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

Summary of findings

Overall summary

Frensham House is a residential care home for 14 people who are living with dementia and/or physical disability. Nursing care is provided by the local community nursing team.

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

Why the service is rated Good:

People felt safe at the home. One person said "They're (staff) all very good." Some people who were living with dementia were unable to talk with us. Everyone looked very comfortable and relaxed with the staff who supported them. People told us there were enough staff to meet their needs and to spend time socialising with them. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely.

People received effective care because staff had the skills and knowledge required to support them. Staff monitored people's healthcare needs and advice and support was sought from healthcare professionals when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff provided a caring service to people. People told us, and we observed, that staff were kind, caring, and patient. Comments included "You'd have to go a long way to find better" and "We have a laugh and joke". People, or their representatives, were involved in decisions about the care and support they received.

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

The service was well led. People and staff told us the management team were open and approachable. The registered manager and provider sought people's views, listened to them and used suggestions to make improvements. One person said "The manager is really good." Staff said "You can go to (name of manager) with anything"; "(name of manager) is great" and "The senior bosses are easy to talk to, they attended training themselves with the staff". The registered manager and provider had monitoring systems which enabled them to identify good practice and areas of improvement.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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

This was a comprehensive inspection:

This inspection took place on 4 October 2017 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 our last inspection of the service in September 2015 we did not identify any concerns with the care provided to people.

At the time of our inspection, 14 people were living at the home. We used a range of different methods to help us understand people's experience. We spoke with three people, one representative, four staff, the manager, the registered manager, and received feedback from two 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, three staff files, audits, policies and records relating to the management of the service.

Good

Is the service safe?

Our findings

The service continued to provide safe care. People who were able told us they felt safe living at the home. Some people who were living with dementia were unable to talk with us. Everyone looked very comfortable and relaxed with the staff who supported them. One person said "They're (staff) all very good."

There were enough staff to meet people's needs and to spend time socialising with them. We saw staff met people's physical needs, spent time socialising with them, and provided reassurance to people who needed it. Several people confirmed there were always enough staff available and one person said "They're always telling me to ring my bell; they'd do anything for you."

People were protected from the risks of abuse because staff received training on how to recognise and report any suspicions of abuse. Staff told us they felt able to report any concerns and were confident that if they raised concerns, action would be taken to make sure people were safe. There were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with the people who lived in the home. There was a new staff member on duty. They had not started work until satisfactory checks and employment references had been obtained.

Risk assessments had been carried out to enable people to maintain good health and to promote their independence. Where people had been assessed as being at high risk of falls, we saw equipment had been provided to enable them to remain independent. Advice had been sought from a physiotherapist for one person who had fallen several times. We observed staff were always available to support this person when needed. This minimised the risk of further falls and possible injury.

People received their medicines safely. Medicines were stored securely. Records showed people had received their medicines as prescribed by their doctor to promote good health. There were systems in place to audit medication practices. The home was audited by the pharmacy and the audit showed medicines were being managed safely. The manager was working with the pharmacy to make improvements to the storage of each person's medicines and to reflect current best practice.

The premises and equipment were maintained to ensure people were kept safe. The provider had installed a new fire alarm panel and call bell system. Checks were carried out at regular intervals to ensure the premises and equipment remained safe. The manager had identified that a call bell was not working properly and the contractor was on site during our inspection to repair this.

Systems were in place to prevent and control the spread of infection. All staff had completed training in infection control and hand washing audits were carried out. We saw an additional hand washing area had been introduced on the ground floor.

Good

Is the service effective?

Our findings

The service continued to provide effective care. Staff had the skills and knowledge required to support people. New staff completed 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. Experienced staff told us they were happy with the training they received. Staff told us they had completed training which was up-to-date in areas relating to care practice, people's needs, and health and safety. Staff were encouraged to work towards diplomas in health and social care. Training that related to people's specific needs had also been completed. For example, the service had identified three staff members who were champions for dementia, end of life care, and falls prevention. They had attended training at the local hospital and hospice and then delivered training and support for other staff. Staff told us this had improved their knowledge and supported them in their role. One staff member told us "This is the best place for training."

All the staff we spoke with told us they felt well supported. Staff had regular one to one meetings with their line manager to discuss their work.

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Staff told us most people were able to make day to day decisions but in some cases they had to act in their best interests. Where decisions had been made in a person's best interests these were recorded in care plans. One person's care plan showed a decision had been made in their best interests regarding the administration of medicines. Records showed a family member and a healthcare professional had been involved in making the decision. This showed the provider was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager had worked with appropriate professionals and made applications for people who required this level of support to keep them safe.

Staff monitored people's healthcare needs, advice and support was sought from healthcare professionals when needed. We saw people had been visited by doctors, dentists, district nurses, opticians, chiropodist, speech and language therapist, and occupational therapists. When people needed specific equipment to meet their needs, this was purchased by the provider. One person said "You've only got to mention it and they arrange it".

