

Mrs C Duffin

# Freegrove Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Inadequate



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



### Overall summary

We carried out an unannounced comprehensive inspection at Freegrove Care Home on 22 and 23 January 2015. We found a number of breaches of the legal requirements and as a result we served four warning notices on the registered manager and registered provider requiring them to become compliant by 11 May 2015. The warning notices related to failings in how people's care and welfare was managed, the cleanliness and infection control measures in place and the governance arrangements within the home. We had also found that staff had not maintained an accurate and complete record of the care and support provided to people using the service. We also issued five requirement

actions. This was because the provider and registered manager had not ensured there were suitable arrangements in place for the safe management of medicines, for acting in accordance with people's consent, safeguarding people from abuse and the risk of unlawful restrictions of their liberty. The provider and registered manager had also not ensured there were sufficient numbers of staff on duty at all times and that staff had received appropriate support, training and professional development. The provider sent us an action plan in relation to these breaches of the Regulations saying they would have made the required improvements by 31 May 2015.

# Summary of findings

We undertook an unannounced focused inspection on 11 and 12 June 2015 to follow up on whether the necessary actions had been taken to meet the warning notices and legal requirements. You can read a summary of our findings from this inspection below.

This report only covers our findings at the inspection on 11 and 12 June 2015. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Freegrove Care Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Freegrove Care Home is a small residential care home located in a residential area of Lymington. The home is arranged over two floors and can accommodate up to 17 people. At the time of our inspection there were 14 people living at the home. The home supports people with a range of needs. Most people were quite independent and only needed minimal assistance. Some people were more dependent and needed assistance with most daily living requirements including support with managing their personal care and mobility needs. A small number of people being cared in the home were living with dementia and could display behaviour which challenged.

The home had a 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 and associated Regulations about how the service is run.

We found that although some improvements had been made, we found that some Regulations continued to be breached.

Some people did not have appropriate care plans and risk assessments which helped staff to deliver their care safely.

Improvements had been made to the environment and the cleanliness of the premises but there were still further areas that required improvement.

The provider had employed additional staff and reviewed the staffing structure. However, people and staff continued to tell us that there were times when there was insufficient staff to meet people's needs and keep them safe.

We could not be assured that the recruitment practices operated by the provider were safe as the provider had not performed all of the required checks before new staff members started work.

The management of people's medicines required further improvement before we could judge this to be safe.

The provider had not demonstrated that they were having due regard to the Mental Capacity Act 2005. When a person's capacity to make decisions about their care was in doubt, mental capacity assessments had not always been completed.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The provider and registered manager had not taken action to identify all of the people who might require applications for Deprivation of Liberty Safeguard authorisations.

Staff had received additional training, but the provider could not demonstrate that all staff had received appropriate training before they were involved in moving and handling interventions and the administration of people's medicines. We were concerned that this could result in people receiving unsafe care.

Some improvements had been made to the quality assurance systems, but there were still areas of concern. It was not clear how audits were being used to drive improvements and incidents and accidents were not being properly reported and investigated.

Improvements had been made to ensure that people were protected from the risk of abuse. Staff were having regular supervision which helped to ensure they were able to carry out their roles and responsibilities effectively.

Interactions between staff and people who used the service demonstrated that staff knew people well. People told us that staff were kind and caring.

We found a number of on-going 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 the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People did not have appropriate care plans and risk assessments. There was a risk that staff might not be able to deliver people's care safely.

There were not always enough staff to meet people's needs in a timely way and keep them safe.

Further improvements were needed to ensure that people were protected against the risks associated with the unsafe use and management of medicines.

Inadequate



### Is the service effective?

The service was not always effective

The provider was not acting in accordance with the requirements of the Mental Capacity Act 2005. Appropriate application for deprivation of liberty safeguards authorisations had not been made.

Additional training had been undertaken, but some staff had not received training relevant to their role.

Requires improvement



### Is the service caring?

The service was caring.

There was some evidence that people were being involved in decisions about their care and support but this was not the case for each person using the service.

Interactions between staff and people who used the service demonstrated that staff knew them well. People told us that staff were kind and caring.

Requires improvement



### Is the service responsive?

The service was not always responsive.

People did not always have personalised care plans which reflected their individual preferences about how their care should be delivered.

Requires improvement



### Is the service well-led?

The service was not well led.

Action had not been taken to address each of the areas where breaches of Regulations had been previously identified.

