

Mrs E Lambert

Frintondene 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

The inspection took place on 16 September 2016 and was unannounced.

Frintondene Care Home provides accommodation and personal care for up to eight older people. The service does not provide nursing care. At the time of our inspection there were eight people using the service.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported with the day-to-day running of the service by a competent deputy manager.

People were safe because the management team and members of staff understood how to manage risk and recognise abuse or poor practice. People received safe care according to their individual needs.

There were sufficient staff who had been recruited safely and who had the knowledge and skills to meet people's needs safely and in ways that they prefer.

The provider had safe systems in place to manage medicines and people were supported to take their medicines as prescribed.

People's health needs were managed effectively with input from relevant health professionals. People were provided with food and drink that met their nutritional needs as well as their individual preferences.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

The registered manager and deputy manager supported staff to provide appropriate care that was centred on the person and staff understood how to treat people as individuals.

People were treated with kindness and courtesy by staff who knew them well. Staff respected people's choices and took their preferences into account when providing care and support. People were encouraged to spend their time in ways that they preferred and were supported to maintain relationships with friends and family so that they were not socially isolated.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected.

There was a family culture and the management team encouraged and supported staff to provide a good standard of individual care.

The provider had systems in place to check the quality of the service and take people's views into account to make improvements to the service. They also had systems so that people could raise concerns and there were opportunities available for people or their representatives to give their feedback about the service.

The manager and deputy manager were freely available and actively involved in supporting people and staff. Staff were enthusiastic about the culture of the service and confident that their views were valued.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Staff understood how to protect people from abuse or poor practice. There were processes in place to listen to and address people's concerns.

There were sufficient staff who had been recruited appropriately and who had the skills to manage risks and care for people safely.

The premises were well managed to meet people's needs safely.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines safely and as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff received the support and training they needed to provide them with the information to provide care effectively.

Where a person lacked the capacity to make decisions, there were correct processes in place to make a decision in a person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood.

People's health, social and nutritional needs were met by staff who understood their individual needs and preferences.

Is the service caring?

Good ●

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to their needs and provided care in a dignified manner.

Staff understood how to relieve distress in a caring manner.

People were encouraged to be as independent as they were able to be.

Is the service responsive?

Good ●

The service was responsive.

People's choices were respected and their preferences were taken into account when staff provided care and support in line with their individual care plans.

Staff understood people's interests and encouraged them to take part in pastimes and activities that they enjoyed. People were supported to maintain family and social relationships with people who were important to them.

There were processes in place to deal with concerns or complaints and to use the information to improve the service.

Is the service well-led?

Good ●

The service was well led.

The service was run by a capable management team who demonstrated a commitment to provide a service that put people at the centre of what they do.

Staff were valued and they received the support they needed to provide people with good care and support.

There were systems in place to monitor the quality of the service, to obtain people's views and to use their feedback to make improvements.

Frintondene 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 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 inspection took place on 16 September 2016. The inspection was unannounced. The inspection team consisted of one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the registered manager. This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

Before the inspection, the manager completed 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. The information in the PIR was clear with sufficient detail to enable us to understand the culture and ethos of the service.

During the inspection we spoke with three people who used the service and one relative; following the inspection we spoke with a social care professional and received written feedback from two relatives about their views on the care provided. We spoke with the deputy manager and three members of the care team including senior care staff.

Some of the people who lived at Frintondene at the time of our inspection were unable to speak with us because of their health. We used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people.

We reviewed three people's care records, including medicines records and risk assessments. We examined information relating to the management of the service such as health and safety records, three sets of recruitment and personnel records, quality monitoring audits and information about complaints.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, "I feel happy here. They definitely keep me safe." Relatives were also confident that their family members were cared for safely. A relative told us, "I have no worries about the care; my [family member] is safe here." Another said, "I do feel they offer safe care and support to my [family member]."

Records confirmed that staff had received training in safeguarding. All the staff spoken with were able to demonstrate a good understanding of what constituted abuse or poor practice and knew about different types of abuse. They understood their responsibilities to keep people safe and protect them from harm. They were confident that, if they had any worries about a person's welfare, the concerns would be addressed immediately. One member of staff told us, "I'm confident that anything negative would be dealt with there and then." and another said, "We are definitely listened to. If you say something it would be sorted straight away."

They were able to explain what steps they would take to protect people and they would react straight away if they saw or heard anything which they were worried about. Staff told us they were a small close team and if they had any worries they could discuss them with the registered manager or the deputy manager.

