

Caring Homes Healthcare Group Limited

Frethey House

Inspection report

Frethey Lane
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Taunton
Somerset
TA4 1AB

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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

Frethey House can accommodate a maximum of 41 people. The home provides general nursing care to older people. Registered nurses are on duty 24 hours a day. The home is managed over two floors. There are a number of large communal areas where family and friends can spend time together. At the time of the inspection there were 39 people living there.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

People remained safe at the home. People told us there were adequate numbers of suitable staff to meet their needs and to spend time socialising with them. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely.

People continued to receive effective care because staff had the skills and knowledge required to effectively support them. People's healthcare needs were monitored by the nurses and care staff and people said they had access to healthcare professionals according to their individual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The home continued to provide a caring service to people. People told us that staff were kind and patient. A visitor told us, "The staff are brilliant, always polite and very respectful. They look after [relative] very well." People, or their representatives, were involved in decisions about the care and support they received.

The service remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. Complaints were fully investigated and responded to.

The service continued to be well led. People told us the management within the home was open and approachable. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. One person told us the registered manager was, "Always around will have a chat and laugh". The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Frethey House

Detailed findings

Background to this inspection

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

This was a comprehensive inspection and was unannounced. The inspection was carried out by one adult social care inspector and a special advisor.

At our last inspection of the service in February 2015, we did not identify any concerns with the care provided to people.

During this inspection we spoke with 17 people who lived in Frethey House. We also spoke with six visitors. We spoke with one registered nurse and five members of staff, and made contact with two health professionals. The registered manager was available throughout the inspection. Some people were unable to fully express themselves verbally due to health conditions. We therefore spent time observing care practices in communal areas of the home or people's rooms and spoke to staff about the experiences of the people they supported.

We looked at a number of records relating to individual care and the running of the home. These included seven care and support plans, four staff personal files and records relating to medication administration and the quality monitoring of the service.

Is the service safe?

Our findings

The service continued to provide safe care. People were very positive about the support they received and all people spoken with said they felt safe living at the home. One person said, "Of course I feel safe, I have a mat by my bed, if I step on it the staff come to help me, as I have fallen in the past", another person told us, "I am safe warm and well cared for. They never forget about me and know me so well".

People were supported by adequate numbers of staff to meet their needs and keep them safe. Throughout the inspection we saw people received care promptly when they asked for help. People had access to call bells, and to call pendants if they were away from their room, to enable them to summon assistance when they needed it. People told us sometimes they have to wait but felt this was because staff were busy. The registered manager told us, at a recent relatives meeting some relatives felt there were not enough carers in the afternoon. They said, "We value and listen to people's experiences living at Frethey House. Although our dependency scores indicated we had the correct staffing hours, we have been able to secure funding for an additional member of staff for six hours a day." Staff felt the staffing levels were "Good", one member of staff said, "We receive our rosters in advance which helps with my home life, I never worry there are not enough of us". Another member of staff told us, "We are a good team; there is always enough staff even at weekends".

People were protected from harm because staff had received training in recognising and reporting abuse. One staff member said, "People are safe here and protected from harm. We are a good team and would all know if someone was being harmed, if we had any concerns we would report immediately". Risk assessments had been carried out to enable people to maintain good health and to promote their independence. A new 'falls strategy' was being introduced, whereby all falls were reviewed by the registered manager looking at factors as to why people may be falling. They told us, "Falls cannot be eliminated but we can reduce risks". For example we are looking at current infections, footwear, medication clutter or obstacles.

People received their medicines safely. People's medicines were stored securely and were administered by registered nurses. Systems were in place to audit medication practices, clear records showed when medicines had been administered or refused. The home had been audited by the dispensing pharmacy in January 2017 to make sure that practice was safe for the people using the service. The pharmacist's audit raised no concerns. Two medication errors had been reported in the last 12 months. These had been investigated by the provider using a root cause analysis protocol. For example, to look at the possible reasons why the error had taken place and how to prevent future mistakes.

Risks to people, visitors and staff were reduced because there were regular maintenance checks on equipment used in the home. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Windows had restrictors to prevent them from being opened too fully. There was an emergency plan in place to appropriately support people if the home needed to be evacuated. Personal emergency evacuation plans (PEEP's) had been prepared; these detailed what room the person lived in and the support the person would require in the event of an emergency.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. Throughout the inspection we saw staff were able to engage with people and support them to be as independent as possible. One person told us, "They [staff] are all wonderful; they know us all so well". One visitor told us, "The staff all know what they are doing, they are great".

Staff received the training they needed to meet people's specific needs. The provider maintained a staff training matrix which detailed training completed by staff and when refresher training was due. The training matrix showed 91% of training needs had been met. One member of staff told us, "We recently completed dementia training; it really made me aware of how difficult it can be if there is too much noise going on in the background when trying to talk to someone. Now I am aware of background issues, I will ask if I can turn the radio down or mute the TV so the person can concentrate on what I am asking. It has really made a difference". One relative told us, "The staff are all very good, they really do know how to motivate [relative] and try to keep them as independent as possible".