The systems in place to assess and monitor the quality and safety of the service were not being fully effective at driving improvements.

Inadequate



# Freegrove Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting legal requirements and regulations associated with the Health and Social Care Act 2008. The inspection checked whether the provider had made the necessary improvements following our comprehensive inspection in January 2015. The inspection considered whether it was appropriate to revise the rating for the service under the Care Act 2014.

This inspection took place on 11 and 12 June 2015 and was unannounced.

The inspection team consisted of two inspectors.

The provider had not been asked to complete a Provider Information Return (PIR) before the inspection. 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. However we referred to other information we held about the home to plan the inspection. This included the provider's action plan, which set out the action they intended to take to meet the breaches of the legal requirements identified at our inspection in January 2015.

We spoke with six people who used the service and five relatives. We also spoke with the registered provider, registered manager, four care workers, a member of the housekeeping staff and the cook. We reviewed the care records of five people in detail, and the recruitment records for three staff. We also reviewed the Medicines Administration Record (MAR) for all 14 people. Other records relating the management of the service such as staff rotas and policies and procedures were also viewed.

# Is the service safe?

## Our findings

At our inspection in January 2015, we had identified failings in how the service managed people's care and welfare. This was because some people's care plans and risk assessments needed to be updated to ensure they provided accurate and detailed information which helped staff to deliver their care safely. As a result we served a warning notice on the registered manager and registered provider requiring them to meet the regulation by 11 May 2015. During this inspection we checked whether the required improvements had been made.

Some people's risk assessments and support plans had been updated. For example, one mobility plan and risk assessment had been updated and now reflected their current needs. However, not all the required improvements had been made. We had previously identified that there needed to be a more detailed behaviour care plan and risk assessment in place for one person who could display behaviour which challenged. These plans had not been updated. Some staff were able to tell us about the distraction and calming techniques they used with good effect. However, we continued to be concerned that new or inexperienced staff would not be adequately informed about the range of strategies and interventions they should use to manage the person's behaviour and therefore protect the person and others from harm. We were also concerned that the person might not receive their care and support in a consistent manner.

Tools used to assess and monitor risks to people's skin and nutrition were being used more consistently. For example, one person's eating and drinking plan had been updated to include information about their dietary preferences. We saw that staff had taken action to monitor the person's food intake more closely during a period of reduced appetite. The person was now being weighed more regularly. However their nutritional risk assessment had not been completed since February 2015. We saw two further examples where people had not been weighed for five months. Their support plan said they should be weighed monthly. We were concerned that this might mean a delay in staff identifying whether the people were at increasing risk of weight loss and therefore lead to a delay in remedial action being taken to address this.

The warning notice cited that the available personal emergency evacuation plans (PEEPS) did not reflect the

people currently living in the home. This was still the case. This was of concern as it could impact upon the safe evacuation of the premises. The provider had taken action to make an arrangement with another local provider to use their premises to evacuate people to in the event of this being necessary. However there was still no comprehensive plan setting out the procedures for dealing with a range of emergencies which could impact on people's safety.

The provider had not therefore met the requirements of the warning notice. In addition we identified a number of new concerns in relation to how risks to people's welfare and safety were managed.

Some people did not have appropriate risk assessments and support plans. One person was experiencing increased difficulty swallowing but they did not have a dysphagia care plan or swallowing risk assessment. These can be developed in conjunction with community healthcare professionals and provide guidance about safe positioning and methods which support staff to help the person to eat safely. (Dysphagia is the medical term for swallowing difficulties). The person's nutrition plan had been updated on the 9 June 2015 to reflect that their drinks were now to be thickened. Thickening drinks reduces the risk of people choking. The plan did not include information about how much thickener to add to the person's drink or the desired consistency of the fluid. The registered manager told us they would experiment with a number of consistencies to see which worked best. When using thickener to improve the safety of swallowing, it is important that relevant health care professionals are consulted regarding the desired consistency of the fluids and that this guidance is followed at all times. We were concerned that staff were acting outside of their skills and knowledge and that this could impact on people's safety.