People told us they would have no problem with raising concerns if they thought it was necessary. They said problems did not really arise because they were able to talk to staff, who listened and would sort things out for them.

The deputy manager and staff demonstrated a good understanding of how to manage risk, including risks associated with moving and handling. Staff explained how they supported people who needed the assistance of a hoist to transfer, for example from bed to a wheelchair. Each person had their own personal sling which was the correct size and was maintained in good condition. We saw that other risks such as the risk of developing pressure ulcers and risks relating to nutrition were also assessed. Information from the assessments was used to develop plans of care to reduce the risk to the person. Risk assessments were regularly reviewed and any changes were discussed with staff and recorded so that staff had the most up to date information to minimise risks and provide people with safe care.

The deputy manager explained the checks and audits that were carried out to manage and maintain the safety of the premises. We saw records of the testing of portable electrical appliances and the checks that were carried out on fire systems and equipment, including weekly checks of fire alarms and emergency lighting. A comprehensive fire assessment had recently been carried out that identified any potential hazards such as the storage of flammable liquids, and what measures had been taken to minimise potential risks.

We saw that the premises were well maintained and there was a good standard of cleanliness. A social care professional told us, "You can walk into any bathroom and they are clean and fresh."

The deputy manager explained that they did not have a high turnover of staff as they were such a small, family led service. However, they had a process in place to recruit staff when the need arose. Recruiting people with the correct qualities was important for such a small team. Personnel records confirmed that appropriate checks were carried out including taking up relevant references and carrying out Disclosure and Barring Service (DBS) checks to ascertain that people were not prohibited to work with people who require personal care and support.

There was a strong team culture which resulted in staff being flexible, working together as a team providing extra support when needed or stepping in to cover for colleagues who were on leave or were ill. The registered manager and the deputy manager also took a hands-on role to provide care and support. Staff told us that there were always enough staff to provide care and support that was relaxed and never rushed. One member of staff said, "We have time to talk to people; time for little things like writing a letter for someone." We observed people receiving support when they needed it without having to wait.

People were supported to take their prescribed medicines; one person told us, "They help me take my tablets." The provider had clear systems in place for the safe receipt, storage and administration of medicines. Medicines were delivered from the pharmacy already dispensed in individual sealed pots. We observed that staff followed good practices when giving people their medicines during our inspection. We saw that medicines administration record (MAR) sheets were signed when the medicines had been given. The medicines were checked every day by a second member of staff who was taking over responsibility for medicines on the next shift. This minimised the risk of an errors or omissions and any issues arising could be discussed and recorded at the time.

Is the service effective?

Our findings

People were happy with the standard of care provided by the staff. One person told us, "I'm quite satisfied with the care. The staff do everything for me. They look after me well."

The management team monitored when staff had received training and when updates were due, and this was recorded on a spreadsheet. We saw that staff had had a wide range of training that was updated yearly. This included core training such as moving and handling, fire safety, first aid, food safety, safeguarding, infection control and medicines. In addition staff had training relevant to the specific health and care needs of people living at the service. We saw that this included diabetes, prevention of pressure ulcers, end of life care and falls prevention.

Staff told us the training was good. One member of staff explained that some of the training was carried out at the service and they had booklets to complete to demonstrate that they had understood the training. They said, "I feel confident with the training I have done. The management are always there to answer any queries or questions." They were able to demonstrate how they used the knowledge and understanding to provide appropriate care and support. For example, they monitored people closely for conditions like urinary tract infections (UTIs) so that they can be treated promptly to reduce the risk of harm. UTIs have been linked to confusion and increased risk of falls in older people. Staff understood the importance of good food and nutrition in the prevention of UTIs and falls.

There was a system in place for supporting and supervising staff. A member of staff explained that they had individual face-to-face supervisions monthly. At the end of every shift there was a handover procedure where staff could discuss each person's care, share any changes and make sure colleagues had all relevant information and updates. Staff told us they felt well supported. A member of staff said, "Supervision meetings give me a chance to speak about any concerns I may have. It is very helpful to get feedback from the manager."

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. The deputy manager had a clear understanding of their responsibilities under the MCA.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were.

