

Bupa Care Homes (ANS) Limited

Freelands Croft 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

About the service

Freelands Croft Care Home is a residential care home providing personal and nursing care for up to 64 people who may be living with dementia. Accommodation was on two floors in a purpose-built building.

People's experience of using this service and what we found

People received care and support that was safe. People were protected from avoidable harm and abuse. There were enough staff deployed to support people safely. The provider met good practice standards with respect to managing medicines and preventing the spread of infection.

People received care and support that was effective and based on detailed assessments and care plans. Staff received training to maintain their skills. The provider worked with the local hospital to improve people's experience when discharged from hospital. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were caring and kind interactions between people, their care workers and other staff. These were based on compassion and understanding of people's needs. Staff respected and promoted people's privacy, dignity and independence, and encouraged people to be involved in their care.

People's care and support met their needs and reflected their preferences. The provider was aware of best practice guidance with respect to meeting people's communication needs. People had access to a range of relevant activities designed to avoid social isolation.

The service was well-led. There was focus on meeting people's individual needs and preferences. The provider worked in cooperation with other agencies and worked to continuously improve the service people received. This was supported by effective management and quality systems.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 12 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Freelands Croft Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team comprised an inspector and an assistant inspector.

Service and service type

Freelands Croft Care Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with people who used the service and visiting relatives about their experience of the care provided. We spoke with the registered manager, two regional support managers, and ten members of staff, including care workers, nurses, kitchen and housekeeping staff. We spoke with a visiting healthcare

professional.

We observed the care people received in the shared areas of the home, including part of a medicines round. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and medicines records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed the evidence we gathered during the inspection and information sent to us by the provider during and after the inspection to rate the service according to our published characteristics of ratings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems, processes and procedures in place to protect people from the risk of abuse and poor care. Staff had training in safeguarding, were aware of safeguarding issues and how to respond to them.
- The provider followed their processes if concerns were raised about people's safety. Records showed concerns were reported and followed up. The provider cooperated with other agencies such as the local authority. The provider notified us as required by regulation when certain events occurred.

Assessing risk, safety monitoring and management

- The provider assessed risks to people's safety and managed risks to keep people safe. People had individual risk assessments, such as for their risk of falls. Staff took steps to keep people safe from accidental injury, for instance by making sure foot rests were in place when people used their wheelchairs.
- Most staff were aware of people's risks and knew how to react to reduce and manage common risks, such as how to use thickeners if people were at risk of having difficulty swallowing drinks. However, some staff were not fully aware of the detailed information in people's care plans and risk assessments concerning less frequent risks, such as if a person had a seizure. We discussed this with the registered manager who said they would address this promptly.
- The provider took appropriate steps to make sure the building and equipment used were maintained in a safe way. There were regular maintenance and safety checks on equipment used to support people. A fire risk assessment had recommended actions, all of which were signed off as complete. People had individual evacuation plans showing the support they would need in an emergency.

Staffing and recruitment

- There were enough staff, with the right skills, to support people safely and according to their needs. We saw staff went about their duties in a calm, professional manner, and were able to spend time with people. Staff told us their workload was manageable.
- The provider's recruitment practices included the necessary checks that staff were suitable to work in the care sector. Staff files included the records required by regulations to be kept, including details of nurses' up-to-date registration.

Using medicines safely

- The provider had processes in place to make sure people received their medicines safely and as prescribed. This included appropriate protocols and records for medicines prescribed to be taken "as required". Medicines records were accurate, complete and up to date. The provider had suitable arrangements in place to store medicines securely and according to the manufacturers' guidance.

- People received their medicines from staff who had appropriate training. There were weekly and monthly audits to check staff administered medicines according to the provider's policies and procedures. Records showed any discrepancies identified in these audits were followed up.

Preventing and controlling infection

- The provider had arrangements in place to make sure the home was kept clean and hygienic and people were protected from infections. These included quarterly audits, use of suitable protective equipment such as disposable aprons and gloves, and promotion of hand hygiene. There was an annual statement of the status of infection control processes in line with government guidance.
- Arrangements were in place to maintain high standards of food hygiene. The service had a food hygiene standard rating of "very good".