A support plan stated that the person could use their call bell when seated in their chair. We visited this person twice in their room. Although they were sat in their chair, their call bell was not in reach. We were concerned that the person would not be able to alert staff should they experience a choking episode or feel unwell. This person's mobility plan did not reflect their current needs. This was also the case for a second person. Their falls risk assessment recorded that they were able to walk slowly with a frame. This was no longer the case. The risk assessment had been signed each month to say it had

## Is the service safe?

been reviewed, but it had not been updated. This could lead to the new or inexperienced staff using incorrect techniques or interventions which could place the person at risk.

Records of healthcare professional visits indicated that one person's skin integrity was at risk. This person did not have a skin care plan. They could also, at times, display behaviour which challenged. This had resulted in a number of incidents during which they had displayed aggressive behaviour towards both staff and other people using the service. They did not have a behaviour care plan. We noted there was a two week delay between staff first indicating that the person needed to be reviewed by the community mental health team and this referral being made.

The provider had not made all of the required improvements. People were still at risk of receiving unsafe care and treatment. Further improvements were needed to the ways in which risks to people welfare were assessed, recorded and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014, Safe care and treatment.

At our inspection in January 2015, we found the provider did not have appropriate arrangements in place for the effective prevention and control of infections. As a result we served a warning notice on the registered manager and registered provider requiring them to become compliant by 11 May 2015. During this inspection we checked whether the required improvements had been made. Some improvements had been made. Action had been taken to replace worn fixtures, fittings and carpets. The provider had ensured that staff had access to best practice guidance about the prevention and control of infections. A policy had been introduced which made reference to the fundamental standards contained within this guidance. Care staff we spoke with were knowledgeable of clinical waste procedures. Hand wash and anti-bacterial hand gel was available throughout the home as was personal protective equipment (PPE) such as gloves and aprons. We observed staff wearing PPE. A member of staff told us, "Elderly people are always vulnerable as their immune system weakens, so I always use anti-bacterial gel on my hands and wear gloves and aprons for personal care".

The warning notice cited the lack of cleaning schedules. Cleaning schedules are important as they provide a written plan of the tasks required to ensure an appropriate standard of cleanliness in each part of the premises and

frequency with which these should be completed. These had not been completed. However, arrangements had been made to draft a cleaning task list for day and night staff. Staff recorded in the daily diary when these were completed. The provider had introduced a daily room check form and had carried out some random spot checks on the cleaner's activities and had recorded this in the cleaner's record book. The provider took action during the inspection to draft schedules in line with best practice guidance.

In January 2015 we found that food was not always being stored in fridge in line with guidance from the Food Standards Agency which states that opened foods should be used within two days. During this inspection, we found raw bacon in the fridge wrapped in cling film, not dated and stored on the top shelf above other food. This increases the risk of cross contamination. We saw three packets of cheese all open and not dated. The fridge had a notice on it saying "all foods should be covered and dated". This was still not happening. This increases the risk of people being given foods which are unsafe or unsuitable to eat.

The provider had not made all of the required improvements. Further improvements were needed to ensure the effective prevention and control of infections. This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010 Cleanliness and infection control. This now relates to Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014, Safe care and treatment.

At our inspection in January 2015, we found that the provider had not made arrangements to ensure that there were suitable numbers of qualified staff deployed at all times to meet people's needs. As a result we issued a requirement action. The provider told us they would have made the required improvements by May 2015. At this inspection we found some improvements had been made. They had employed additional staff to work a 7pm – 10pm shift. They had reviewed the staffing structure and implemented a senior carer role which provided additional support and guidance to the staff team. A cook had been employed four days per week between the hours of 9.30am – 1.30pm. They had not as yet been able to recruit a cook for the remaining three days, but they were continuing to advertise for this.



## Is the service safe?

However further improvements were still needed. The provider did not have a systematic approach to determine the numbers of staff required in order to meet the needs of the people using the service. We asked the provider about their system for calculating staffing numbers and they said “I don’t have a formula as such...if the number of residents went down I would look at adjusting the numbers”. They went on to say “three staff for 14 plus ancillary staff is working”. We reviewed the staffing rotas for the period between 18 May and 11 June 2015 and saw that on eight occasions there had been only two care staff on duty between 3pm and 7pm. On one occasion there had been two care staff on duty all day and no manager. The provider told us that the delays in having three staff on during the day were due to recruitment problems. The provider told us that the registered manager was usually in the home till 5pm during the week and was available to provide care and support when required. However all of the staff we spoke with told us staffing levels continued to be an issue. Their comments included, “there are not always enough staff to meet people’s needs safely”, “We just get things done the best we can” and “When two staff are on in the afternoon we don’t have time to spend with people... they could be at risk if we are both upstairs”.

