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Friern Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Friern Residential Care Home is a care home registered to accommodate up to 18 people. Its services focus mainly on caring for older adults who have mental health conditions.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. On the day of our inspection there were 18 people using the service.

We inspected Friern Residential Care Home on 11 April 2018. At our previous inspection in December 2015 the service was rated as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they were very happy with the care and support they received. Staff working at the home demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences.

Staff told us they enjoyed working in the home and spoke positively about the culture and management of the service. Staff described management as supportive and confirmed they were able to raise issues and make suggestions about the way the service was provided.

The manager of the service provided good leadership and people using the service and staff told us they promoted high standards of care.

The service was safe and there were appropriate safeguards in place to help protect the people who lived there. People were able to make choices about the way in which they were supported and staff listened to them and knew their needs well. Staff had the training and support they needed. There was evidence that staff and manager at the home had been involved in reviewing and monitoring the quality of the service to drive improvement.

Recruitment practices were safe and relevant checks had been completed before staff worked at the home. People's medicines were managed appropriately so they received them safely.

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of

people with complex needs in the home.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People's views on the service were regularly sought and acted on.

Staff demonstrated that they were caring and always ensured they treated people with dignity and respect.

At our last inspection we had made a recommendation in relation to the activities on offer. The service had addressed this issue and people now participated in a range of different social activities and were supported to aces the community. They also participated in shopping for the home and their own needs and were supported to maintain a healthy diet.

The service worked in co-operation with other organisations such as healthcare services to deliver effective care and support

The service listened and responded to people's concerns and complaints, and used this to improve the quality of care. The service learnt lessons and made improvements when things went wrong.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Friern Residential Care Home

Detailed findings

Background to this inspection

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

We inspected Friern Residential Care Home on 11 April 2018. This was an unannounced inspection. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

We spoke with six people who use the service and two relatives. We also spoke with the registered manager,the activities co-ordinator,the chef, three support staff and a visiting health care professional who worked very closely with the service.

During our inspection we observed how staff supported and interacted with people who use the service. We also looked at a range of records, including; six people's care records, staff duty rosters, four staff files, a range of audits, the complaints log, minutes of various meetings, staff training records and Medicine Administration Records(MARs) for all the people using the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home comments included "I do feel safe. At times I feel scared. All the staff help me a lot when I feel scared." And "I feel safe. It's good living here."

The provider had taken appropriate measures to ensure staff knew how to keep people safe and protect them from harm and discrimination. All staff spoken with had a good understanding of what constituted abuse and stated they would report any incidents to the registered manager. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being managed appropriately. Staff we spoke with understood whistleblowing and were aware there was a confidential telephone number in the staff office. Staff told us they had completed safeguarding training and the staff training records confirmed this. We saw there were appropriate policies and procedures and a flowchart, which set out the safeguarding vulnerable adults processes. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. There were no open safeguarding alerts at the time of the inspection.

Effective systems were maintained to ensure potential risks to people's safety and wellbeing had been considered and assessed. We found individual risk assessments had been recorded in people's support plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in an effective manner. Examples of risk assessments relating to personal care included moving and handling, communication, self –harm and choking. Records showed risk assessments were reviewed and updated on a three monthly basis or in line with changing needs.

We reviewed the arrangements for the storage, administration and disposal of people's medicines and found that these remained in line with good practice and national guidance. Medicine administration records were well-presented and contained an accurate record of any medicines that people had received. We looked at records of staff medicine training and saw all staff had received this in the past 12 months. The provider's policy on medicine administration stated only members of staff who had received this training were able to administer medicines. Staff also undertook competency tests to ensure they were proficient at this task. We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. Controlled medicines are more liable to misuse and therefore need close monitoring. Whilst the provider was not currently administering any controlled drugs, staff we spoke with were aware and understood the provider's policy and procedure with regard to their management.