Learning lessons when things go wrong

- The provider had processes and procedures to learn from accidents and incidents. These were recorded by staff and followed up. The provider analysed falls to identify any trends or patterns. Other incidents were followed up individually, for instance by referring the person to their GP.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service achieved good outcomes for people by delivering care based on effective assessments and care plans. Care plans were person-centred and identified individual needs and preferences across different areas of care. The provider reviewed care plans regularly to make sure care continued to be in line with people's changing needs.
- People's assessments and care plans took into account relevant standards and guidance. The provider's policies and procedures took account of best practice guidance, legislation and other standards. The service consulted specialist healthcare professionals to make sure people's care plans met their needs effectively.

Staff support: induction, training, skills and experience

- People had their needs met by staff with the right skills and knowledge. There was a wide-ranging training programme for staff which included training in specific needs and conditions, such as dementia care, and managing distressed behaviours.
- Induction for new staff was based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector. Induction included a period shadowing more experienced staff. The provider encouraged staff to obtain relevant qualifications and diplomas. A visiting relative told us, "The staff are really very good. I am very happy [Name] is here."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff involved people in choices about what they ate. People had a choice of hot meals and drinks. Staff knew about people's individual choices and preferences and prepared their meals accordingly. Staff supported people at meal times in a discrete and professional way.
- People had a balanced, healthy diet which took into account their needs. Kitchen staff told us they were able to adjust menus according to feedback from people. Kitchen staff took particular care to make sure pureed meals appeared appetising.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other specialist agencies and professionals to make sure people had consistent care when moving between services. These included community nurses, specialist nurses, GPs, community mental health professionals and specialists in older people's care.
- The provider worked closely with the local hospital to improve the efficiency of admission, discharge and assessment services. Two beds in the home were commissioned as part of a scheme to allow people to be discharged from hospital while their longer-term needs were assessed.

Supporting people to live healthier lives, access healthcare services and support

- People's care and support took into account their day to day health and wellbeing needs. People could join in group activities designed to support their wellbeing, such as gentle exercise, walks and singing sessions. The service participated in schemes, such as pets as therapy, intended to improve people's wellbeing.
- People had access to healthcare services. Staff supported people to attend GP and other appointments, including a weekly routine visit to the home by their GP. The provider worked with other healthcare professionals, including the community mental health team, to make sure people's support met their needs.

Adapting service, design, decoration to meet people's needs

- The decoration and design of the home met the needs of people living with dementia. For example, there were memory boxes outside people's rooms to help them recognise their own room.
- There were suitable shared areas in the home and an enclosed garden which people could use to spend time together with visitors or to take part in activities. The garden included raised beds and accessible paths for wheelchair users. There were shaded areas for sitting out, and bird feeding stations to add interest for people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

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 had the appropriate legal authority and were being met.

- Staff understood the legal requirements and good practice guidance if people lacked capacity. Staff training included considerations of mental capacity and deprivation of liberty.
- People's legal rights were upheld if they were assessed as lacking capacity. Records of capacity assessments were in line with the MCA and its associated code of practice. The provider applied for the relevant authorisations where people were at risk of being deprived of their liberty. The provider had supported a person to challenge a decision made by the supervising authority.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and respect. There were positive interactions between people and staff. People were happy and relaxed around staff. Staff showed a kind, caring approach when talking to people, their families and each other. A visiting relative told us they found the home to be "warm and welcoming".
- There was a focus on supporting people with compassion. Staff responded promptly if people needed help or appeared distressed. During conversations, people could take the subjects where they wanted, and staff followed.
- There were positive interactions between staff and people. People responded to these interactions positively. Their body language and facial expression suggested an improvement in their mood afterwards.

Supporting people to express their views and be involved in making decisions about their care

- The provider encouraged people to take part in decisions about their care. Staff showed a person-centred approach, by listening to people's wishes and responding to them. Staff made sure it was easy for people to make eye contact with them, spoke slowly and clearly, and gave people time to express their views.
- Staff had time to have meaningful conversations with people. They discussed people's wishes and preferences as they supported them. Where people wished to be involved in daily tasks, staff supported them to do so. For example, a person was supported to sweep the floor of the dining room after lunch.