People told us there were not always enough staff on duty to meet their needs. One person said, “I wish they had more staff, if there are only two on, sometimes I have to wait for the toilet, sometimes up to an hour, if there are three on its fine”.. Two other residents also told us staffing was still a problem. They explained that they were ok as they could help themselves, but that at busy times such as the mornings, other people had to wait too long for assistance. Our observations indicated that there were frequently periods of time during the morning when the lounge was left unattended for up to 20 minutes. Relatives gave us mixed feedback about the staffing levels. One relative said that occasionally they had felt the staffing levels were a ‘Bit low”. Another told us “I’ve never been in a position of looking for staff, if I have to press the call button people come...whilst I do see staff around when I come; I know they are looking for extra”.

The provider had not made all of the required improvements. Further improvements were needed to ensure there were sufficient numbers of suitably qualified,

competent, skilled and experienced persons deployed to meet people’s needs safely. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014, Staffing.

At an inspection in July 2014, we found that the provider had breached the legal requirements with regards to requirements relating to workers. This was because they had not performed all of the required checks before a new staff member started work. This is important as its helps to ensure that only suitable staff are employed to work with people who use care and support services. We issued a compliance action. The provider sent us an action plan saying that they would have made the required improvements by 31 October 2014.

At the inspection in June 2015, we review the files of three staff all of whom had been recruited since the inspection in July 2014. Disclosure and Barring Service (DBS) checks had been completed in each case. However each of the staff members had a gap in their employment history without there being a satisfactory written explanation as to why. None of the records contained a recent photograph and it was not clear to us that the provider had sought satisfactory references for two of the staff members.

We could not be assured therefore that the recruitment practices operated by the provider were safe. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014, Fit and Proper persons employed.

At our inspection in January 2015, we found that the provider did not have suitable arrangements in place for safe and effective use of medicines. As a result we issued a requirement action. The provider told us they would have made the required improvements by May 2015. At this inspection we found some improvements had been made.

The storage of medicines had improved. The medicines trolley was clean and well organised. Medicines were either supplied in monitored dosage systems or in their original containers which were separated into individual containers within the trolley. We observed a staff member administering medicines. The staff member was wearing a tabard indicating they were administering medicines and were therefore not to be disturbed. They were wearing protective gloves. We saw they dispensed medicines into a pot and offered them to the person and signed the medicines administration record (MAR) once they had

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observed the medicines were taken. Improved arrangements were in place to order medicines. The registered manager performed monthly checks. They explained that this system enabled them to carry out a stock audit and ensure medicines were not ordered where sufficient medicines were already in stock or discontinued. Medicines delivered to the home were checked against a record of those ordered to help ensure that they had been prescribed and supplied correctly. The registered manager was keeping a record of unwanted or expired medicines waiting disposal and we saw that these were being returned to the pharmacy in a timely manner. The provider had an up to date medicines policy and procedures which was based on current legislation and best practice guidance.

However we found some areas which required further improvement before we could judge that people's medicines were managed safely. We carried out a stock check of Controlled drugs. Controlled drugs (CD's) are medicines which are controlled under the Misuse of Drugs Act 1971 and which require special storage, recording and administration procedures. The CD's being stored did not tally against the CD register. The registered manager told us this was because the CD had been administered by a community health care professional who kept a separate record on site. We saw two entries of administration in the CD register that were not countersigned. National Institute for Health and Care Excellence (NICE) Managing medicines in care homes guidance states that where staff administer a CD, a trained witness should also sign the CD register. This guidance was not always being followed.

NICE guidance states that hand written MAR should only be produced in exceptional circumstances. Where they are necessary they should be checked for accuracy and signed by a second trained member of staff. This good practice guidance was not being followed.

We found 12 examples where there was a gap in the person's MAR, but no code had been used to indicate the reason why. We spoke to the registered manager about this who told us they audited the MAR sheets 4 weekly. They said "I talk to staff if there is a gap". However, no other action was taken with staff not completing the MAR correctly and no record of medication errors was kept. This means that the provider did not have a robust process in place for reporting, reviewing and learning from medicines errors.

