The Mortimer Society

Frindsbury House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection was carried out on 16 January 2018, and was an unannounced inspection.

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. Frindsbury House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 23 people currently used the service.

At the last Care Quality Commission (CQC) inspection on 15 December 2015, the service was rated Good in Safe, Effective, Caring, Responsive and Well Led domains with overall Good rating.

At this inspection we found the service Required Improvement.

There was a new manager at the service. The previous registered manager left her position in May 2017. The new manager was undergoing registration with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People gave us positive feedback about the service they received. People told us they felt safe and well looked after. However, the records we looked at did not always match the positive descriptions people had given us. Most of the relatives who we spoke with during our visit were satisfied with the service.

People continued to be safe at Frindsbury House. However, 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.

Medicines had not been managed safely. Medicines had not recorded, stored or monitored effectively.

The provider did not follow safe recruitment practice. Gaps in employment history had not been explored to check staff suitability for their role.

People were supported to eat and drink enough to meet their needs. However, people did not always received food and drink in a safe way following guidance that had been given by healthcare professionals.

Although, effective systems were in place to enable the provider to assess, monitor and improve the quality and safety of the service, these had not been rigorously followed. The provider was aware of some of the concerns we found at the inspection but no record of action taken was seen.

Records relating to people's care and the management of the home were not always well organised and adequately maintained. For example, the recording of medicine room temperatures and accuracy of stock had not been maintained.

The manager provided good leadership. They checked staff were focussed on people experiencing good quality care and support.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

People received the support they needed to stay healthy and to access healthcare services.

People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

There were enough staff to keep people safe. The manager continued to have appropriate arrangements in place to ensure there were always enough staff on shift..

Each person had an up to date, personalised support plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the home supported this practice.

Staff received regular training and supervision to help them to meet people's needs effectively.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

Staff showed they were caring and they treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs.

The manager ensured the complaints procedure was made available in an accessible format if people wished to make a complaint. Regular checks and reviews of the home continued to be made to ensure people experienced good quality safe care and support.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time and were complimentary about the care their family member's received.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people's safety and welfare were not always managed to make sure they were protected from harm.

Medicines had not been appropriately administered, recorded and stored. Medicines were not monitored effectively to ensure that they had been kept at the correct temperature.

Gaps in employment history had not always been explored.

There were enough staff employed to ensure people received the care they needed and in a safe way.

There were effective systems in place to reduce the risk and spread of infection.

Is the service effective?

Requires Improvement

The service was not always effective.

People's food and fluid had not been recorded effectively to evidence that they had sufficient food and drink to keep them well. People's specialist guidance had not been followed to ensure they received their food and drink in a safe way. People had a choice of food.

People were supported with their health care needs and saw healthcare professionals when they needed to.

People's rights were protected under the Mental Capacity Act 2005 (MCA) and best interest decision made under the Deprivation of Liberty Safeguards (DoLS). People's capacity to consent to care and treatments had been assessed.

Is the service caring?

Good

The service was caring.

The manager and staff demonstrated caring, kind and compassionate attitudes towards people.

People's privacy was valued and staff ensured their dignity.

People and relatives were included in making decisions about their care.

The staff in the service were knowledgeable about the support people required and about how they wanted their care to be provided.

Is the service responsive?

Good

The service was responsive.

People told us they were encouraged to pursue their interests and participate in activities that were important to them.

The management team responded to people's needs quickly and appropriately whenever there were changes in people's need.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

Is the service well-led?

Requires Improvement

The service was not always well led.

The quality assurance system was not effective in rectifying shortfalls identified. Records were not well maintained.

The home had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

There was a robust staffing structure in the home. Both management and staff understood their roles and responsibilities.

Frindsbury 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 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 was a comprehensive inspection, which took place on 16 January 2017 and was unannounced.

The inspection was carried out by three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

Before the inspection, we 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. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. CQC was also aware of past incident relating to the service not following Speech and Language Therapist (SALT) specialist guidelines. We used all this information to plan our inspection.

People's ability to communicate was limited, so we were unable to talk with everyone. We observed staff interactions with people and observed care and support in communal areas. We spoke with seven people and three visiting relatives.

