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Freshford Cottage Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Freshford Cottage is located in Seaford with parking on site. The original building has been extended, there are communal rooms on the ground floor; a lift enables people to access all parts of the home, and there are accessible gardens to the front and side of the building.

The home provides support and care for up to 18 people with nursing and personal care needs. There were 17 people living at the home at the time of the inspection. Some people had complex needs and required continual nursing care and support, including end of life care. Others needed support with personal care and assistance moving around the home due to physical frailty or medical conditions such as diabetes, and some people were living with dementia.

The registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.¹ A manager had been appointed prior to the inspection. They told us they would be applying to register as the manager of the home with CQC.

The inspection took place on 24 October 2016 and was unannounced.

At the comprehensive inspection on 28 September and 2 October 2015 the overall rating for this service was requires improvement. The inspection found improvements were required in relation to providing safe care and treatment for people at risk, record keeping and assessing and monitoring the service provided and, there was no registered manager in place.

The provider sent us an action plan and told us they would address the issues by 14 January 2016.

During our inspection on 24 October we looked to see if improvements had been made and a manager had been appointed. We found improvements had been made, the provider was now meeting the regulations, and a registered manager was in place although further work was needed to ensure systems were embedded into practice.

A quality monitoring and assessing system had been developed and had identified some areas where improvements were needed. However, further work was required to ensure the system picked up the areas we found in the inspection; including the gaps in medicine records, limited information in the daily records and signage in people's rooms. The provider had a monitoring system in place that had identified areas where improvements were needed and, offered on going support to develop a robust system.

Risk assessments had been completed as part of the care planning process and staff demonstrated how they guided them to support people safely to move around the home and reduce the risk of pressure

damage and falls. Staff had attended safeguarding training and demonstrated an understanding of what action to take if they had any concerns.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management and staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People said the food was good, they were offered choices and staff were observant and took action if people lost weight. Activities were provided each weekday afternoon and people enjoyed participating in these.

Relatives and visitors were welcome at any time and felt involved in decisions about the support and care provided.

A complaints procedure was in place. This was displayed on the notice board near the entrance to the building, and given to people, and relatives, when they moved into the home. People said they did not have anything to complain about, and relatives said they were aware of the procedures and who to complain to, but had not needed to use them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Medicines were not managed safely because information about people's prescribed medicines had not been included in the medicines folders.

Risk to people had been assessed, and staff followed the guidance to ensure people were not put at risk.

The staffing levels had been reviewed to ensure they were sufficient to meet the needs of people.

Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

Is the service effective?

Good 

The service was effective.

Staff had attended training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had an understanding of supporting people to make choices.

Staff had received fundamental training and provided appropriate support.

People were provided with food and drink which supported them to maintain a healthy diet.

People had access to appropriate healthcare professionals when they needed.

Is the service caring?

Good 

The service was caring.

Staff communicated effectively with people and treated them with kindness and respect.

The registered manager and staff approach was to promote independence and encourage people to make their own decisions.

People were encouraged to maintain relationships with relatives and friends. Visitors were made to feel very welcome.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they moved into the home.

People's support was personalised and care plans were reviewed and updated when people's needs changed.

People decided how they spent their time, and a range of activities were provided depending on people's preferences.

People and visitors were given information about how to raise concerns or to make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Quality assurance and monitoring had been developed and audits had been introduced, but additional improvements were needed.

There were clear lines of accountability and staff were aware of their roles and responsibilities.

People, relatives and staff were encouraged to provide feedback about the support and care provided.

Freshford Cottage Nursing 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.

The inspection took place on 24 October and was unannounced. The inspection was carried out by 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 service.

Before the inspection we looked at information provided by the local authority, contracts and purchasing (quality monitoring team). We reviewed the records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events with the service is required to send us by law. We also looked at the provider information return, which is a form that asks the provider to give some key information about the service, what they do well and any improvements they plan to make.

