Stonehaven (Healthcare) Ltd

Frensham House

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

Overall summary

Frensham House is registered to provide personal care and accommodation for up to 14 people who are living with dementia and /or a physical disability. Nursing care is provided by the local community nursing team.

This inspection took place on 3 September 2015 and was unannounced. There were 14 people living in the home at the time of the inspection. The service was last inspected on 27 January 2014 when we found accurate records were not being kept. We checked at this inspection and found improvements had been made.

The service had a registered manager. 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 managed two care homes owned by this provider. They spent most of their time at the other home, and visited Frensham House one day a week to provide support and guidance to the manager.

Summary of findings

The manager who worked full time at Frensham House told us the registered manager was always available on the phone if they needed to contact them. Healthcare professionals said "The two managers are a good working team. They focus on making the home better for people" and "The manager is a shining example". There was an open culture in the service. Relatives commented "They're 100% approachable" and "They're always on the end of the phone". Relatives were confident if they made a complaint this would be dealt with. None of the relatives we spoke with had needed to make a complaint. They said "They wouldn't be here if I wasn't happy with it" and "There's nothing to worry about". Staff said if they raised any issues with their manager, they would deal with it straight away. One staff member commented "I can go to the manager with anything and everything".

People, relatives and healthcare professionals were complimentary about the care provided. Comments included "I couldn't ask for anything more, the staff are ever so kind" and "The staff are all lovely, they're very caring". A healthcare professional said "Everything is 100%. The standards are exceptional". Staff received training to make sure they knew how to deliver person centred dementia care. One staff member told us "We're proud to care for people and do the best we can". Staff treated people with respect and kindness. People responded to this by smiling and engaging with staff in a friendly way. Staff knew people's preferences and spent time speaking with each person individually. People enjoyed the conversations and visibly brightened whilst chatting. People were supported to have enough to eat and drink. Staff spent time encouraging people and chatting with them to make mealtimes a sociable experience. Relatives told us they were involved in the home and always made to feel welcome. One relative commented "They've been really good and like a family to me". Relatives felt involved in people's care and support and told us they were kept informed of any changes.

People were protected by staff who knew how to recognise signs of possible abuse. One staff member said "I wouldn't hesitate to raise concerns". There were sufficient staff to meet people's needs. Staff responded to people's needs and requests in good time. One staff member commented "We have time to spend with each person individually". Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people. Staff received regular training to make sure they knew how to meet people's needs and were encouraged to work towards diplomas in social care. A healthcare professional told us staff knew how to care for and support people who were living with dementia. People benefited from staff who knew them well and delivered care to ensure their needs were met.

People's needs had been assessed. The majority of people had been assessed as not having capacity to consent to care and treatment. Staff told us if people were not able to make decisions for themselves they spoke with relatives and appropriate professionals to make sure people received care that met their needs and was deemed to be in their best interests. People were being deprived of their liberty. The registered manager had made the appropriate Deprivation of Liberty Safeguards (DoLS) applications to the local authority. The front door was locked to keep people safe whilst the DoLS applications were in progress.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. Risk had been assessed for each person. For example, where one person's behaviour presented risks to themselves or others, staff had discussed the behaviours and agreed a plan to approach this person in a consistent way. The service had also sought advice from a consultant psychiatrist. This minimised the risk to the person and staff. Where accidents and incidents had taken place, the manager reviewed their practice to ensure the risk to people was minimised. Premises and equipment were maintained to ensure people were kept safe and there were arrangements in place to deal with foreseeable emergencies.

People's care plans contained information about their personal history and interests. The service had a dementia champion who was looking to develop more individual meaningful activities for people. For example, they told us they were trying to source an old typewriter for one person who used to work in administration. The service planned to open a sweet shop with old style sweets for reminiscence. On the day of our inspection, most people spent their time in the lounge. The television was on but not everyone was watching it. During the morning, staff spent time reading with several people.

Summary of findings

Activities took place every afternoon. People visibly brightened when the staff member responsible for activities entered the room. They brought in picture cards to discuss with people. Group activities including musical entertainment, pet therapy visits, games, reading and reminiscence were held on a regular basis. Arrangements had been made to meet people's individual religious needs. For example, communion was held at the home for one person.

There were systems in place to assess, monitor, and improve the quality and safety of care. The provider visited the service regularly and the manager carried out weekly and monthly audits. Where issues were identified, action had been taken. The management team wanted to develop and improve the service. The service had applied and been chosen to take part in a dementia awareness project with Plymouth University and the local mental health team. Staff used the information they had received to work towards providing a better service for people.

Summary of findings

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.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People received their medicines as prescribed. The systems in place for the management of medicines were safe and protected people who used the service.