We spoke with five care staff, health supervisor, deputy manager, manager and the head of care, quality and compliance. We spoke with three visiting relatives. We also requested feedback from a range of healthcare professionals involved in the service. These included professionals from the community mental health team, local authority care managers, continuing healthcare professionals, NHS and the GP. We received positive information about the service.

We looked at the provider's records. These included four people's care records, which included care plans, health records, risk assessments and daily care records. We looked at five staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

We asked the manager to send additional information after the inspection visit, including training records, capability policy, business plan and audit planner. The information we requested was sent to us in a timely manner.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living in at the home. One person said, "I feel very safe living here". Another person said, "I do feel safe, I'm not nervous or anything. The staff are nice and friendly". Others said, "I feel safe it is very secure here" and "I feel perfectly safe living here".

Relatives said, "My brother has been from pillar to post but we are extremely happy with them here" and "Definitely very safe".

A healthcare professional commented, 'Yes, staff have shown efforts and capabilities to deliver safe care'.

Although we observed that people felt safe in the home and were at ease with staff throughout the inspection. The risk of abuse was not always minimised. Staff had access to the updated local authority safeguarding policy, protocol and procedure but they had not been followed. This policy is in place for all care providers within the Kent and Medway area. It provides guidance to staff and to managers about their responsibilities for reporting abuse. For example, concerns were raised by a member of agency staff regarding a member of staff's moving and handling technique being inadequate and unsafe on 26 July 2017. This involved, 'Rolling residents, pulling on their arms and pulled a resident by their leg to move them over in bed'. These practices were not reported to local authority safeguarding team for investigation. Although the service had raised the concerns with the member of staff, an investigation had not taken place and an assessment of the person's competency or retraining had not taken place. We raised this with the manager who told us that they probably should have informed the local authority safeguarding team. They said it would be reported immediately and the concerns regarding the particular member of staff would be acted upon. We received confirmation of this via an email on 18 January 2018, which stated that how they plan to address poor practice issues more robustly going forward.

The failure to safeguard people from abuse and improper treatment was a breach of Regulation 13 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All staff said they would report any suspicion of abuse immediately to their line manager and had completed safeguarding training in 2017. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The provider also had information about whistleblowing on staff notice board.

Although arrangements were in place to ensure people received their prescribed medicines, we found that the management of medicines were not always safe. We found inconsistent processes in medicines management documentation. For example where staff noted on the medication administration record (MARs) that a person had not received a dose of prescribed medicine, they did not always document the reason for this. This meant that people might have received their medicines as prescribed.

Medicines were not managed safely. When PRN (as required) medicines were administered, the reason for administering them was not always recorded within the MAR chart. Although the home had a protocol for

PRN medicine, we did not find evidence that staff used this consistently. We looked at the PRN records for every person who lived in the home and found there was no evidence of consistent documentation of PRN usage. The PRN protocol form required the manager to sign and date their authorisation for each PRN plan, They had not completed this in any of the records we looked at. In one instance, we saw one person had a PRN medicine on their MAR chart with no indication if any medicines had been used but staff had noted elsewhere that 14 administered doses of PRN since October 2017. The health supervisor told us the home's standard practice was to complete a PRN document whenever they administered this. We spoke with a senior care worker about this who told us staff often felt overwhelmed by the frequent changes in medicines and said they found it difficult to keep track of when a medicine was prescribed and when it was a PRN item. Staff had implemented a system to mitigate the risks associated with frequent changes in prescriptions through the use of a noticeboard in the medicines room. In another example, one person had been prescribed a PRN medicine in October 2017 pending the results of tests. Although staff noted an update as "no change" in December 2017, there was no indication that the test results had been received or acted on. We spoke with a care worker about this who told us the individual had complex needs, which meant their medicines information was not always updated. This meant that the provider had failed to follow PRN protocol which would have ensured medicines being administered safely.

Staff did not demonstrate consistent knowledge of people who received covert medicines ['Covert' is the term used when medicines are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them]. For example, the health supervisor told us there was one person who received covert medicine following a mental capacity assessment and best interest meeting with their GP. However, other care staff were not aware of anyone who received their medicine covertly and a senior member of staff did not understand what the term meant. This meant that staff had not demonstrated enough knowledge which would have assured us that people who received their medicine in this way received their medicines from staff that were competent.