The provider's action plan stated they would carry out monthly medication audits. We saw that two medication audits had been carried out by the provider in February and March 2015. The audits identified areas where improvements were required but no action plans had been prepared or completed to identify who was responsible for overseeing the improvements and the timescale within which these were to be made. We were concerned that this meant the audits were not being fully effective at monitoring compliance or for driving improvements.

Staff were maintaining a record of when a person refused to their medicines. However, we found a number of examples where people had regularly refused their medicines but no action had been taken to discuss this with the prescribing healthcare professional. Three people were known to have a cognitive impairment which could have impacted upon their ability to make informed decisions about refusing their medicines. However their mental capacity to make this decision had not been assessed. The provider's policy said staff should, 'monitor refusals and refer back to prescriber'. This policy was not being followed. A staff member told us, "they [the person] refuse medicines regularly, we document it... I am not aware what happens then". We could not be assured that the service was taking appropriate action when people refused their medicines.

Nice guidance states that care home provider must ensure that designated staff administer medicines only when they have the necessary training and are assessed as competent. Of the eight staff administering medicines three had last had training in 2011 including the registered manager. We were informed that the registered manager was booked to attend 'Medicines for Managers' course in July 2015. Two staff had no record of having completed training. The provider said they had seen evidence that these staff had completed training in medicines management in their previous jobs. They had not however, retained copies of these. One of these staff had a partially completed competency assessment performed by the registered manager. None of the other staff had as yet had a competency assessment, despite this being part of the providers action plan. This meant that the registered manager could not be assured that the staff were adequately trained and competent.

The provider had not made all of the required improvements. Further improvements were needed to



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ensure that people were protected against the risks associated with the unsafe use and management of medicines. This was a continuing breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010 management of medicines. This now relates to Regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 Safe care and treatment.

At our inspection in January 2015, we found that the provider did not have suitable arrangements in place to ensure that people were safeguarding against the risk of abuse. This was because the provider's safeguarding policy and procedures were not fit for purpose and staff demonstrated a poor understanding of safeguarding and of the correct procedures to follow if they had concerns about

abuse. We found that one person's care had been delivered in a manner which could have compromised their safety. As a result we issued a compliance action. The provider told us they would have made the required improvements by May 2015. At this inspection we found that the required improvements had been made. People living in the home told us they felt safe. Staff had received training in safeguarding and had undertaken a themed supervision session on the subject. Staff demonstrated an appropriate understanding of the signs of abuse and neglect and they were more aware of what actions they should take if they suspected abuse was taking place. The provider had appropriate policies and procedures in place. This all helped to ensure that staff had clear guidance about how to keep people safe.

# Is the service effective?

## Our findings

At our inspections in July 2014 and January 2015, we found that the home was not meeting the requirements of the Mental Capacity Act 2005 (MCA). The MCA is a law that protects and supports people who do not have ability to make decisions for themselves. We asked the provider to take action to ensure they were meeting the legal requirements. They told us they would have made these required improvements by May 2015. At this inspection we found that the required improvements had not been made.

The registered manager was not taking sufficient steps to consider as part of the care planning process whether people had capacity to consent to key decisions about their care. Only one mental capacity assessment had been completed since our last inspection in January 2015. They remained unclear about when a mental capacity assessment should be undertaken. They were not considering the full range of decisions people might need to make. They told us that people using the service, could make decisions about what to eat or wear or when to go to bed. However we were concerned that some people using the service might not be able to give informed consent to more complex aspects of their care. For example, three people were known to have a cognitive impairment which could have impacted upon their ability to make informed decisions about refusing their medicines. However their mental capacity to make this decision had not been assessed. We were concerned that some people using the service would not be able to give informed consent to living at Freegrove. Only one person had a completed mental capacity assessment in relation to this decision. People care records contained consent forms for having their photograph taken or sharing their personal information. We saw two examples where these were signed by the person's next of kin without there being any evidence that they had appropriate legal authority to do so.

The provider had not made all of the required improvements. Further improvements were needed to ensure that the provider was meeting the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 The need for consent.

We did see evidence that where people did have capacity to consent, staff sought their consent before providing care

and support. Staff were clear that they would respect people's decisions and choices. One care worker said, "Mental capacity is what people are able to do". They described how they sought peoples consent, they said, "if they didn't want to do something, I would go away and come back later, I wouldn't force them".