During the inspection 12 people told us about the care they received and we spoke with four visiting relatives and one friend. We spoke with 10 members of staff, including the cook, housekeeping staff, maintenance staff, care staff, activity person, registered nurse, the administrator and the registered manager.

We looked at a range of documents. These included assessment records, four care plans, medicine records, the staff training plan, four recruitment records, supervision and appraisal records, accidents and incidents, quality audits and policies and procedures.

Some people who lived in the home were unable to verbally share with us their experience of life at the

home, because of their dementia needs. We spent time with people in their own rooms and in the lounge and, 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.

Is the service safe?

Our findings

At our inspection on 28 September and 2 October 2015 we found the provider was not meeting the legal requirements in relation to ensuring there were safe systems in place to support people at risk. The provider sent us an action plan stating improvements would be completed by 14 January 2016. At this inspection we found the provider met the regulation regarding supporting people at risk and that staff provided appropriate support based on the risk assessments in their care plan.

People told us they felt comfortable and the staff looked after them very well. They said, "I feel very safe here, the staff are all so kind and they look out for you all the time." "I do feel safe here, the staff are lovely and they have a laugh with you" and, "The staff are quite good at answering the bell and very quickly at night." Relatives told us the staffing levels had improved and they never seemed to be in a rush. They said, "They are quite safe here I think and there are enough staff around if they need anything" and, "The manager and staff make sure everyone is safe and well looked after. If residents need anything there is always someone around, but to be honest staff ask people all the time if they are comfortable and if they want anything." Staff told us there were enough of them on each shift to ensure people were supported to be independent in a safe environment. One said, "Some people are at risk when they move around, but while they can still do this with our help and they are safe, we must make sure we don't limit them."

People had been risk assessed with regard to managing their own medicines, no-one at the home managed their own and no-one received their medicine covertly, that is, without their knowledge or permission. We observed the nurse at lunchtime giving out medicines. They used the medication administration record (MAR) to check the prescribed medicines, when it was due and the quantity required. The MAR contained photographs of people for identification purposes, details of their GP and allergies. Staff locked the medicine trolley when leaving it unattended and did not sign MAR until medicines had been taken by the person. People were offered a drink and were assisted to take medicines if required. Staff followed the medicine policy with regard to medicines given 'when required' (PRN), such as paracetamol. The reverse of the MAR was completed for PRN medicines, and staff said these charts were only completed when the medicines had been actually given, with an explanation as to why they had been administered, such as paracetamol for a headache. Protocols had been written with evidence of GP involvement for staff to use as guidance when people were unable to tell them if they were uncomfortable or needed pain relief. These included details of the person, their GP, the name of the medicine, the maximum dosage over 24 hour period and the minimum interval between doses, such as 4-6 hours. The medical condition/behaviour the medicines were to treat/control. Why the person may not be able to communicate their need for the medicines; such as not being aware of using the call bell to call for assistance and, guidance for staff to follow to ensure people receive the medicines they need. The manager said these protocols had only recently been developed, they were kept in a separate folder in the medicine room rather than in the MAR folder, staff did not have easy access to refer to them when they gave out PRN medicines, which meant people may not receive the medicines they needed. The registered manager said they would be attached to the MAR.

Staff had an understanding of risk assessments. Staff said they followed the assessment to ensure that

people were safe, but not restricted. "They are as independent as they can be and we let them decide how much support they want." The assessments had been based on each person's specific needs and included mobility and moving and handling, nutritional risk with details of special dietary needs, risk of pressure damage and systems were in place to reduce this and risk of falling. For example, a malnutritional universal screening tool (MUST) had been completed, to assess people's nutritional risk. One person had lost weight over a period of weeks. The registered manager and staff were aware of this and had contacted the GP for advice and referral to the dietician to assess their dietary needs. Staff told us, "(X) usually eats very well and we have spoken to the family. We try and encourage (X) to have extra calories between meals as well as the extra cream and cheese in the meals."