Risks to people were identified. Staff had been given information telling them how to manage risks to ensure people were protected.

Good

Is the service effective?
The service was effective.

Staff had completed training to give them the skills they needed to ensure people's individual care needs were met.

People's rights were respected. Mental capacity assessments had been carried out and where a person lacked capacity to make an informed decision, staff acted in their best interests.

People were supported to have enough to eat and drink. Staff spent time encouraging people and chatting with them to make mealtimes a sociable experience.

Good

Is the service caring?
The service was caring.

Relatives were positive about the caring attitude of staff.

People were treated with dignity and respect. Staff spoke with people, explained what they were doing, and reassured them when supporting them with their care needs.

Staff were patient when supporting people with their care needs, allowing people time without rushing them.

Good

Is the service responsive?
Staff were responsive to people's individual needs and gave them support at the time they needed it.

Staff knew people's preferences and how to deliver care to ensure their needs were met.

The service had a dementia champion who was looking to develop more individual meaningful activities for people.

Good

Is the service well-led?
Relatives, staff and a healthcare professional spoke highly of the management team and confirmed they were approachable. Staff worked well as a team to make sure people got what they needed.

The provider had systems in place to assess and monitor the quality of care. The system enabled them to quickly identify any issues.

Good

Summary of findings

The staff and management team were keen to drive improvements in the home. They accessed resources to learn about research and current best practice.

Frensham 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 September 2015 and was unannounced. One social care inspector carried out this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This was a form that asked the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection, 14 people were using the service. We used a range of different methods to help us understand people's experience. We spoke with one person, three relatives, three staff, the manager, the registered manager, and two visiting healthcare professionals. We spent time observing care and used the Short Observational Framework for inspection (SOFI). This gives us a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at three care plans, medication records, staff files, audits, policies and records relating to the management of the service.

Good

Is the service safe?

Our findings

Relatives told us they felt people were safe and would talk to staff if they had any concerns. People were protected by staff who knew how to recognise signs of possible abuse. There was information about how to raise safeguarding concerns on the staff noticeboard. Staff told us they had received training in how to recognise harm or abuse and knew where to access information if they needed it. They felt the registered manager would listen to their concerns and respond to these. One staff member said "I wouldn't hesitate to raise concerns".

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. People's medicines were stored safely and securely. Staff who gave people their medicines had completed training. Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor to promote good health. The manager carried out medicine audits every day to ensure people had received their medicines. This meant any issues could be picked up quickly and action could be taken to prevent any further shortfalls.

Risk had been assessed for each person. For example, where one person's behaviour presented risks to themselves or others, staff had discussed the behaviours and agreed a plan to approach this person in a consistent way. The service had also sought advice from a consultant psychiatrist. This minimised the risk to the person and staff. A healthcare professional said the staff should be commended for the way they managed people's behaviours.

There were sufficient staff to meet people's needs. Staff responded to people's needs and requests in good time. One staff member commented "We have time to spend with each person individually". At lunchtime there were sufficient members of staff in the dining and lounge areas serving and assisting people with their meal as required. Staff were not rushed and remained calm and attentive to people's needs. A healthcare professional told us there were always enough staff around when they visited.

Safe staff recruitment procedures were in place. Staff files showed the relevant checks had been completed. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

Where accidents and incidents had taken place, the manager reviewed their practice to ensure the risk to people was minimised. For example, one person had fallen three times in a two month period. Staff knew to carry out regular checks to make sure this person was safe.

The premises and equipment were maintained to ensure people were kept safe. For example, checks had been carried out in relation to fire, gas, electrical installation, lifts and hoists.

There were arrangements in place to deal with foreseeable emergencies. For example, each person had a personal emergency evacuation plan that told staff how to safely assist them in the event of a fire. The registered manager had arranged for people to be moved to alternative accommodation in the event of a fire.

Good

Is the service effective?

Our findings

Staff told us they felt skilled to meet the needs of the people in their care. Staff received regular training to make sure they knew how to meet people's needs and were encouraged to work towards diplomas in social care.

A new staff member was working towards the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Staff who had completed national vocational qualifications (NVQ) previously had looked at the content of the care certificate. Where they had identified gaps in their knowledge, they had completed units to make sure they had the skills they needed to carry out their role effectively.

A healthcare professional told us staff knew how to care for and support people who were living with dementia. The manager had attended a 'virtual dementia' training course. This allowed them to experience how life can be for people living with dementia. They had requested this course for all staff.

Staff had received regular supervision. During supervision, staff had the opportunity to sit down in a one-to-one session with their line manager to talk about their job role and discuss any issues. Staff said "It's so supportive" and "We can talk as we go as well, as it's such a small home".