At our inspection in January 2015, we found that the provider had not acted in accordance with the Deprivation of Liberty Safeguards (DoLS). These safeguards which form part of the MCA 2005 protect the rights of people lacking capacity by ensuring that if there are any restrictions to their freedom or liberty, these have been agreed by the local authority as being required to protect the person from harm. We asked the provider to take action to ensure they were meeting the legal requirements in relation to DoLS. They told us they would have made these required improvements by May 2015. At this inspection we found that sufficient improvements had not been made.

The support arrangements in place for some people using the service could result in them having their freedoms restricted and could therefore be a deprivation of liberty. There was an indication that a small number of people would be unable to give informed consent to living at Freegrove. The registered provider confirmed that some people would not be free to leave should they try due to concerns for their wellbeing. Some people were subject to a high level of supervision to ensure their safety or were being treated with medication to control their behaviour. However the provider had only submitted one DoLS application. The registered manager and provider told us they felt that people using the service did not meet the criteria for a DoLS. We were concerned that this might not be the case. The need to improve compliance with DoLS had also been discussed at an inspection in July 2014. There was a risk therefore that people were still being deprived of their liberty without the proper authorisations being in place. Further improvements were needed to ensure that the provider was meeting the requirements of the Mental Capacity Act 2005 and deprivation of liberty safeguards. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 Safeguarding people from abuse and improper treatment.

At our inspection in January 2015, we found that the provider did not have suitable arrangements in place to ensure that staff received appropriate training and

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supervision. As a result we issued a compliance action. The provider told us they had achieved compliance with this Regulation and so we checked to see if the required improvements had been made.

We saw that since the last inspection, staff had completed training in safeguarding and caring for people living with dementia. A variety of other training was booked to take place in the near future. This included training on DoLS, food and nutrition and first aid. We saw that the registered manager was booked to attend medicines training and the provider was attending training on supervision and quality assurance. Training with the community bladder and bowel service was planned later in the year. All of the staff we spoke with told us that they felt the training programme available was adequate and supported them to perform their role effectively.

However records showed that six care staff had not had moving and handling training or a practical competency check since being in post at the home. The registered manager confirmed that these staff would be involved in performing moving and handling tasks such as hoisting. The provider told us they had, in two cases, seen certificates which indicated that the staff member had received moving and handling training in their previous employment. They had not kept any copies of these though. The registered manager confirmed that they had not carried out competency checks to check the moving and handling skills of new staff. They told us new staff would only perform moving and handling tasks with an experienced and trained staff member. We were concerned that the lack of moving and handling training and appropriate competency checks could result in people receiving unsafe care.

The registered manager told us that new staff received an induction which covered areas such as their employment

terms and conditions, dress and appearance, familiarisation with the environment and an introduction to residents and their special care requirements and daily routines. We looked at the induction records for three staff. Two had completed an induction as described above; however there was no induction record for a third member of staff who had started work in May 2015. We were concerned that this member of staff was working unsupervised before having received any formal assessed induction in line with recognised standards within the sector. This is important as it helps to ensure that staff are competent. The provider told us they were making arrangements to access training for new staff which if successfully passed, would result in staff achieving The Care Certificate. The Care Certificate was introduced in April 2015 and sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate.

We could not be assured that staff had all of the training relevant to their role. New staff were not always provided with a robust induction. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014, Staffing.

Staff were now having regular supervision. Supervision is an important tool which helps to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities. Staff had received two supervisions sessions since our last inspection with one of these being themed on safeguarding. Supervision records were brief but showed that the sessions were an opportunity for staff to reflect on any concerns about the people they were caring for, their training needs, whether they were enjoying their role and anything they found difficult. We saw that appraisals had been planned for September.

# Is the service caring?

## Our findings

At our inspection in January 2015, every person we spoke with told us they were supported by staff that were kind and caring. Each person was happy living at Freegrove and was confident that they would recommend the home. We did find that it was not always evident how people and those important to them had been involved in their developing, and consenting to, their care plan. As a result we rated the caring domain as 'requires improvement'.

At this inspection, we saw that some improvements had been made. We saw that some people's care plans did reflect their views about how they would like their care to be delivered and their preferred daily routines. However this was not the case for each person. We saw an increased number of care plans had been signed by the person, confirming their consent to the contents. One visitor did comment that they had not as yet had an opportunity to go through their relative's care plan which they would like. However they and another relative told us that they did feel

involved and got lots of verbal communication about their relative's needs. These improvements need to be embedded and sustained so that each person, where able, is given every opportunity to be actively involved in making decisions about their care.