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where concerns were identified with people's nutrition, staff sought support from professionals such as GP's and speech and language therapists. People could choose to eat in the dining room, lounge area and some choose to eat in their rooms. Meals were served by the chef from a hot trolley in the dining room. Where people needed their meals on a tray these were nicely presented. Staff ensured people who did not need support were served their meals first; they told this left them free to stay with people who did need their support. Where needed plate guards and cups fitted with a lid enabled some people to maintain a level of independence when eating and drinking. Information about people's likes and dislikes had been recorded and important information about people's preferences, abilities and risks were made available to catering staff.

However the lunchtime experience for people was not always a positive experience. One visitor told us food served to their relative was often, "dry". There were mixed messages about the quality and variety of food. Comments included, "I would not recommend the food". "I am very fed up of being offered mash potato", "The food is ok, I am sure we could ask for an alternative if we wanted it". On the day of the inspection some people on special diets were offered the same meal at tea as they had been given at lunch time. We addressed our concerns with the registered manager who took immediate action. Following the inspection the registered manager informed us, "We have reviewed the current menu with the head chef, and we will ensure to an alternative meal is offered to avoid duplication. We will also ensure all carers are aware of alternative choices such as omelettes or salads we are reviewing different textured meals to ensure variety".

The registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA). 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. Care plans included MCA assessments and clearly stated if the person had capacity to agree and give consent

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 whether any conditions on authorisations to deprive a person of their liberty were being met. Records demonstrated a DoL's application had been made for one person who required constant supervision. A best interest meeting had been held with family and healthcare professionals and a best interest decision made and recorded.

Staff monitored people's health and ensured people were seen and treated for any acute or long term health conditions. We observed a staff handover between shifts which showed staff noticed changes in people's well-being. The home had an arrangement with a local GP who visited the home on a monthly basis; they also made visits on request. The registered manager told us people were offered this service on assessment, but were also very welcome to remain with their own GP. The registered manager told us it was difficult to get visits from other health professionals, to address the issue a stakeholder questionnaire box for suggestions and feedback was present in the reception area.

Is the service caring?

Our findings

The home continued to provide a caring service to people. Interactions between people and staff were extremely kind and caring. Staff interactions were warm, spontaneous and respectful, laughter and playful dialogue was witnessed throughout the day. One person told us, "I have no problem what so ever, the staff are friendly, caring and attentive". Another person said, "The staff are all lovely, very caring and they get on well together. I could not be better cared for anywhere else no matter how much I paid". A visitor told us, "The staff are brilliant, always polite and very respectful. They look after [relative] very well." Another visitor told us, "I can visit whenever I wish, I come at all different times of the day. I have never witnessed anything that has concerned me".

Staff respected people's privacy. All rooms at the home were for single occupancy. People could spend time in the privacy of their own room if they wanted to. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people feel at home. Staff knocked on doors and waited for a response before entering. We noted staff never spoke about a person in front of other people at the home which showed they were aware of issues of confidentiality. Staff addressed people using their preferred name and they were discreet when offering people assistance with personal care needs. For example care signs informing people personal care was taking place were put on the door to prevent people from entering the room. One person told us, "The care here is excellent, you really can't fault it. The staff always treat me with kindness and respect particularly when supporting me with personal care".

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis. Some people said they had seen their care plans and agreed with it whilst others indicated they knew they had one but had not seen it. One person said, "I am in total control of my care and support, it great". A recent residents meeting showed people had been asked to volunteer to sit on interview panels for employment of new staff. The registered manager had told us it was important the "Residents help to choose who would be looking after them".

Compliments seen included comments, "Our grateful thanks to you and your amazing team of nursing and care staff, I have been very impressed with the truly outstanding level of care". "Thank you very much for all the kindness and excellent support and care you give to [relative]. We always felt they were well cared for and safe".

Frethey House had attained the Gold Standards Framework (GSF) accreditation. The GSF is a nationally accepted approach to providing better outcomes for people approaching end of life care. Care plans included advance decisions for people, which showed staff had taken the time to have a conversation about how they would like to be cared for when approaching end of life and possibly not able to make those decisions. This meant people could be assured their wishes would be carried out and respected. At the time of the inspection a person receiving end of life care was being visited frequently throughout the day by nurses monitoring the person for discomfort and distress. Clear instructions were given to care staff regarding care interventions when required.

The home had been awarded a quality hallmark for people in their final years. There were numerous compliments thanking the team for, "Skilful nursing," and keeping people comfortable and free from distress in their final days.

Is the service responsive?

