to get out of bed. Frindsbury staff were very sensitive to this and I felt they were very patient and understanding towards the situation."

- People and their family members were fully involved in the assessment process to make sure the registered manager had all the information they needed.

- People had care plans in place, which reflected their current needs.

- Detailed daily records were kept by staff. Records included personal care given, well-being, activities joined in, concerns to note and food and fluids taken. Many recordings were made throughout the day and night; ensuring communication between staff was good which benefitted the care of each person.

- The management of the service employed two activities coordinators who planned and facilitated a number of group and individual social activities. There was a plan of special events and activities and these were advertised on the home's notice board. We saw the activities coordinator encouraging people to take part. People were offered individual support according to their needs and choices. One person said, "We have meetings every month with the activities lady. We talk about what we want to do, food and take away. They take notice of what we say. They took us bowling which we had asked to do. The best thing about the place is the number of activities you can take part in." Activities were person centred. Another person said, "I went to see a tribute band in Central Hall Chatham. I am going to get a mobile phone so that I can FaceTime my family. My brother is sorting it out. I go out in the minibus. I like going to shows, and the pub. I am quite happy with everything here."

- There was an activities room at the back of the property which had its own kitchen. There was a sensory room for the people living there to access as required to calm them down or for pleasure.

- People were relaxed and comfortable with the staff. We heard laughter throughout the day from the people and staff.

Improving care quality in response to complaints or concerns

- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.

- The complaints procedure was on display on the notice board in the service.

- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services, local government ombudsman and the

Care Quality Commission (CQC).

- There had been two complaints received in the last twelve months. Both were resolved satisfactorily.

End of life care and support

- The service was not supporting anyone at the end of their life.
- Staff had conversations with families about end of life plans and some people had these plans in place.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There was a management team at Frindsbury House. This included the deputy manager and the head of care, quality and compliance. At the time of our inspection, there was no registered manager in post. However, the management team were in the process of recruiting a new registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- At the time of our inspection, the head of business and corporate affairs confirmed that they had advertised for a new manager immediately and went through application received in February. They were considering an applicant for the position at the time we inspected. The head of business and corporate affairs said, "We need someone with the ethos of care, caring, compassionate and a leader".
- Staff told us that the management team continued to encourage a culture of openness and transparency. Members of staff commented, "Management are supportive", "This is an easy place to work, with people who were welcoming, friendly and supportive", "The care here is very good" and "We all work well as a team". We observed this practice during our inspection. A healthcare professional said, "The residents speak highly of staff and management and staff and management are always available to speak to them. There is always a nice atmosphere in the house and we feel welcome at all times."
- There was a positive focus on supporting people to communicate and express their views.
- Relatives were involved in people's care. Where things went wrong or there were incidents relatives were informed where this appropriate.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider understood the responsibilities of their registration.
- Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.
- There were systems in place to check the quality of the service including reviewing support plans, incidents, maintenance and health and safety. Medicines were audited weekly to check stock levels with a full audit of medicines being undertaken monthly. Where actions were needed these were recorded and completed in a timely manner.
- There were regular audits by the Head of Care on behalf of the provider to check that quality systems were

effective.

- It is a legal requirement that the 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 judgments. We found the provider had clearly displayed their rating at the service and on their website.
- A healthcare professional commented, "Yes, in my experience the management have been accessible and responsive."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us that they were able to share their ideas and felt listened to.
- Communication within the home continued to be facilitated through monthly meetings. These included, staff meetings, team leader's meetings, relative's meetings and resident's meetings.
- The provider had systems in place to receive people's feedback about the home. The provider used an annual questionnaire to gain feedback on the quality of the service. These were sent to people living in the home, staff, health and social care professionals and relatives and feedback received in January 2019. All responses received showed that they were satisfied with the service provided.

Continuous learning and improving care

- The management team kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held local authority for care providers.

Working in partnership with others

- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's support.
- The management worked with funding authorities and other health professionals such as speech and language therapist team to ensure people received joined up care. A healthcare professional said, "In my experience the staff at Frindsbury House have been good at monitoring for changes in the persons health and contacting the relevant health care service."
- The management had developed links with the local community. For example, with local churches and other places of worship.