Mobility and moving and handling risk assessments had identified people who were unable to stand up unassisted or could only walk a short distance and were at risk of falls. Records showed the level of support they needed, such as full body hoist or stand-aid. Staff said this also depended on how they felt, "Residents need more help some days than others, we have to assess them each time" and, "We are all the same really we can do more some days than others. Residents one day may be able to stand a walk a few steps, on other days we may use the stand aid, just depends." Staff followed the provider's guidance with two staff using hoists; they took their time and explained to each person what they were doing. They were aware of the type and size of hoist slings required for each person as recorded in their moving and handling profile and risk assessment. One person said, "I need them to help me move around, I can't walk by myself and they are very kind." Staff told us the risk assessment were reviewed when people's needs changed and relatives were consulted if they felt additional support was needed. Records showed that risk assessments were up to date and had been reviewed with people and their relatives.

The management of medicines had been reviewed following the last inspection and appropriate arrangements were in place for people to receive their prescribed medicines. The policies and procedures had been updated and as recommended at the last inspection the National Institute for Health Care Excellence (NICE) guidelines were available for staff to refer to. Medicines were stored in secure cabinets inside locked rooms on the ground and first floor and were ordered, delivered, stored and disposed of effectively. Medicines requiring refrigeration were stored in a fridge, which was not used for any other purpose. The temperature of the fridge and the room which housed it were monitored daily to ensure the safety of medicines.

The registered manager said the staffing levels were based on the needs of people living in Freshford Cottage. The moving and handling profiles and risk assessments were used as a dependency tool to assess how many staff were required to safely support people and as people's needs changed then the staffing levels would be increased to meet them. People and staff told us there were enough staff working in the home. People told us, "We don't usually have to wait long for staff when we call them." "There are always some staff around, they are very good" and, "I think there are enough staff and they are always willing to help me." Staff said there were enough staff, this meant they could care for people without being rushed. One told us, "We actually have the time to sit and talk to people here, at my last home we were so busy we very rarely spent time with people, which is a really important part of our job."

Recruitment procedures were in place to ensure that only suitable staff worked at the home. We looked at the personnel files for four staff. There were relevant checks on prospective staff's suitability, including completed application forms, two references and evidence of their residence in the UK. A Disclosure and Barring System (Police) check, which identify if prospective staff had a criminal record or were barred from working with children or adults, had been completed for all staff. Systems were in place to check nurses were registered with the Nursing and Midwifery Council (NMC) and therefore able to practice as a registered nurse. This meant they had the correct registration to provide nursing care.

As far as possible people were protected from the risk of abuse or harm. Staff had received safeguarding training; they understood the different types of abuse and how they might relate to the people they were supporting. For example, people living with dementia or being care for in bed. Safeguarding issues were discussed at staff meetings and staff described the action they would take if they had any concerns. One member of staff told us, "If I saw anything that I thought was not right I would report it to the person in charge and then to the manager. If I thought nothing was being done I would ring social services. We have a policy that we have all read and there is a whistleblowing number in the offices." If they felt their concerns had not been addressed to their satisfaction they would contact the local authority or CQC. A new member of staff said they had completed the on-line safeguarding awareness before they started work at the home.

Accidents and incidents were recorded. Staff said if an accident or incident occurred they would inform the nurse on duty and an accident form would be completed. Staff were also aware that in some instances a referral would be made to the local authority under the safeguarding guidelines.

The home was clean and well maintained. People had personalised their rooms with ornaments and furniture of their choice. Records showed equipment was checked regularly including the lighting, hot water, call bells and electrical equipment. The fire alarm system was checked weekly and the maintenance staff informed people that the fire alarm was to be checked during the inspection. External contractors maintained the lift, electricity supply and kitchen equipment, and if there were any problems staff were able to access their contact details.