Failure to have proper and adequate systems in place to safely manage people's medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked recruitment records to ensure the provider was following safe practice. 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. We reviewed five staff files and saw that recruitment processes were not always fully carried out in line with the provider's policy or Schedule 3 of the Health and Social Care Act. Gaps in staff employment histories were not fully explored in three out of five files reviewed. Although, some were discussed as part of the interview process, there were still gaps which were unexplained following discussions. The provider's policy stated "A full employment history is obtained and gaps in the appointee's employment record are routinely explored". One of the files had been audited and identified that a discussion around employment history had taken place at interview, it did not identify that the discussion did not cover exact dates so could not confirm that all gaps had been explored. References had been received by the provider for all new employees. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks 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.

The examples above were a breach of Regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported in accordance with their risk management plans. We observed support being delivered as planned in people's care plans. Risk assessments were specific to each person and had been

reviewed regularly. The risk assessments promoted and protected people's safety in a positive way. These included accessing the moving and handling, medication, care plans and daily routines. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. Staff told us these were to support people with identified needs that could put them at risk, such as when their needs changed.

The risks to people from developing pressure ulcers were assessed and people at high risk had measures in place to manage this risk for them. For example, we saw people were provided with pressure reliving equipment where required. Where people needed to be regularly re-positioned, the required frequency was noted and staff had documented this care had been provided.

Staff maintained an up to date record of each person's incidents or referrals, so any trends in health and incidents could be recognised and addressed. For example, one person had a fall after rolling out of bed. The incident was reviewed and action plans such as night monitoring by night staff was put in place. The care plan and risk assessment were reviewed immediately. The manager monitored people and checked their care plans regularly, to ensure that the support provided was relevant to the person's needs. The manager was able to describe the needs of people at the home in detail, and we found evidence in the people's care plans to confirm this. This meant that people could be confident of receiving care and support from staff who knew their needs.

There were enough staff to support people. One person said, "Enough staff most of the time". A visiting relative also said, "Seem to be plenty of staff". Staff rotas showed the manager took account of the level of care and support people required each day, in the home and community, to plan the numbers of staff needed to support them safely. Staff rota's showed that the service had always ensured that staffing was within its identified safe staffing levels. There were separate teams of staff for night and day shifts and the service also employed casual staff to provide cover if anyone was unable to work. The manager said that they would only use agency staff if it was an emergency however this rarely happened. We observed that staff were visibly present and providing appropriate support and assistance when this was needed. We noted an air of calm in the home and staff were not rushed.

There were on call arrangements in place for out of hours to provide additional support if staff needed it. Staff were able to call either the manager or the deputy manager who would either provide advice over the phone or go to the service.

There were effective systems in place to reduce the risk and spread of infection. One person said, "Every morning the cleaning is done, it is very good and the cleaning is perfect". The manager showed us a cleaning schedule for the service, which revealed that a routine was in place to ensure that the service was cleaned regularly. We saw that bathroom, toilet, laundry room, corridors, lounges, communal areas and the kitchen were clean. The home had no odours and the environment and equipment was safe and clean. One relative commented, "It smells nice here". We observed the use of personal protective equipment such as gloves and aprons during our visit. Liquid soap and hand gels were provided in all toilets, showers and bathrooms. The home had an infection control policy that covered areas such as hand washing, use of protective clothing, cleaning of blood and other body fluid spillage, safe use of sharps, clinical waste and appropriate disposal of waste. There were other policies such as Legionella management policy. We saw current certificates on Legionella water test and waste disposal. Staff were trained on infection control and food hygiene. This meant that the provider had processes that enhanced infection control and staff were kept up to date with their training requirements. People were cared for in a clean, hygienic environment.

The manager continued to ensure that the environment was safe for people. Environmental risks were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, to minimise the risks from water borne illnesses. There were up to date safety certificates for gas appliances, electrical installations, and portable appliances. Staff logged any repairs in a maintenance logbook and the manager monitored these until completion. Staff carried out routine health and safety checks of the home including regular checks of fire safety equipment and fire drills. Comprehensive records confirmed both portable and fixed equipment was serviced and maintained.