We noted during the inspection that there were no photographs on the MAR charts. The manager explained they were in the middle of preparing new MAR charts for each individual. This issue was addressed shortly after our inspection.

We saw records to indicate regular safety checks were carried out on the fire alarm, fire extinguishers, fire doors and other safety equipment. The provider had arrangements in place for on-going maintenance and repairs to the building. Emergency plans were also in place including information on the support people would need in the event of a fire.

We saw that the provider had recently approached the fire brigade to assist in managing risk of people smoking on the premises. The fire brigade had worked with the provider to create robust risk assessments and subsequent action plans to keep people safe.

We observed sufficient staffing levels present within the home. The registered manager explained that staffing levels were adjusted based on observations of people and any noted changes in their level of need. Where people required support with attending healthcare appointments or assistance accessing the community, the rota was adjusted to ensure a staff member was available to accompany the person.

Throughout our inspection visit, we saw that staff had time to meet people's needs and to interact with them individually. For example, we noted staff interacted with people who required assistance to eat their food and staff sat with people having a chat. Staff we spoke with told us there were sufficient staff on duty to meet people's needs. We checked the duty rota and saw that the levels of staffing were consistent across the week including weekends. The registered manager gave us a monthly rota. We were able to confirm that each day there were two care support staff, the chef, a housekeeper, an activities manager and the home manager. The home had 18 people living there, all were ambulant and none required hoisting. We saw in records that when numbers had increased the manger altered the night staff rota to accommodate the extra people using the service.

We checked recruitment files for staff employed by the service and noted appropriate checks had been carried out before the staff members started work. Appropriate checks were carried out which included a record of staffs' previous employment history, references from previous employment, their fitness to do the job safely, their right to work in the U.K. and a DBS (Disclosure and Barring Service) check.

People continued to receive care in a clean and well-maintained environment. Infection prevention and control systems were effectively used to minimise the spread of germs. Staff used personal protective equipment such as gloves, aprons, hand soap and gels to prevent and reduce the spread of infection. Staff had received training in infection control and had access to the policy for guidance. Waste disposal was done safely. The accommodation was tidy and free from unpleasant odours.

The service had only one recorded accident since the last inspection. Records seen detailed the accident and the actions the service had taken.

Good

Is the service effective?

Our findings

People were supported by staff with appropriate skills and experience. Staff told us they received training and support to help them carry out their work role.

All newly recruited staff completed a robust induction period. Staff underwent a series of mandatory training and a period of orientation. Newly appointed staff also had to shadow senior care support staff until they were deemed by the manager to be ready to work with people who used the home.

There was an rolling programme of training available for all staff, which included safeguarding vulnerable adults, moving and handling, safe handling of medicines, health and safety, Mental Capacity Act 2005, mental health, person centred planning and challenging behaviour. Staff were also encouraged to complete vocational training. We spoke with three staff in relation to training and all told us they enjoyed the courses they had attended and that the provider had always supported them whenever they had asked for training.

Staff told us that they felt supported by the management team and had regular formal and informal supervision. Regular staff meetings were also taking place at the home to facilitate communication, consultation and team work within the service.

Staff demonstrated a good awareness of the principles of the Mental Capacity Act 2005 (MCA) and had received appropriate training. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were asked for their consent before care was given and they were supported and enabled to make their own decisions. We noted the provider did not document completed capacity assessments in people's files. The registered manager however was able to show us documentation between the provider and the local authority which confirmed work was in progress. The registered manager showed us how she had made DOLs applications for people who used the service who she felt might lack capacity to keep themselves safe in the community should they go out alone. We saw there had been six referrals to the local authority four of which had been granted. A person using the service told us "I go out on my own to get cigarettes. I can smoke in the lean to. I go to the post office to get my money out. I would like to go to North Finchley to McDonalds, I don't want to ask. I would like to go out for a Chinese meal. I can go out when I like."