There were systems in place to deal with unforeseen emergencies. Emergency evacuation plans were in place for each person with clear information about how much support people needed and what action staff should take. Staff told us a senior member of staff was always on call and they felt confident support would be available if they needed it. □

Is the service effective?

Our findings

People said staff understood their needs and the food was very good. They told us, "They come round and ask us what we would like to eat and they always make you something different" and, "There has been a lot of changes with a good new manager and a new chef. The food is very much better and I am a very fussy eater" and, "The food is very nice, we do get a choice and if you don't like anything on the menu they make you something different." One relative said, "A lot of things have changed in the last few months and things are settling down a bit. The staff look after residents very well and know how to support them." Staff demonstrated good knowledge of the needs of people living in the home and how to support them.

The training plan showed that not all staff had completed fundamental training. However, they were supported by other staff to ensure they provided the support and care people needed and, there was a system in place to identify shortfalls and training had been booked to ensure all staff completed these courses. The training provided included moving and handling, food hygiene, health and safety, safeguarding and dementia care. A new member of staff told us they had completed training in six subjects prior to starting work at the home and another said they shadowed more experienced staff until their induction was completed and they felt confident supporting people on their own. The induction training process had been updated to comply with the requirements of the Care Certificate. This familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life and, one member of staff had been booked with an external company to start this course.

Staff were supported to attend specific training that supported them in their roles. For example, one member of staff was following 'Rewards' training to assist with English speaking and another had been booked to attend this. Nurses confirmed that they had opportunities to support their professional development and they said they felt well supported by the registered manager. The registered manager carried out clinical supervision for nurses and there were RGN meetings where practice issues were discussed and recorded. The registered manager showed us that she had developed 'reflective practice' forms to assist nurses to gather evidence for re-validation to remain registered on the Nursing and Midwifery Council and, one nurse had recently completed this process.

Staff had attended, or were booked to attend, training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They had an understanding of the principles and practice, with some being more knowledgeable than others. However, all staff demonstrated a commitment to ensuring people were offered choices and people were supported to be independent and, daily records contained evidence of how staff asked for people's consent before providing care and were written in a respectful language. Staff told us, "When you think that residents might not have the capacity to make safe choices for themselves, there has to be an assessment carried out and families and other professionals involved. We just can't make that decision." "We are not allowed to restrain a resident in any way unless there is a DoLS in place. There has to be an assessment and this will usually be just one area of their life not across the board. We are here to support people to make their own choices as much as they can." "You really get to know people very well and if you think they are putting themselves at risk or can't make safe choices you have to record and report it. There would then be an assessment carried out by other professionals and any restrictions made have to

be in that person's best interests" and, "Sometimes restraints such as bed rails need to be in use for the safety of people. We can't just decide that without the correct process having taken place and been recorded. If people have the capacity to say whether they want them or not then that has to be respected."

Staff said they found supervision to be very supportive, although they were not up to date the registered manager was aware of this and supervisions had been booked to address this. The registered manager said staff meetings had been used as group supervision and nurses had carried out teaching and mentoring sessions with staff. There was a policy and process for annual appraisals to be carried out.

People's nutritional and medical conditions, such as diabetes, were taken into account when offering food and drinks. For example, one person who had insulin dependent diabetes had their blood sugars taken thirty minutes before their meal was due. The reading before lunch showed that the blood sugar was low, staff offered the person a glass of milk and a hot chocolate drink to bring their blood sugar up and did not administer the insulin. After lunch their blood sugar was again low so the insulin was not given. The nurse explained that they would do the blood sugar again in an hour and if found to be at a suitable level the insulin would be given. The person told us that the staff offered suitable food to support their diabetes and said they felt it was very well managed by the nurses.