Each care plan folder contained an individual Personal Emergency Evacuation Plan (PEEP) reviewed in 2017. A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency. The fire safety procedures had been reviewed and the fire log folder showed that the fire risk assessment was in place. Fire equipment was checked weekly and emergency lighting monthly.

The home had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk for example, in the event of a fire. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

A business continuity plan continued to be in place. A business continuity plan is an essential part of any organisation's response planning. It sets out how the business will operate following an incident and how it expects to return to 'business as usual' in the quickest possible time afterwards with the least amount of disruption to people living in the home.

Requires Improvement

Is the service effective?

Our findings

Our observation showed that people were happy with the staff that provided their care and support. There were positive interaction between people and staff. One person said, "I can get up when I like and go to bed when I like, I love it her I'm staying put". "One relative said, "Staff have been so helpful and accommodating, on Christmas Eve they drove her home and collected her again on Boxing Day and earlier in December they took her home so she could help the family put up the Christmas decorations".

People continued to be supported to have enough to eat and drink and were given choices. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes and there were helpful information on the kitchen notice board about the importance of good nutrition, source and function of essential minerals for both staff and people to refer to. The service had implemented a new food preparation system from an outside caterer the day before the inspection began. As part of the decision to change the way that food was prepared and provided, the service had consulted with other care professionals such as speech and language therapists and Huntington's specialists to ensure that there were no concerns regarding the new process and food provided. People who used the service had also been involved in tasting sessions to ensure that they were happy with the meals available.

Pureed food was presented in moulds of the food it represented so it appeared more appetising for people who required a pureed diet. Constant evaluation of the feedback and menu choices will take place over the implementation period to develop a personalised menu for the service. All meals were nutritionally balanced and staff were able to identify how much people were eating which would allow them to support people to maintain specific diets whilst still allowing them choice such as for people with diabetes, they were able to calculate the appropriate portion size of meals and desserts to control sugar content.

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. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as visits, phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months, which meant that each person had a professional's input into their care on a regular basis.

However, records relating to drinks people had were not accurate or complete. For example, SALT team had recommended fluids intake to be thickened Stage 2, which was custard consistency and the resource thickened up clear at 2 scoops per 100mls for one person. There were no details of fluid consistencies given, written in daily records as per SALT recommendation with regards to meals and fluids intake for the person. Instead, staff wrote for example, roast beef and vegetables and pudding, 200mls tomato juice, lunch, squash 200mls and tea, coffee 200mls. The quantities of resource thickener used on these occasions were not recorded. Hence, it was difficult to establish if SALT guidelines had been followed by staff. We found that there had been previous concerns about staff following specific nutrition guidelines from the SALT. We

queried this with the senior member of staff. They told us that they felt this was a recording issue. Staff had not recorded that drinks had been offered and refused by people.

The failure to follow specific nutritional guideline was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager 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 the manager could make sure they had the skills and levels of staffing within the staff team to care for the person appropriately. People and their family members were fully involved in the assessment process to make sure the manager had all the information they needed.

The initial assessment led to the development of the care plan. Individual care plans were detailed, setting out guidance to staff on how to support people in the way they wanted. Staff told us they had all the information they needed within the care plan to support people well. One member of staff said, "We have all the information we need to meet people's needs in the care plan". Care plans covered all aspects of people's daily living and care and support needs. The areas covered included medicines management, personal care, nutritional needs, communication, social needs, emotional feelings, cultural needs and dignity and independence. The cultural needs plans identified the support required by each person for example, if they needed support to attend the Church. For example, in one person's plan it stated that they got married in a Church. However, they did not want to go to a Church again. This was respected and reflected in their care plan. Information such as whether people were able to communicate if they were experiencing pain was detailed. Sometimes people were reluctant to wash or shower and this was addressed in the care plan for personal care, giving guidance to staff. Most people changed their minds if staff returned a short time later and asked again, or if a different member of staff asked. If people still chose not to wash then this was respected as their decision at that time.

Care plans were regularly reviewed. All the care plans we looked at had been reviewed in 2017. Care plans reviews were thorough, capturing any changes through the previous month or if there had been interventions such as with health care professionals.