Information about people and any care changes were discussed in handover meetings between each shift. One staff member said "We talk in handover, so any issues get passed quickly and dealt with".

Staff had a good knowledge of the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Staff sought consent from people before carrying out care. For example, staff explained to a person

what they were going to do. They asked the person for consent and this was given. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who knew the person well and other professionals, where relevant. The majority of people had been assessed as not having capacity to consent to care and treatment. Staff told us if people were not able to make decisions for themselves they spoke with relatives and appropriate professionals to make sure people received care that met their needs and was deemed to be in their best interests. Records confirmed families and professionals had been consulted about people's care and decisions had been made in the person's best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. This includes decisions about depriving people of their liberty so they get the care and treatment they need, where there is no less restrictive way of achieving this. The registered manager had made the appropriate DoLS applications to the local authority. The front door was locked to keep people safe whilst the DoLS applications were in progress.

People were supported to have enough to eat and drink. At lunchtime people ate in the dining room, lounge, or their bedroom. People enjoyed shepherd's pie on the day of our inspection. If people didn't like the meal on offer, they were offered an alternative. For example, one person liked a boiled egg followed by rice pudding. Staff spent a lot of time sitting with this person and encouraging them to eat. They chatted with the person and offered them more to eat. The person enjoyed the sociable mealtime experience and continued to eat their food. This showed the lunchtime experience was not rushed and staff had time to chat with people.

People were regularly offered drinks throughout the day. Staff encouraged people to drink more fluids. They sat with people who needed assistance and supported them to have a drink. Staff explained the type of drink and commented "Here's a nice cup of tea for you" and "You like that, you normally drink it all".

People had regular access to healthcare professionals such as GPs, occupational therapists, chiropodists, district nurses, opticians, and dentists. On the day of our inspection, one person went to the local hospital for an x-ray. A healthcare professional said "Everything is 100%. The standards are exceptional".

The provider information return told us the home was suitably furnished and decorated to meet people's dementia care needs. A refurbishment and redecoration programme was taking place to create an enabling environment for people with dementia. Improvements had been made to bathrooms. Doors and toilet seats were being colour coded. New carpets had been laid. Aids for

Good

Is the service effective?

eating such as high contrast coloured plates and thermal cups had been purchased. Staff told us there were plans to create a raised decking area in the garden so people would have easier access to it.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the staff's approach. Comments included "I couldn't ask for anything more, the staff are ever so kind" and "The staff are all lovely, they're very caring".

Relatives who completed a survey commented "Staff are always friendly and welcoming" and "They are always very kind and patient".

The provider had introduced a scheme called "I care". Staff received training to make sure they knew how to deliver person centred dementia care. One staff member told us "We're proud to care for people and do the best we can". Another staff member had written a letter to the service. They said "In Frensham, I found a real home where the residents are like our parents and all the staff are very cheerful".

Staff treated people with respect and kindness. For example, staff addressed people with their preferred name and spoke with respect. People responded to this by smiling and engaging with staff in a friendly way.

Staff demonstrated they knew people well. They were able to tell us about people's preferences and personal histories. Staff spent time speaking with each person individually. For example, they chatted with one person about their dolls. People enjoyed the conversations and visibly brightened whilst chatting.

Interactions showed staff were patient and did not rush when meeting people's needs. When assisting one person to move to another room, staff went at the person's pace, laughing and joking with them at the same time.

Three of the bedrooms in the home were shared by two people. Privacy screens were available to use to protect people's privacy and dignity. Staff had been reminded to use the screens during a staff meeting and confirmed they used the screens when carrying out people's personal care.

People were encouraged to maintain their independence. Staff entered the room with one person and said "That chair looks nice and comfy". The person chose to sit in the chair and staff encouraged them to sit back into the chair independently. Staff and the person counted together as the person moved back. They settled in the chair and looked content.

Staff took quick action to relieve people's distress. For example, when one person became distressed, staff touched their arm to comfort them and spoke with them gently. They encouraged the person to have something to eat and chatted with them. This diverted the person's attention and they calmed immediately.

Relatives told us they were involved in the home and always made to feel welcome. They could visit the home at any time. One relative told us the staff and manager had been very supportive towards them. They commented "They've been really good and like a family to me". Relatives felt involved in people's care and support and told us they were kept informed of any changes.

Good

Is the service responsive?

Our findings

People's needs had been assessed to ensure they were met. A healthcare professional who had recently been involved with one person's move to the home told us "They bend over backwards to accommodate new people and their families" and "The transition was managed very smoothly".

Staff knew people's preferences and how to deliver care to ensure their needs were met. Care plans were reviewed every month and updated to reflect people's changing needs.

Staff responded quickly to people's needs. For example, one person started to cough. Staff got them a cold drink and assisted them to drink it. This relieved the coughing.