The cook said choices were available for each meal and people could change their mind if they wanted something else. People were asked what they wanted for their main meal the day before, so that the cook had some idea of the amount to prepare, but it changed as and when people made their choices on the day. There was a four weeks menu plan and a list of people's drinks preferences and a birthday list were available in the kitchen. One person told us, "It's my birthday next week and they have already asked me what type of care I would like." Staff asked people what they wanted to eat. One person had a jacket potato and omelette, another had a sandwich, there were two hot choices for lunch and one person did not want their lunch so early and their meal was offered again later. The lunchtime meal was prepared and presented to meet people's needs, with mashed, pureed and cut up food provided as required. Staff asked people where they wanted to sit; one person sat at the dining table, while others chose to sit in the lounge area using small tables or in their own rooms. Individual trays with cutlery, napkins and condiments were provided and, although the main meal and sweet were given out at the same time, people said the sweet was not cold by the time they were ready to eat it. The atmosphere in the lounge/dining area was relaxed and people were comfortable sitting together. Relatives felt the food was good and people could have what they wanted. One relative said, "I think they have a good idea of what residents want and if they are concerned they ring me up and let me know." Staff said snacks and drinks were available at any time. We saw drinks were available for people who chose to remain in their rooms and biscuits and cakes were offered with the midmorning and afternoon drinks.

Staff said they would notice if people were not eating and drinking as much as usual and would report this to the nurse or the registered manager and they were confident GPs would be contacted if there were concerns. People were weighed monthly and records were kept to ensure staff were aware of any weight loss or gain. The registered manager and staff were aware that one person had lost weight over the previous months and they had requested a referral to the dietician from their GP. Staff told us, "We encourage them to eat what they want really and it can take some time for them to eat their meals, but we don't hurry them and keep an eye on what they actually eat."

People had access to health care professionals as and when they were required. Advice had been sought from the Speech and Language team (SALT) with regard to people's swallowing difficulties. One person required thickener in their drinks as they were at risk of choking; this was recorded in their care plans and staff followed the guidance provided by SALT. These included the continence nurse, dentist, optician and

chiroprapist. People and relatives said GPs visited the home when they were needed and staff felt they could contact them if they had any concerns. One person said, "Staff make an appointment for me and a carer normally takes me." A family member told us, "I always get a phone call if the doctor has visited."

Is the service caring?

Our findings

People and their relatives were very positive about the care and support they received. People said, "The staff are lovely, really kind and they will do anything you ask, it's like home from home" and, "A staff member did a portrait of me as they see me to go on my bedroom door, it's very nice. They are very kind and friendly." A visitor told us, "The staff here are lovely, very, very kind. It has really improved 100% in the last few months. There is a family feel and nothing feels regimented. Nothing is too much trouble and they will always have the time to chat to you."

Staff were kind and caring when they supported people throughout the inspection and responded quickly as their needs changed. One person who chose to remain in the bed said they felt chilly and staff immediately asked the maintenance person to increase the heating in the person's room, which they did. People said staff listened to them and respected their wishes, they chose when to get up and go to bed or to remain in their rooms if they wanted to. People had been asked if they had a preference for female or male staff, two people said they were happy with whoever they had. This had been recorded in their care plans and staff were aware of these preferences. Staff demonstrated a good awareness of people's individual needs and what was important to them. For example, in the lounge staff had placed family photos in close proximity to people on their personal tables so that they were easily accessible.

Some staff were very communicative and chatted and laughed with people as they provided support. Other staff did not communicate as well, but they were kind and considerate and very popular with people living in the home. One person said, "They are so kind and look after me so well." Staff were caring and patient when they asked people if they needed assistance and when they supported people to move around the home and transfer from wheelchair to armchair using hoists.

Staff regarded information about people as confidential and said they did not discuss a residents needs if, "Other people could hear us." Staff told us, "Residents information is totally confidential, we cannot talk to other residents or visitors about their needs, in fact we are very careful, we go into the staff room or the office if we need to discuss anything." "We have a confidentiality policy which we are given and we have to follow it. I wouldn't want anyone talking about me to other people without my knowledge" and, "If relatives ask us anything we suggest they talk to the nurse or the registered manager."