People continued to be supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant 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.

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 benefitting the care of each person.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 what any conditions on authorisations to deprive a person of their liberty were.

The service was working in accordance with the Mental Capacity Act 2005 (MCA) and associated principles. Where people could consent to decisions regarding their care and support this had been well documented, and where people lacked capacity, the appropriate best interest processes had been followed. For example, one person who lacked capacity and needed to remain in secure environment had the MCA 2005 carried out according to the principles. A discussion was held with people involved and their advocates. It was agreed that the person remained in the home for their own best interest. This showed that the manager applied the principles of MCA 2005 within the home in a person centred manner which involved people in decisions about meeting their needs effectively.

People's consent and ability to make specific decisions had been assessed and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the authorisation. The manager told us that people's DoLS were regularly reviewed with the local authority. We saw evidence of these in people's care plans. Most people who lived in the home had authorised DoLS in place to keep them safe. These were appropriately notified to CQC.

Since our last inspection, records showed staff had undertaken trainings in all areas considered essential for meeting the needs of people in a care environment effectively. This helped staff keep their knowledge and skills up to date. All staff had been trained in equality and diversity, valuing people and respecting differences. Other areas of trainings that reflected their job roles were epilepsy, health & safety, dementia, active support and communication. All staff had been set objectives which were focussed on people experiencing good quality care and support which met their needs. The manager checked how these were being met through an established programme of regular supervision (one to one meeting) and an annual appraisal of staff's work performance. This was to provide opportunities for staff to discuss their performance, development and training needs, which the manager was monitoring. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Staff confirmed to us that they had opportunities to meet with their manager to discuss their work and performance through supervision meetings.

Good

Is the service caring?

Our findings

One Person said, "The staff are nice and friendly". Another said, "Staff are good". Other comments included, "I love it, no problem with any carers", "Generally I like living here, the carers are reasonable most of the time", and "I complained about an agency member of staff to the manager and she sorted it".

A relative said, "The staff really care". Another said, "She is happy and well looked after here".

We observed that people continued to be supported by caring staff that were sensitive in manner and approach to their needs. We saw that people looked relaxed, comfortable and at ease in the company of staff. We saw staff always treated people with kindness, respect and a sense of humour. For example we saw one person said to a care worker, "I wish I had someone to look after me" and the care worker replied, "I'll always be here to look after you." We also observed the chef ask a person, "How was your meal" and ask them if they wanted to make any suggestions. The person said, "No, it's just delicious." This example was indicative of the warmth shown by all staff during our inspection.

The manager continued to ensure people's individual records provided up to date information for staff on how to meet people's needs. This helped staff understand what people wanted or needed in terms of their care and support.

People's bedrooms and the corridors were filled with their items, which included; pictures, furniture and ornaments. This combined with information in their care plans, provided staff with a wealth of information about people, for staff to use to engage them in conversation. Staff had a good understanding of people's personal history and what was important to them. A relative said, "Her room has been totally personalised they have made so much effort in looking after her. They have completely padded the bed so she doesn't bruise as easily".

We observed positive interactions between people and staff. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way using people's preferred method of communication wherever possible, such as facial expressions or verbal. They gave people the time they needed to communicate their needs and wishes and then acted on this. People's care plans identified their communication needs, for example, it was noted a person was registered blind and therefore staff should explain each meal to them. The acting manager had made communication cards for staff to use whilst a person's hearing aids were being replaced, to ensure this person could understand what was communicated and to uphold their dignity; staff confirmed they were used.

Staff understood that although people's cognitive skills were impaired many could still make everyday choices if staff gave them options and explained information in a way they could understand. At lunchtime staff showed people the two choices of meal so they could see and smell them, which would evoke memories of whether they liked each meal.

The staff on shift knew and understood each person's needs very well. Staff knew residents names and they

spoke to them in a caring and affectionate way. They had knowledge of their past profession and who was important in their life. They 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. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care and medication administration as we observed to maintain their privacy and dignity.

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was kept secure in the office. People had their own bedrooms where they could have privacy and each bedroom door had a lock and key which people used. Records were kept securely so that personal information about people was protected.