Staff knew that another person was not their usual self. They monitored this person throughout the day to make sure they were alright. At lunchtime, they did not eat a lot of their meal. Staff presented alternative dishes and drinks until they found something the person enjoyed.

People's care plans contained information about their personal history and interests. The service had a dementia champion who was looking to develop more individual meaningful activities for people. For example, they told us they were trying to source an old typewriter for one person who used to work in administration. The service planned to open a sweet shop with old style sweets for reminiscence.

On the day of our inspection, most people spent their time in the lounge. The television was on but not everyone was watching it. During the morning, staff spent time reading with several people. Activities took place every afternoon. People visibly brightened when the staff member responsible for activities entered the room. They brought in picture cards to discuss with people.

Group activities were held on a regular basis. The day before our inspection a musical entertainer had visited which people enjoyed. Other activities included the pet therapy visits where people could hold the animals, games, reading, and reminiscence. The service had held a 'Family get together' day in June 2015. Relatives visited the home and spent time having afternoon tea and games.

Arrangements had been made to meet people's individual religious needs. For example, communion was held at the home for one person.

People were protected from the risk of social isolation. For example, one person chose to spend a lot of their time in their bedroom. Staff regularly went into this person. One staff member told us they tried to encourage the person to come downstairs but they were happy and liked to be alone. The staff member said they sat and chatted with this person whenever they could. We met this person and they were content and smiling, happy in the knowledge staff had gone to get them a snack.

Relatives were confident if they made a complaint this would be dealt with. None of the relatives we spoke with had needed to make a complaint. They said "They wouldn't be here if I wasn't happy with it" and "There's nothing to worry about". Where complaints had been received, the manager had investigated and responded to these. There was evidence that learning had taken place as a result of complaints. For example, staff had been spoken with in supervision to make sure an issue did not happen again.

People and their relatives were encouraged to give feedback. At the meeting held in July 2015, people had no concerns. They were looking forward to a trip out. Following the meeting, people had enjoyed a trip to the harbour and local area. Relatives had completed a survey in January 2015. The feedback was positive and the service was rated "Very good".

Good

Is the service well-led?

Our findings

The service was last inspected in January 2014 when we found accurate records were not being kept. We checked at this inspection and found improvements had been made. There was evidence that people's representatives had been involved in their care planning and consent to care and treatment was in place.

The registered manager managed two care homes owned by this provider. The spent most of their time at the other home, and visited Frensham House one day a week to provide support and guidance to the manager. The manager who worked full time at Frensham House told us the registered manager was always available on the phone if they needed to contact them. The manager was working towards the Level 5 Diploma in Leadership and Management. Healthcare professionals said "The two managers are a good working team. They focus on making the home better for people" and "The manager is a shining example".

There was an open culture in the service. The provider information return said there was a culture of openness in the home and people and their relatives were welcome to chat at any time. People and their relatives confirmed they were able to speak with staff and management. Relatives commented "They're 100% approachable" and "They're always on the end of the phone". Staff said if they raised any issues with their manager, they would deal with it straight away. One staff member commented "I can go to the manager with anything and everything". A visiting healthcare professional said "They're very open and honest".

Staff knew the registered provider's vision and values for the service and this was reflected in their practice. Staff comments included "It's to get the best possible outcome for people" and "It's to care for people, doing the best job".

Staff worked well as a team to make sure people got what they needed. There were nice interactions between staff. One staff member commented "The team are brilliant, we help each other out".

There were systems in place to assess, monitor, and improve the quality and safety of care. The provider visited the service regularly. At their most recent visit, they looked at the environment and maintenance records. Where issues were identified, action had been taken. For example, risk assessments had been carried out for the wardrobes in people's bedrooms. Wardrobes had been secured to the walls. This meant people were not at risk of pulling the wardrobe on top of them.

The manager carried out weekly and monthly audits which looked at the care provided, food, and staffing. These audits were sent to the provider's head office for review. The local authority had recently carried out a quality audit and looked at medicines. They did not identify any issues. The manager had used the local authority's audit tool to assess the service. They found they needed to write a plan to say what to do in the event of extreme weather and other emergencies. They had started to work on this.

The service had received a food hygiene visit in September 2014. They had been awarded a rating of five. This was the highest rating and showed the service maintained very good hygiene.

The registered manager wanted to develop and improve the service. They accessed resources to learn about research and current best practice. They received the monthly updates from the CQC and had subscribed to a monthly care magazine. They attended care conferences and forums with other providers to share good practice.

The service had applied and been chosen to take part in a dementia awareness project with Plymouth University and the local mental health team. A healthcare professional had visited the home and worked with staff to make it more dementia friendly. The service was working towards providing a better service for people.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.