It was evident that people continued to have good relationships with the staff supporting them and clearly felt at ease with them. We observed that staff knew people well and spoke kindly and respectfully to them. People remained positive about their experience of living at Freegrove. One person said, "They do a very good job. There is a rapport between carer and resident that's very important for the resident to have that by the spadesful, I've always been very grateful for the help I've had". A relative told us it was a "Wonderful place, friendly, happy people". They added that it gave them so much pleasure to see the attentive way in which one of the care workers supported their relative. They said the care workers attitude was "Great". A third relative said, "The staff are kind and caring, they care about me too".

# Is the service responsive?

## Our findings

At our inspections in July 2014 and January 2015, we had identified that people were not always protected against the risks of unsafe or inappropriate care because information in their care records was not always complete and accurate. As a result we served a warning notice on the registered manager and registered provider requiring them to become compliant by 11 May 2015.

During this inspection we found that the specific requirements cited in the warning notice had been met. In January 2015, we had found that a number of people's medication administration records (MAR's) included medicines they were no longer taking. At this inspection we found that all of the MAR's viewed accurately reflected people's current prescribed medicines. This reduced the risk of people being given discontinued medicines. Staff were also now maintaining an accurate record each time they administered 'as required' or PRN medicines. This is important as it enables staff and healthcare professionals to monitor and assess the effectiveness of 'as required' medicines. Records which recorded whether people wished to be resuscitated were now readily accessible to staff. This helped to ensure that staff would be able to respond with appropriate care and treatment in the event of a healthcare emergency.

Whilst the concerns reported in the warning notice had been met, we did identify that some people's records required further improvement. At our inspection in January 2015, we noted that whilst staff demonstrated an understanding of people's needs and preferences, this was not always reflected in their care plans. At this inspection we continued to find that some people's care plans did not contain sufficient personalised information that described

how the person liked to receive their care. Many of the care plans were written in a style which reflected what staff did for the person rather than focusing on their wishes and choices. One person who had lived at Freegrove for nine months did not have a full set of care plans which detailed their specific needs. Documents which recorded 'How I communicate', 'What is important to me' and 'My likes and dislikes' were blank. They had no personal care or continence care plans even though they did have needs with regards to both of these areas. A second person who had been living at the home for two months had no detailed support plans at all. The person's needs had been assessed upon admission, but this information had not been used to develop a full range of person centred care plans, informed by the person's choices and decisions.

We did see some examples of personalised care records, for example, one person had a detailed, 'getting to know you' which talked about where they were born, their family, school, pets, job and favoured foods. They had a detailed 'how I communicate' which described the gestures they might use or what aspects of their body language meant. There was a 'To support me in life, you need to know this' and information about the activities and hobbies they enjoyed. Further improvements are therefore needed to ensure that each person has a detailed and personalised record of their care needs and how they wish these to be delivered.

Improvements were being made to the handover process. Staff were starting work 15 minutes earlier so that they could be involved in the handover between shifts. This helped to ensure that key information about changes to people's needs was being more effectively shared with the staff team.

# Is the service well-led?

## Our findings

At our inspection in January 2015, we found that the provider did not have an effective system for assessing and monitoring the quality of the service. They had not always had sought professional advice or had regard to relevant legislation and guidance. Incidents and accidents had not been properly investigated. As a result we served a warning notice on the registered manager and registered provider requiring them to become compliant by 11 May 2015. During this inspection we checked whether the required improvements had been made.

Since our last inspection, the provider and registered manager had undertaken some audits but these had not been undertaken on a regular basis and had not been effective at driving improvements. For example, since January 2015, the provider had only undertaken one audit of the care plans. This meant they had not identified the concerns we found with a number of people's care plans which we have noted elsewhere in this report. It was not clear from either the provider's infection control or medicines audits that action was being taken where deficits had been identified. The Health and Safety audit which had been completed on the 21st October 2014 identified a number of areas that were high and medium risk. However, the action plan had not been completed to show that the risks identified had or were being addressed. For example, the action plan identified that risk assessments were completed for tasks and activities within the home and these had not been completed. This meant that the quality and safety of the service was still not being effectively measured in order to learn and develop and to drive improvements.