The care people received was person centred and met their most up to date needs. People's life histories and likes and dislikes had been recorded in their care plans. Staff encouraged people to advocate for themselves when possible. Each person had a named key worker. This was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations.

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. One relative said, "There is no restriction on visiting times and we are encouraged to come as often as we like".

Good

Is the service responsive?

Our findings

One person said, "We have bingo in the lounge and we also go out to Gala Bingo". Another said, "We've been ten pin bowling and I like to go to the cinema. They said we might get cinema unlimited cards when we go and I would like this". Other comments included, "I go shopping sometimes with the activities leader to buy the bingo prizes" and "We have been to the pub".

Care plans contained detailed guidance for staff about the support people required in relation to their daily living, social and health needs. Moving and handling plans were detailed and included what they person could do for themselves and they type of support they required such as prompts or hand over hand support. Staff followed this guidance when supporting people during the inspection to ensure their safety. Care plans were personalised and each person's individual needs were identified, together with the level of staff support that was required to assist them. There was information with regards to people's personal histories such as where they were born, any special places that held an important memory, favourite possessions and family and friends. People's daily routines were detailed and included people's personal preferences. For example, if they preferred male or female staff to support them. Staff were knowledgeable about people's preferences and demonstrated they were considered in all aspects of each person's care and support. Each person had a one page profile which included a summary of their needs and preferences. This meant essential information about each person was easily accessible to staff to enable to support them.

There were activities located around the home for people to engage with independently and each dining room table was set up for people to be engaged in different activity. All staff took the time to sit and engage with people and take an interest in what people were doing. Staff made time for people.

People told us they were encouraged to pursue their interests and participate in activities that were important to them. There was a weekly activities timetable displayed in people's care files and people confirmed that activities were promoted regularly based on individual's wishes. There were several communal spaces that could be used, with or without television and space outside as well. One person said, "I go bowling and shopping." Another person mentioned "Music every Friday" and the newsletter referred to "The Frindsbury Music Group", saying, "Every Friday, there is a music therapist, with participation from almost all of the residents, who sing, play instruments make requests and generally have a lovely time!". Activities were person-centred. People were able to express their wishes and choices though their interests.

There were two activities coordinators employed Monday to Friday to provide activities for people. However, on the day of our inspection, neither of them were organising activities and there were no programme of activities displayed. We saw evidence in file that activities staff provided a flexible approach to activities to meet people's needs. They recognised that people may not always be well enough to participate in group activity so varied activities daily. The activity room was located in the grounds of the service. This ensured that people could choose to be in a quieter environment or a noisy environment; this ensured that people's preferences could be met in a person centred manner. The service clearly placed great emphasis on activities for the people and everyone spoke highly of them. There was a new arts and crafts room, family room, salon and kitchen. These were proudly demonstrated and talked about by staff and residents. One

person said, "We have our nails done in the craft room where we can have a cappuccino and a bit of a pamper". A relative noted, "They take the time to care for her doing her hair and nails; They try to make her feel feminine".

The complaints process was displayed in one of the communal areas so all people were aware of how to complain if they needed to. The information about how to make a complaint had also been given to people when they first started to receive the service and then they discussed this at resident's meetings. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). Staff told us that they would try to resolve any complaints or comments locally, but were happy to forward any unresolved issues to the manager. People told us that they were very comfortable around raising concerns and found the manager and staff were always open to suggestions; would actively listen to them and resolved concerns to their satisfaction. One person said, "If I needed to make a complaint I would complain to the manager or deputy manager". Another said, "I'd be happy to complain if I needed to, I would complain to the management".

People received a responsive service. People and their family members were asked about any future decisions and choices with regards to their care. Care and support was person led. Information about people's end of life care were based on their wishes and stated in their care plan. No one at the service had been identified as being on end of life care.

Requires Improvement

Is the service well-led?

Our findings

We observed people engaging with the staff in a relaxed and comfortable manner.

A relative said, "Excellent communication between us and the manager".

There continued to be a management team at Frindsbury House. This included the deputy manager, manager and the head of care, quality and compliance. Support was provided to the manager by the head of care, quality and compliance in order to support the service and the staff. The head of care, quality and compliance visited to support the manager with the inspection.