Staff said they respected people's privacy and dignity. We saw they knocked on each person's door, introduced themselves and asked for permission to enter before they walked in. People thought this showed how much staff cared about them. One person told us, "If I'm lying on my bed with my back to the door and staff can't see my face they always come in and check that I am ok." People felt they were treated with respect and staff made sure when they were supported with personal care that doors were closed and their privacy was protected. They said they were supported to decide what to wear and some had had manicures with their nails painted in colours of their choice. The hairdresser visited weekly and some people regularly had their hair done, "Which is lovely." Call bells had been placed within easy reach of people who remained in their rooms and when call bells were rung staff responded promptly. One relative told us their family member had been encouraged to use the bell. "You must ring the bell, it's no trouble."

Some people were living with dementia and staff demonstrated an understanding of their care and support needs. They explained that people may not be able to tell them verbally what they wanted or how they felt, but they understood them very well and knew from their expressions or reactions if they enjoyed their meals or if they were comfortable. Staff used eye to eye contact when they spoke with people and waited for a response before they provided assistance. One person living with dementia was encouraged by staff to eat their lunch. Staff said they could assist them, but they felt they should be independent for as long as they could be.

People told us their friends and relatives could see them at any time and staff agreed that there were no restrictions. Although they tried to encourage visitors not to attend early in the day, as staff assisted people to get washed and dressed. One person said, "I have people coming to see me every day, my friend is very independent and it is nice to catch up with what's going on." Relatives and friends said they could visit at any time. They said, "Staff make you feel really welcome, they offer us a drink and I could stay to have lunch if I wanted to." "I visit daily and know that (X) is very well looked after." "We visit often and come when we want" and, "The family visit every day, we're all local. I come after work." Staff knew relatives and friends very well. They welcomed them to the home, asked them how they were and staff let them know where the person they were visiting was in the home.

People had been asked if they wanted to discuss their future wishes and, it was clear in the care plans that if people chose not to discuss this their wishes were respected and recorded. End of life support plans had been recorded for some people, with the involvement of the person concerned and their relatives and staff had a good understanding of how to support people as their needs changed.

Is the service responsive?

Our findings

At our inspection on 28 September and 2 October 2015 we found the provider was not meeting the legal requirements in relation to ensuring there were safe systems in place to support people at risk. The provider sent us an action plan stating improvements would be completed by 14 January 2016. At this inspection we found the provider met the regulation regarding supporting people at risk and that staff provided appropriate support based on people's individual needs which were recorded in their care plans.

People were very positive about the care staff provided and they said there were a number of activities they could take part in if they wanted to. One person said, "There is usually something going on and we win a prize most days." Relatives told us activities were provided daily and residents could join in if they wanted to or just watch. Staff said they looked at each person's needs and provided support and care based on this, which was different for each person living at the home. A complaints procedure was in place, people and relatives said they would talk to staff if they were not happy with anything.

People's needs had been assessed before they moved into the home. The registered manager said if people wanted to move into the home their needs were assessed, to ensure they could provide the care and support they needed. Relatives said their family member's needs had been assessed before they moved into Freshford Cottage and this information had been used as the basis of the care plans. One relative said, "We were pleased (X) moved in here, they are really well looked after and keep us informed of everything that is happening. We have regular discussions about the care plans and if we think they are getting the right support." Another told us, "(X) is new here, but a care planning meeting has been spoken of and will happen when they have assessed what their needs are." There was evidence that the care plans had been reviewed with the involvement of people and their relatives if appropriate. The registered manager said they had been being reviewing and updating the care plans, to ensure they focused on personalised care for each person.