People who lived at the service said they enjoyed their meals. One person said, "I enjoy the food here. They know what I like and don't like." Relatives were also complimentary about the food. One relative told us, "I would say the food is excellent." Another said, "The food is excellent. They told my [family member] that [they] could have whatever [they] wanted for meals and they would get it. Soon after arrival I looked into the

kitchen to see the tea trays - one had smoked salmon sandwiches, another had prawns, [my family member] had crab sandwiches cut into small cubes so [they] could pick them up easily. All seven tea trays were different. They did not have a microwave in the kitchen either as everything was freshly prepared."

We saw from people's care records that, where relevant, an assessment of people's nutritional needs was carried out. For example, when a person's needs changed following a medical condition, health professionals were consulted. Referrals were made to the Speech and Language Therapy (SALT) team to assess the person's needs and identify risks. A plan of care based on professional advice from SALT was put in place to meet the person's nutritional needs. Staff were knowledgeable about these specific needs, including the texture and consistency required for food and drinks.

Staff were also aware of situations that could potentially be a risk where people's nutrition needs were concerned, such as a person's mood which might affect their appetite. A relative told us that their family member had always been a very independent person and now could be "quite difficult at times especially with eating." They told us, "The staff are extremely patient and coax [my family member] to eat as much as possible." We observed at lunch that the person was gently encouraged to eat. When the person was not interested staff withdrew and returned a short time later to give some more encouragement.

People told us that the staff were very good at helping them when they were unwell. One person said, "They would get the doctor if I needed him." Relatives were also complimentary about how their family member's health needs were met. A relative explained that when their family member had been discharged from hospital they were quite ill and they had concerns for their recovery. They told us that, before moving to the service, "The prospects were very gloomy." They said, "The staff at Frintondene, the care they provide and their willingness to go the extra mile are the only reasons why [family member recovered from their illness]. The care they received turned things round."

A relative said, "My [family member's] health needs are dealt with promptly. The doctor is called whenever necessary." They also described how their family member was supported to have dental treatment.

Staff displayed a good understanding of each person's health and support needs. A member of staff explained how to manage conditions such as diabetes, how to measure blood glucose levels and how to support a person with their medicines and their diet. They told us that they had received advice and training from community nursing services so that they understood what signs to look out for and when to contact health professionals for advice. We saw from people's care records that they had access to a range of health professionals according to their specific needs. There was input from GPs, community nursing services and people were supported when necessary to go to hospital appointments.

Is the service caring?

Our findings

People who lived at the service, relatives and professionals all provided feedback about how kind and caring the staff were. A person told us, "They've always got time for you. They are kind and they have a chat." A social care professional told us, "I have to praise them [staff] they are very kind. I really couldn't find fault with anything. I would be happy to have my mum here."

Staff were able to demonstrate how they supported people if they became distressed or if they had any concerns. They gave examples of what worked for different people to help relieve their anxiety, for example one person responded well to 'a cup of tea, cake and a chat'. A relative told us about how their family member could become distressed. They said, "They are genuinely fond of [my family member]. They take [described behaviour] in their stride and have learnt what works."

Staff knew people well and understood what they liked or disliked. They also demonstrated a good understanding of what was important for individuals to make them feel good. One person said, "Yesterday the girl came and did my hair." and they explained that they always enjoyed that and it always cheered them up. Another person told us that it was important that they were well presented and staff understood this. They said, "I like to be clean and well dressed. They do my laundry nicely and iron it properly."

A relative told us that their family member's clothes were well looked after and they had "something different on every day and they also take care to colour co-ordinate too". They explained that the hairdresser came regularly and the deputy manager also took care of other beauty procedures that made their family member "feel better".

One person told us that they enjoyed watching sport and explained that staff had arranged something special on their birthday. They said, "I received a personal letter on my [special] birthday from the manager of [named a specific premiership football club]." They were very pleased that staff had made this thoughtful gesture to mark a special birthday.

People told us they were able to express their views and were in no doubt that staff would listen to them. One person told us that they just had to tell staff what they wanted or needed and staff would assist them.

People we spoke with confirmed that staff treated them with respect and we saw polite and courteous interactions during our inspection. A relative told us, "[My family member] is treated with respect. They are caring, they call people what they want to be called." A health professional who completed a questionnaire as part of the service's quality monitoring processes stated, "Staff [are] always polite and helpful." A social care professional recorded that the most impressive aspects of the service was, "The care provided by the staff, respect for residents [and] the desire to do the best for people."

People's independence was promoted and encouraged taking into account their abilities and their choices. For example one person had previously accessed the community independently using an electric mobility aid. The person no longer wished to do this as they preferred staying indoors where they were more

comfortable and staff respected their decision but continued to encourage them to be as active as they were able.