We looked at how people were supported to maintain good health. Where there were concerns, people were referred to appropriate health professionals. Records looked at showed us people were registered with a GP or a Community Psychiatric Nurse] and received care and support from other professionals, such as

chiropodists, dentists and the district nursing team as necessary. People's healthcare needs were considered within the support planning process. Records we read showed us that the provider had created effective relationships with associated professionals and specialists to ensure people received co-ordinated and effective care. We spoke with a visiting healthcare professional during the inspection who told us "the manager is responsive to people's mental health needs and always quick to contact us."

People told us they enjoyed the food and were given a choice of meals and drinks. One person said, "the food is great here." The registered manager explained that regular meal time observations were undertaken to monitor people but that people at the home were mostly self-caring and were able to feed themselves. However we noted during lunchtime staff and people interacted in a professional and friendly manner. Weekly menus were planned and rotated every four weeks and were flexible to allow for people's choices. Menus were seasonal and changed four times a year. People had been consulted about the menu at regular intervals. We noted information about the meals was displayed in the dining area of the home. The manager told us there was a food forum managed by the provider where people were able to discuss what they wished to eat and when. We noted the provider had a system which ensured people with special diets for reason of preference, health and religion were accommodated. We saw in the kitchen that food was stored correctly and that fridge temperatures were checked daily. The provider had recently been awarded five stars for food and hygiene by the Food Standards Agency.

People's rooms had been adapted and decorated in line with the person's needs, choices and preferences. People's rooms were personalised with items of interest and personal belongings of their choice.

Good

Is the service caring?

Our findings

People told us they were happy with the approach of staff and felt they were treated with dignity and respect. Comments included "At times it gets bad; I get upset and give up. The staff help me and bring me out of it. " And "all the staff are kind and the manager is very nice."

People's preferences were recorded in their care plans. The staff had discussed people's likes and dislikes with them on a regular basis so they could make sure they provided care and support which met individual needs. Staff demonstrated a good understanding of the importance of privacy and dignity. A person using the service told us "I like to wake up at 6am.I go down for breakfast at 8 or 8.30am. If I am down early they will give me breakfast."

People's personal histories were well known and understood by staff. Support workers knew people's preferences well, and what they should do to support people who may have behaviour that could cause themselves or others anxiety. Staff were able to identify possible triggers that caused people to become anxious. We observed occasions where workers noticed when people had the potential to become anxious. The staff members were able to use techniques to distract people or support them to manage their anxiety before it escalated. We observed staff interacting with people using the service throughout the day. At all times staff were polite and caring. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between them. Staff were able to tell us about people's different moods and feelings, and reacted swiftly when they identified that people needed extra support.

People using the service were able to make daily decisions about their own care and we saw that people chose how to spend their time. People told us they were able to choose what time to get up and how to spend their day. Staff told us they encouraged people to be as independent as possible. People's care plans guided staff on where the person could do things for themselves. For example, some people were able to carry out their own person care but needed prompting on a regular basis.

We saw that staff did as much as they could to support people to maintain contact with their family and provide culturally appropriate support where appropriate. Staff told us they discussed people's cultural and spiritual needs and preferences with them and we saw this Information had been recorded in people's care plans. Staff had a good understanding of equality and diversity issues within the service and told us they made sure people at the home were not disadvantaged in any way.

Good

Is the service responsive?

Our findings

At our last inspection we found that some people were not engaged in any meaningful person-centred actives. We made a recommendation in relation to this.

At this inspection we found that improvements had been made. The service had employed an activities coordinator. They told us "it was important for me to get to know all the residents so activities can be person-centred." People now participated in a range of different social activities individually and as a group and were supported to the access the local community. We saw that activity profiles had been set up for each person that would identify what they enjoyed doing in and out of the community. Comments included "I love art. The activities lady is very good. I do creative writing here and art therapy." And "We do art therapy every Wednesday and Tuesday we do art and a quiz. Last summer we went to the seaside in June or July for a day. We had a BBQ in the garden." People also participated in shopping and carrying out light domestic tasks for the home and their own needs and some people regularly attended group activities that they enjoyed such as bingo, singing and cinema afternoons.