Respecting and promoting people's privacy, dignity and independence

- There were arrangements in place to make sure people's independence was respected and promoted. People's care plans were focused on helping them to be as independent as possible. Staff supported people to do things, such as holding an adapted drinking cup, in preference to doing things for them.
- Respect for people's privacy and dignity was reflected in people's day to day care and support, such as by knocking on their door before going in. Staff made sure people were appropriately dressed. Staff treated people as individuals. For example, during a social gathering in one of the shared lounges, staff introduced new arrivals to people already sat at a table, and encouraged them to talk among themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff supported people according to their care plans in ways that met people's needs and reflected their preferences. Care plans were personalised and identified individual needs, likes, and dislikes across different areas of care. There was a system of logs, checklists and other forms for staff to use to show people had received care according to their care plans. There was a daily heads of department meeting which reviewed any changing needs people had.
- People's care and support allowed them to have choice and control. The provider engaged with people and their families if appropriate. There were formal and informal opportunities for this, for instance a regular coffee morning for people and their families. There was a "You said; We did" poster in the entrance to the home to feedback how the service had responded to points raised.
- The provider had processes and practices in place to ensure any protected characteristics under the Equality Act 2010 would be respected. They explored people's cultural backgrounds, spiritual and religious needs to ensure these could be met and respected in all aspects of care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the legal requirements of the AIS. The provider had an accessible information policy in place which informed people's care plans. These included any needs arising from a disability or sensory impairment and steps staff should take to meet them. For example, the service had picture cards to help people make menu choices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people to take part in activities that were relevant to their interests and personal history. Recent excursions included trips to a garden centre, a seaside resort and a military museum, which particularly interested the men in the party.
- There was a regular programme of events four times a day, including one in the early evening which gave care staff an opportunity to be involved. These included activities such as reminiscence sessions, board games, and bingo.
- The provider supported people to avoid social isolation. There were regular events such as a weekly social gathering, coffee mornings, and a weekend cream tea. Other activities and events were scheduled to

coincide with calendar events such as pancake day and Easter Sunday.

Improving care quality in response to complaints or concerns

- The provider had a suitable process and policy for dealing with complaints. This was available to people living in the home and their visitors. There had been one complaint in the year before our inspection. This had been followed up and investigated.

End of life care and support

- The provider had processes and procedures in place to make sure people at the end of their life had a comfortable, dignified and pain-free death. Where possible people could choose to spend their final days at the home. Staff were trained to administer the necessary medicines if required.

- End of life care and support was delivered with compassion and empathy. Staff took into account the needs of the dying person's family. The registered manager had plans to convert a meeting room with suitable furniture for family members to use if they stayed overnight. The provider had links with a local hospice for advice and guidance about end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well led and promoted good care, which maintained people's independence, privacy and dignity. These values were understood by people and their families, and the staff team was motivated to achieve them.
- The registered manager promoted a positive culture through meetings and less formal contact with staff. The provider took positive steps to promote equality and diversity in the staff team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities under the duty of candour. The provider had an open, transparent approach to communication with people and their families.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was an effective governance and quality system in place. There was system of internal audits which took place at varying frequencies dependent on the subject. These included a quarterly health and safety self-assessment.
- There was a good understanding of quality performance throughout the organisation. Audits included consideration of people's choice and control, and dignity and respect.
- A monthly "first impressions" checklist was completed by a different staff member each month. Findings from these audits were incorporated in an audit action plan to track the progress of resulting actions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider encouraged people who used the service and others to engage with and be involved with the service. There were regular formal and informal groups for this, including meetings, coffee mornings and a daily walk round by the registered manager.
- The provider used annual surveys to get feedback from people and staff. The most recent survey had 90% satisfaction with the service they received.

Continuous learning and improving care

- The provider had a system in place to improve the service. There was an ongoing quality improvement

plan which identified actions from a variety of sources, including from a review of the home by a regional director.

Working in partnership with others

- The provider worked in partnership with other agencies to establish multi-disciplinary teams to meet people's care needs. The service worked closely with the community nursing team, and specialist nurses in diabetes care, Parkinson's disease and skin health.
- The provider had a positive relationship with social services, the clinical commissioning group and the local NHS hospital.