Is the service responsive?

Our findings

A relative said, "The staff do take into account the individuality of their residents from what I have witnessed. I was encouraged to write a list of all my [family member's] preferences when [they first came here]."

We saw from people's care records that people's needs had been assessed; there was clear information that people had been involved in the assessment process and their views were recorded. Relatives also told us that they were consulted about their family member's care and support needs and if there were any changes they responded to these and appropriate measures were put in place so that they continued to meet the person's needs. For example, a relative explained that the service had replaced their family member's bed on two occasions to take into account their changing needs.

Relatives were assured that the management team and staff communicated with them promptly when there were changes or if any matter arose. They told us they were asked for their input into decisions about any of their family member's health or care needs. A relative told us that they visited most days and when they arrived any issues were reported to them straight away. They said, "There is also a monthly report that I read and sign for the records."

People who lived at the service and their relatives were satisfied that they could approach the management team or staff to discuss their care and support. One relative told us, "We enjoy an excellent relationship with [the registered manager and team], talk regularly to them and have no issues."

Staff knew people well and understood their preferences. A member of staff said, "I see everybody every day and know their likes and dislikes. Everybody is treated as individuals, they are a person." They explained that was what they loved about working at the service, "It's small and more personal." A person told us, "I usually stay in my room, but that's my choice." And a relative told us, "[Staff] are sympathetic to [my family member's] needs and understand [their] personal preferences and make what is a difficult time comfortable."

Some people told us that they were quite content to take it easy and watch television. Two people enjoyed watching sport and they had satellite systems in place so that they could watch a wide range of sports. A person told us, "I like reading the paper and watching TV. I do get out when I want to. I also go out with relatives." Relatives also gave us examples of how they supported their family members to enjoy their leisure time in ways that they preferred. A relative said, "[The manager] had a meeting with my [family member] recently and asked if there was anything else they could do to make life there better. The upshot being [they now have] the machine and tapes for talking books." Another relative explained that they visited regularly but when they were on holiday the staff made an extra effort to take their family member out so that they would not miss their visits. "They (staff) also ask if [my family member] would like to sit in the garden, weather permitting."

Relatives told us that they were made welcome and encouraged to maintain relationships. "I really cannot fault the home in any way. The staff are extremely helpful to me too and when [other members of the

family] visit they serve tea for them all, including sandwiches and cake, in the dining room and replenish the teapot many times."

People told us that they were confident that, if they had any concerns, staff and the management team would listen to them and take whatever action was needed. Relatives also praised how they were encouraged to be involved in making decisions and were complimentary about how well the management team and staff communicated with them and kept them up to date with any changes or issues. A relative told us that the management team and staff were "excellent communicators" and that they were encouraged to discuss any worries. They told us, "The manager asks if I have any concerns and we are encouraged to bring up anything. They are really keen to provide good care." Another relative said, "I have the Manager's email if necessary. I also often talk with the Assistant Manager. Also I can talk with any member of the staff and any comment I make I know will be reported back to either of them."

Is the service well-led?

Our findings

Relatives made positive comments about the culture of the home, which was friendly and homely. One relative said, "Although when [my family member] first arrived they were told to treat the home as a hotel it actually feels akin to being a big family home." Staff were also proud of the family values. A member of care staff explained that the staff worked together "like a family" and to support one another. Another member of staff said that the culture of the service meant that they provided care to "such a high standard because it's a family" and that was what you would expect for your own family.

Staff explained that they understood what was expected of them. A staff member told us, "Policies and procedures are available to look at any time and we are encouraged to read them." Staff told us that they felt well supported by the management team. One member of staff said, "The manager's good. It's nice to come to work, you don't long for your day off."

The provider had a process in place to listen to the views of people who used the service, their relatives, staff and other health and social care professionals. The deputy manager told us that the most important way to get people's views was to listen to them. Relatives confirmed that they could freely discuss anything with the management team and staff and they felt they were listened to. In addition the management team carried out surveys so that people could also give written feedback. Questionnaires were distributed to people living at the service, relatives, health and social care professionals and members of staff. People were asked their views on the standard of care and support and for any suggestions for improvement. The responses were positive with comments such as, "Friendly atmosphere. Keep up the good work." and one person described the strengths of the service as, "Warmth and compassion, homely atmosphere, friendly staff."

All documents relating to people's care, to staff and to the running of the service were stored securely in the office when not in use. People could be confident that information held by the service about them was confidential.