A document entitled 'Remember I'm Me' was kept in the red files in people's rooms. This gave an overview of the person's background, what their likes and dislikes were and things in their life that were important to them. Staff said this provided them with an opportunity to talk about things people were interested in and have some understanding of how people might like to spend their time; in particular people living with dementia. Staff told us changes to people's care was discussed at handover times, and during staff meetings, so that they were up to date with people's needs when they had been off work.

People told us staff looked after them very well, they understood the support and care they needed and staff encouraged them to make choices. They said, "It is a lovely place to be, I'm well looked after. I get up and go to bed when I want." "I like to have my room door open all the time, I don't like it shut" and "They always ask what I want and if everything is ok. They are so good, considering how different we are." Staff demonstrated a good understanding of personalised care. They told us, "It is about working with residents and supporting them the way they want to be supported, not the way we think they should be. There are care plans in place, but everyone has the right to change their mind." "We follow the care plans, but then ask everyone for their consent and work in a way that makes them feel comfortable and happy" and, "You can't treat everyone in the same way. We are all individuals and people should be treated the way you would want your family

member to be treated." Staff responded to people's specific needs and ensured that appropriate support was provided. For example, one person had refused to have their hair washed in the shower, they did not want to go to the hairdresser and this had an effect on their personal appearance. By talking this through with the person they found they did not like water on their face, so staff lowered the back of their wheelchair and used their sink like those in a hair salon. The person was then happy to have a regular hair wash.

People and relatives were positive about the activities provided. Activities were provided on weekday afternoons and people were informed of what was available by the activity person who printed and distributed a monthly information sheet. They said the sheet really gave people an indication of what was available, but this was flexible and depended on what people wanted to do each day. Group activities were provided in the lounge during the inspection. People were supported to join in if they wanted to and the bingo sessions were very popular. Records were kept of the activities and the activity person spent time with people who chose to remain in the rooms once or twice a week. Staff said they did not have the time to spend with people doing activities, although we saw they spent time talking to people, laughing and joking in a relaxed and friendly way. There were no organised activities at weekends and staff said they tried to spend more time with people. People said the staff were always happy to have a chat and usually they had more visitors at the weekend.

People told us they did not really have anything to complain about, but felt they were listened to when they did raise issues. One person told us, "I would talk to the girls if I had a problem, or my relatives. I don't think I have anything to complain about." The complaints procedure which was displayed on the notice board in the entrance and information about making a complaint was included in the statement of purpose, which was given to people and their relatives when they moved in. The registered manager said complaints were recorded with actions taken to address them and the outcomes of the investigation, which were also reviewed by the operations manager.

Is the service well-led?

Our findings

At our inspection on 28 September and 2 October 2015 we found the provider was not meeting the legal requirements in relation to ensuring an effective monitoring and assessment system was in place to ensure that people were protected against inappropriate and unsafe care and support and, and that secure and accurate records in respect of each person were maintained. The provider sent us an action plan stating improvements would be completed by 14 January 2016. At this inspection we found the provider met the regulation regarding monitoring and assessing the services provided and improvements had been made with regard to the records for each person's care and treatment. However, there were areas where additional improvements were needed to make these processes effective.

People, relatives and staff said they management of the home had improved in recent months and they felt confident that this would continue. They said the culture was open and relaxed and we observed this during the inspection. One relative said, "The home is well managed now, it's making a big difference." Support focused on encouraging people living at Freshford Cottage to make choices and ensure that appropriate care and support was provided.

The registered manager had been responsible for the day to day management of Freshford Cottage for five months and was aware that there had been no consistent managerial leadership at the home since August 2014. They said that since they had taken on the day to day responsibility of the home they had been supported by the provider to improve the services and ensure that appropriate nursing care was offered. The registered manager said they had worked with the operations manager and the provider to develop the quality assurance system, which had identified areas where improvements were needed and a number of audits had been introduced to monitor the care and support provided. These included audits of the care plans, medicine administration and accidents and incidents. However, more work was needed to ensure that assessment and monitoring was part of everyday practice and evidenced that action had been taken to address areas where improvements were needed. This had also been identified through the providers own monitoring system and they said ongoing support would continue to ensure the quality assurance system was robust.