The provider still did not have effective systems in place to reflect upon the nature and cause of incidents and accidents. The provider had arranged for staff to have additional training in this area and an incident and accident book was now in place. However when we reviewed this, we found a form relating to an incident that took place on the 5 May 2015. This incident had not been reviewed or investigated by the registered manager or provider. When we discussed this with them, they both said, they were unaware of the incident. Through reading people's care records, we also found that a number of incidents had taken place which had not been reported internally and logged in the incident book. The registered

manager was not aware of many of these incidents. This meant that the systems in place for reporting, recording, monitoring and reviewing incidents and accidents were still not being effective. There was a risk that action would not be taken to remedy the situation, prevent further occurrences and make sure that improvements to people's safety were made.

The provider and registered manager had still not developed a service improvement plan. This is a detailed plan that sets out the improvements that the provider hopes to make. It considers the resources needed to achieve this and the timescales within which the improvements should be made. It evidences that provider is considering and responding to feedback from people, their relatives and staff. We did see some evidence that the provider had responded to requests from staff for sit on scales. These had been ordered and will enable staff to monitor people's weight more effectively. The provider also told us of their plans to facilitate level access into the garden from the lounge.

A well led service will have strong systems in place to assess and monitor the quality of the service being provided to people and to drive improvements. These were not yet in place at the service. The provider and registered manager had failed to have regard to reports prepared by the CQC. They had not made all of the required improvements which had been cited in the warning notice. The service had been judged by the CQC to have inadequate systems in place to assess and monitor the quality of care provided at scheduled inspections in July 2012, May 2013, July 2014 and January 2015. This meant that the provider and registered manager were failing to make and sustain the required improvements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 Good governance.

The provider had taken action to update their policies and procedures. They were also developing templates for satisfaction surveys which were to be used as a tool to seek feedback from people and their relatives about the quality of the care. It was also evident that the provider was taking prompt action to investigate people's or relatives concerns about how care and support was delivered. A clear and detailed record had been maintained of how each concern had been addressed and any learning from this. The



## Is the service well-led?

provider had taken action to communicate the outcome of our inspection in January 2015 with residents, relatives and visiting professionals. This showed their commitment to transparency about the challenges faced by the service.

As at our last inspection there remained a positive and homely culture within the home which people and their relatives told us they valued. The provider told us that the challenge moving forward was to build on the improvements already made but without this detracting from the friendly and homely nature of the home. Some of the relatives we spoke with told us they had seen improvements since our last inspection. One relative said, "I have seen improvements, they are keen to get things right, the residents are happy, it works well here". Another relative told us, "I have complete peace of mind, other

homes I looked at were impersonal, I could see here was clean and well-run and felt homely. There was more one to one care given and a relationship built on trust. My [relative] is very happy and contented".

The service had a registered manager in post. People, relatives and staff told us she had a 'hands on' approach to her role and that she promoted a person centred culture within the home. We saw that people knew the manager well and that she was visible and accessible to people. A relative told us, "[the registered manager] leads by example, is hands on, doesn't sit in the office". Staff told us that the manager was approachable and that they were able to express their views to her. A staff member told us, "I get lots of support from the manager". Another said, "It's a lovely atmosphere, a small home and it's nice to work here. If my mum or dad or someone I knew needed to go into care I would recommend this place because it's such a lovely home".

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

here was a risk that care and treatment might not be provided in a safe manner. Risks to people's health and safety had not always been assessed or mitigated to reduce the risk of harm to people. Medicines were not always managed safely. There remained a risk of the spread of infections. Regulation 12 (1) (2) (a) (b) (g) (h).

#### **The enforcement action we took:**

A warning notice served on the registered provider requiring them to become compliant by 14 September 2015.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The registered person did not have suitable arrangements in place for obtaining and acting in accordance with the consent of service users. 11 (1)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The registered person had not ensured that where any form of control or restraint was being used in the carrying out of the regulated activity, that appropriate arrangements were in place to authorise these restrictions and protect service users against the risk of the control or restrictions being unlawful or excessive. 13 (5)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

## Enforcement actions

The registered person had not taken appropriate steps to ensure that at all times there were sufficient numbers of suitably qualified, skilled and experienced persons deployed for the purposes of carrying on the regulated activity. 18 (1)

We could not be assured that each staff member had received appropriate induction and all of the training relevant to their role.

18 (2)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider was failing to operate an effective system to assess and monitor the quality of the service and to mitigate the risks to the health, safety and welfare of service users. 17 (2) (a) (b).