Our findings

The service continued to be responsive. People received care and support which was responsive to their needs and respected their individuality. The registered manager told us each person had their needs assessed before they moved to the home and from these assessments they created person centred care plans.

Care plans had been developed from the information people provided during the assessment process and had been updated regularly to help ensure the information remained accurate. The registered manager told us, care plans were currently being reviewed, letters had been sent to families informing them of the reviews. One visitor told us, "They are very good at keeping us informed of what is going on and keeping up to date with any changes in [relatives] needs. We recently had a review, the registered manager is very open and honest. We all felt very supported".

People were receiving care in line with their care plans. The care plans and daily records were completed by the registered nurses, and were securely stored in the nurse's station. Care staff did not record in the plans and on occasions seemed unsure of what was written in the care plans. However care staff felt they received, "Informative handovers" which kept them up to date of any changes in need. Following the inspection the registered manager told us to ensure all care staff familiarised themselves with people's care plans they would ensure they would be given time to read and signed each care plan. Care staff were given clear instructions at the daily handover regarding their responsibilities for the shift and were observed to be reporting any concerns to the registered nurses.

The registered manager and activity coordinators ensured people were able to take part in a range of activities according to their interests. Activities were provided seven days a week, by the provider. Where people either chose not to take part in activities or were unable to join in the group activities, activity coordinators ensured they visited these people every day and offered one to one time with an activity of their choice. Some people were frail and were nursed in their bedrooms but still received a daily visit from the coordinators. An activity coordinator told us, "It is very important we make sure we see people who may not be able or wish to come to the group activities, so people don't become isolated or lonely". On the day of the inspection a group of people were going out to a valentine cream tea. Everyone returned saying what a wonderful time they had all had.

The service sought people's feedback and took action to address issues raised. Any issues raised from the feedback questionnaires were dealt with and people and relatives informed of the issue raised and action taken. For example at the recent 'residents forum in January 2017, issues with regard the heating and variety of food were discussed. The minutes showed people were informed of the action taken to address the concerns. Heaters were being used until the heating issue was resolved, a survey had been conducted to look at people experiences of food. The registered manager was awaiting the results of the survey at the time of the inspection.

Each person received a copy of the complaints policy when they moved into the home. None of the people

we spoke with had any complaints about the quality of care they received at Frethey House. People were aware of how to make complaints and we saw that copies of the service's complaints procedures were displayed at various locations around the home. Any formal complaints had been investigated and resolved to the satisfaction of the complainant. We viewed the complaints records and these showed that complaints were taken seriously and responded to within agreed timescales.

Is the service well-led?

Our findings

The service continued to be well led. There is 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 2008 and associated Regulations about how the service is run.

The registered manager was appropriately qualified and experienced to manage the home. They kept themselves up to date with good support from the provider and by attending regular external training. The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The registered manager had an open door policy. Staff told us they felt very supported by the registered manager, comments included, "We really are very well supported, the registered manager is always around and will lend a hand if they can see we need it." "We have a very good manager who supports us to have a good work life balance. The door is always open". People and their visitors also spoke of seeing the registered manager around the home. One person said, "Always around will have a chat and laugh". The manager clearly knew people and their visitors well. Staff morale was good and there was a relaxed and happy atmosphere in the home.

There was an open, empowering culture which focused on people's individual needs. Staff were monitored to provide support to the required standard, by way of regular supervisions and appraisals. There was a staffing structure in the home which provided clear lines of accountability and responsibility. There were two registered nurses on duty throughout the day with an average of seven care staff. At night there was one registered nurse and three care staff. A deputy manager had recently been appointed, it was planned they would divide their role between nursing and administration.

The provider had a quality assurance system to check people's needs were being met. The regional manager and registered manager carried out a programme of monthly audits and safety checks. These included reviewing care plans, medicine administration records, health and safety training checks. The registered manager told us, "I am very supported and never asked to cut corners". The registered manager had a vision for the home which was to make sure the service was person centred and provided a stimulating and enabling environment for people. The vision was supported by the provider and communicated to staff through day to day discussions, one to one supervisions and team meetings.

There were effective quality assurance systems in place to monitor care and plan on going improvements. These included reviewing care plans, medicine administration records, health and safety checks, significant events and emergency plans. Systems were in place to analyse trends and consider any actions needed to prevent recurrence. Each person received an information booklet when they were assessed. The booklets contained the aims and objectives of the service, mission statement, and philosophy of care, complaints procedure, advocacy contacts and information about staff. People confirmed they had read the booklets

and were aware of their rights and how to complain if they needed to.

The home's records were well organised and staff were able to access information from within people's care notes. The registered manager planned to ensure all care staff signed to say they had read and understood people's care plans. Regular audits designed to monitor the quality of care and identify areas where improvements could be made had been completed. Where issues or possible improvements were identified these were always addressed and resolved promptly and effectively.