We found there were a number of gaps in the MAR. Staff said these were when people had refused their PRN medicine and, there were a large number of gaps on separate MAR for prescribed topical creams, which were kept in folders in people's rooms. The registered manager said a local pharmacy had been booked to carry out a full medicines audit and provide staff training. In addition, the registered manager planned to assess each nurses competency following the training and if they were not felt to be competent they would not be able to give out medicines until they could evidence they were.

The daily records did not reflect the actual support and care we saw staff provided. Some staff said they had not attended training in recording the care they offered, they tended to follow what other staff had written and were not aware of how much information they needed to record. The registered manager said additional training was being arranged to enable staff to record the support and care they provided, which would include how staff encouraged people to be independent and make choices.

We asked to see the food and hygiene certificate that services are required to display. We were told they had been given a score of 1 and the registered manager was disputing this with Environmental Health (EH) and would inform us of the new score when the improvements recorded on the EH report had been addressed. The certificate was not displayed.

We noted that signs had been attached to wardrobe door or the wall beside their bed. These included the number of staff and the equipment needed to support people to transfer safely from their bed to chair and, the SaLT guidelines to ensure people were supported with their food and drink safely. These were for the benefit of staff and did not offer privacy and dignity in the event of visitors or maintenance people entering their rooms.

Although a number of activities were provided for people we were told that there was no budget for this. Funds were raised by running raffles at social events and occasionally when fund raising allowed an external entertainer may be brought in and, for special events. However, the day to day activities, including the prizes were the responsibility of the activity staff and any expenditure was replenished from petty cash when it was available. Staff said this meant they were limited in the number of external entertainers that visited the home and, there were rarely opportunities to take people on trips out.

People and relatives said they had been involved in decisions about the care and support they received and felt there had been a number of improvements in recent months. People told us, "I have lived in a lot of homes, I like it here, and the people (carers) are very friendly." "It seems to be getting much better here" and, "It's early days but everything has been very positive so far." Relatives said, "There has been a complete change and it's now tip top. There was a rough four months and there was a horrible feeling here, but it's so much better now." "They're a great bunch here, I can't fault the staff. There have been a lot of problems, but they are being resolved now" and, "The manager is very approachable and has a lot of empathy with families. I think she goes out of her way to ensure that people are cared for with dignity."

Staff said they enjoyed working at Freshford Cottage, they told us the registered manager was open and approachable and they felt supported. Such as when staff returned to work after a long absence, they were given light duties until they felt competent to return to full employment. They were aware of their roles and responsibilities and there were clear lines of accountability. Staff said, "The manager is very approachable. You can go to her at any time and she is very good at doing things straight away" and, "The nurses and manager are very supportive. You can go to them with anything and they will do their best to help. They are also willing to listen to new ideas." "I like working here, it is quite different from the other homes I have worked in and we work really well together as a team." Staff told us regular care staff and nurses meetings had started and the minutes showed that the management and staff discussed areas of concern and staff said they had been encouraged to put forward suggestions and make comments about the home and the support and care provided.

People and relatives felt involved in decisions about the care and support provided; they felt there had been a number of improvements in recent months and the meetings meant they could talk about the home and the services it offered. People told us, "I have lived in a lot of homes, I like it here, the people (carers) are very friendly." "It seems to be getting much better here" and, "It's early days but everything has been very positive so far." Relatives said, "There has been a complete change and it's now tip top. There was a rough four months and there was a horrible feeling here, but it's so much better now." "They're a great bunch here, I can't fault the staff. There have been a lot of problems, but they are being resolved now" and, "The manager is very approachable and has a lot of empathy with families. I think she goes out of her way to ensure that people are cared for with dignity." A poster on the notice board advertised a residents meeting for the 1st November and we saw that relatives were also invited.