Staff told us that the management team continued to encourage a culture of openness and transparency. Staff told us that the manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A member of staff said, "Management has got better. They are very supportive". We observed this practice during our inspection.

Audit systems were in place but identified actions had not been completed. The management team had carried out audits of the service in relation to each area such as health and safety, infection control, medicines, kitchen, staffing, environmental, care plans, training and record keeping audits had taken place; these highlighted some issues. For example, quality audits in December 2017 and January 2018 identified a number of areas for improvement in medicines management that we found during our inspection, including the recording of temperatures and accuracy of stock. The December 2017 audit found 17 instances of missing, incorrect or random signatures in MARs records and found 120 doses of a medicine for one person who had not been administered any of them. In addition the audit found staff had not signed for the administration of one person's topical medicine for five consecutive doses. The audit noted an additional three stock discrepancies. There was no documented action plan or manager action in any of the areas of concern. In addition, the auditing member of staff had noted care staff had failed to read the MAR chart of one person correctly but there was no documented outcome from this finding. This meant the audit programme did not contribute to improved practice or safety.

As part of the health supervisor's drive to improve medicines management, they had introduced a daily audit for the senior care worker to sign a check of all MARs records for signatures and accurate entries. We looked at the daily audits for the month leading to our inspection and found 13 missing signatures and three time slots with no indication of a check. This meant the senior member of staff on duty did not always provide evidence of their medicines safety checks. The health supervisor documented medicines errors but there was no evidence a manager took action after these. For example two medicines errors occurred when a member of staff had not read the person's MAR chart correctly. However there was no documented investigation in both cases and the report form was unsigned and undated. The auditing member of staff recommended the manager carry out a competency assessment of the staff involved in each case but there was no evidence this had taken place. Between January 2017 and January 2018 the home noted 25 medicines errors, which was a significant increase on the 10 errors reported in 2016. Further, senior care staff maintained a record of medicine stocks but there were inconsistencies in these. For example three stock

records for one person were undated. Although we found staff routinely dated topical creams and ointments when they were opened, other medicines were not always labelled. For example, we found one jar of tablets in a locked cupboard with a person's initials and name of the medicine hand-written on the label. The label was unsigned and undated and there was no expiration date noted. We spoke with a senior care worker about this who told us it was medicine due for destruction after one person's prescription had been changed by their GP. These indicated that records were not always complete and accurate .These indicated that records were not always complete, accurate and robust. Robust audit system in place would have improved the quality of the service provided by the provider.

The examples above demonstrate that the provider has failed to operate an effective quality assurance system and maintain an accurate, complete and contemporaneous record. This is a breach of Regulation 17 of The Health and Social Care Act (Regulated Activities) Regulations 2014.

Communication within the home continued to be facilitated through monthly meetings. These included, staff meetings, team leader's meetings, relatives meetings and resident's meetings. We looked at minutes of November 2017 meeting and saw that this provided a forum where areas such as staff trainings, rota, activities and people's needs updates amongst other areas were discussed. Staff told us there was good communication between staff, people, relatives and the management team.

The provider continued to have 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. The manager told us that completed surveys were evaluated and the results were used to inform improvement plans for the development of the home. Both the head of care, quality and compliance and the manager told us that they were currently reviewing feedback received.

The manager was proactive in keeping staff informed on equality and diversity issues. They discussed wellbeing, equality and diversity issues with staff team regularly. The manager said, "All my staff are diverse staff group from diverse ethnic background". The manager understood their responsibilities around meeting their legal obligations for example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

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 judgments. We found the provider had clearly displayed their rating at the entrance to the home and on their website.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to have proper and adequate systems in place to safely manage people's medicines. Regulation 12 (1)(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to safeguard people from abuse and improper treatment. Regulation 13 (1)(2)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider had failed to follow specific nutritional guideline. Regulation 14 (1)(2)(b)(4)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate an effective quality assurance system and maintain an accurate, complete and contemporaneous

record.

Regulation 17 (1)(2)(a)(b)(c)(e)(f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Effective recruitment procedures were not in place. There were gaps in recruitment records. Regulation 19(3)(a)