People's needs were assessed before they moved in. The staff told us they had access to the care records and were informed when any changes had been made to ensure people were supported with their needs in the way they had chosen. Care records included details people's backgrounds, interests, hobbies and life skill needs. The care plans showed that people's needs were regularly reviewed and re-assessed with them and amended according to their changing needs. They were individualised, person focused and developed by identified staff as more information became available and situations changed. They were formalised and structured and information was accessible and clearly set out. People told us the staff had discussed the care and support they wanted and knew this had been recorded in their care records.

Each person had an assigned keyworker who was responsible for reviewing their needs and care records. Staff told us that they kept people's relatives, or people important in their lives, updated through regular telephone calls or when they visited the service. Relatives were formally invited to care reviews and meetings with other professionals.

Indicators of deterioration in people's mental health were clearly set out in people's files and we saw that staff were monitoring the signs Where people expressed certain behaviours that challenged, care staff were provided with detailed guidance and structure on how to support the person with their behaviour that ensured their safety and ultimately took them into positive well-being.

Where concerns were identified staff told us that action was taken swiftly including liaison with health and social care professionals. The healthcare professional we spoke with told us that the service 'proactive' and 'responsive'. They told us that when they provided guidance it was always followed up.

There was a clear complaints procedure. People we spoke with told us they knew what to do if they were unhappy about anything. Comments included, "I would speak to the manager. I just knock on her door. I don't complain." There had been no complaints since our last inspection.

The Registered manager told us that staff had recently been on training on end of life care, they were planning to add these details to the care documents in the near future.

Good

Is the service well-led?

Our findings

The service had a positive ethos and an open culture. People who use the service and their relatives told us they had a good relationship with the registered manager and most people told us they felt confident the service was well-led.

Our discussions with staff found they were motivated and proud of the service. The registered manager was known to people, their relatives and staff members. People were positive about them and staff members felt that the registered manager was always friendly and approachable. They also told us that they made sure things got done and were always working to improve the service. Comments from staff included "she is excellent, I have learnt a lot from her" and "she is a very good manager and knows all the residents well."

During our meeting with them and our observations it was clear that they were familiar with all of the people in the home and was very 'hands on' in their interactions with the people who used the service. It was clear from the feedback we received from people who used the service, and staff, that registered manager of this service had developed a positive culture based on strong values. The registered manager spoke of the importance of motivating and supporting staff to promote these values, through training, supervision and strong leadership.

We found that staff turnover was kept to minimum ensuring that continuity of care was in place for people who used the service. Staff also told us that they were supported to go for promotion and were given additional training or job shadowing opportunities when required. The registered manager told us "It's difficult to find good staff, so you must support them."

The provider sought the views of people using the service, relatives and staff in different ways. People told us that regular resident meetings were held. We saw the minutes of the last meeting where items discussed included food, health and safety, equality and diversity.

The service completed a number of checks and audits in order to monitor the quality of care. We found that these checks were not always adequately recorded, although we could see that this had not impacted on the quality of the care. We discussed this with the registered manager who had taken note of our feedback and had now set up a system that recorded all checks that were completed with details of actions taken where issues were found. Areas that were monitored included health and safety, risk assessments, care plans, medicines management and infection control.

We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. The registered manager told us that they had access to a maintenance person and that there was no delay if repairs to the building were required.

Regular surveys were sent out to all the residents, relatives and staff. We saw the results of the last that the last survey that had been sent out in July 2017. The results were generally positive and suggestions made by people had been implemented. This included the purchasing of more garden chairs and improved

monitoring of the laundry service.

The service also worked in partnership with other agencies to support care provision. We noted that the service maintained positive links with a variety of healthcare professionals and community services including psychiatrists, GP's, social workers, and local community groups. The service also worked in partnership with the providers from other locations so that they could share and learn from each homes experiences.