People's nutritional needs were assessed and meals were made in accordance with people's needs and wishes. The inspector joined people in the dining room for lunch. The mealtime experience was relaxed and sociable. People enjoyed a homemade cottage pie with vegetables and gravy. One person had chosen to have soup. Staff supported people discreetly when needed. People were regularly offered a choice of drinks throughout the day. When staff identified concerns about a person's weight or food intake records showed

they had sought advice from relevant professionals. Staff followed advice given by health and social care professionals to make sure people received effective care and support.

Good

Is the service caring?

Our findings

Staff continued to provide a caring service to people. The provider information return stated "We have a very strong person centred culture and we are proud to say that people are our priority. Staff have an empowering and empathetic attitude to support people."

People spoke very highly of the care and support they received. Comments included "You'd have to go a long way to find better" and "We have a laugh and joke". The atmosphere in the home was warm and welcoming and we saw laughter and warmth between people and staff. A visiting healthcare professional commented "My time spent at Frensham House has been a positive experience in a very caring and homely environment."

Staff spoke passionately about people. The providers information return told us staff knew people well and used this knowledge to stimulate conversations with each person. A number of the staff had worked at the home for a long time and staff knew people really well. Staff commented "I love helping people and making them happy" and "We're always talking." Throughout our inspection, we saw interactions between people and staff were extremely kind and caring. We observed staff treating people affectionately. Staff spoke in a friendly manner and took time to listen to people and respond to them. Staff showed patience and supported people at their own pace.

Staff looked for ways to prevent people from becoming anxious or distressed. Staff used different activities such as colouring, games, and looking at family photos with one person to keep them calm. When another person showed signs of distress, staff immediately offered them reassurance and chatted with them. This person became calm and enjoy the conversation they were having with the member of staff.

People or their representatives were involved in decisions about their care. People said they were able to make choices. People's likes, dislikes, preferences, routines and histories were included in their care plans. One person's representative said staff kept them well informed about any changes. There were regular reviews where people and their representatives could express their views and make changes to their care plans.

The service had received a number of compliments. People and their relatives expressed their gratitude for the care and kindness they had received. Comments included "The home was fantastic; very friendly, informative and welcoming to us as a family"; Thank you for how your staff go far beyond what is expected" and "Wonderful care and attention."

Three of the bedrooms in the home were shared by two people. Privacy screens were used in each room to protect people's privacy and dignity.

People were supported at the end of their life to have a comfortable, dignified and pain free death. The local hospice had provided end of life training for staff. People's preferences and choices were recorded in their care plans. Regular meetings were held with the local hospice to keep up to date with end of life care. We

spoke with the end of life champion who told us how staff supported the person and gave comfort to them and their family. There were plans to provide specific end of life training for people who were living with dementia and parkinsons.

Good

Is the service responsive?

Our findings

The service continued to be responsive. People received care and support which was responsive to their needs and respected their individuality. Each person had a detailed assessment of their needs before they moved to the home. People were offered the opportunity to stay for a short time so they could decide if the home was right for them.

The home had a contract with Torbay and South Devon NHS Foundation Trust to provide intermediate care. Staff supported people to recover health and previous activity levels under the guidance of the intermediate care team. A healthcare professional told us they found the service to be very responsive.

We saw care plans were personalised to each individual. They contained information for staff to follow so that the care delivered respected peoples wishes and met their needs. Staff had a good knowledge about each person and were able to tell us about people's likes and dislikes. Care plans were reviewed monthly or when people's needs changed. Care plans had recently been reviewed by the local authority. The manager told us they soon planned to introduce a computerised care planning system. This meant any changes to the care plan would be made very quickly.

People enjoyed spending time with each other, were comfortable in each other's company and chatted together. People were offered the opportunity to take part in a variety of activities and social events. During the inspection, people were listening to music, reading, and chatting together. We saw staff discussing a reminiscence newspaper with people and playing a game. The registered manager told us they were trying to create lots of moments of pleasure for people throughout the day. We saw staff had lots of short interactions with people. Staff spoke with people and encouraged them to sing or dance. People visibly brightened during these times.

We saw people were enjoying the activities and having a good time. They were singing along, dancing, and encouraging others to score points during the game. People had recently enjoyed an outing to the beach where they had ice cream. Events such as Birthdays, anniversaries, and Christmas were all celebrated. The service held fayres at Summer and Christmas and relatives were invited to come to the home. Photographs were kept for each activity and it was evident people enjoyed these.

People said they would talk with a member of staff if they were not happy with their care or support. The provider information return said relatives were encouraged to speak with the manager if they had any concerns. Regular meetings were held with people and their families. Where complaints had been made these had been investigated and responded to. The manager had checked that people were satisfied with the outcome. The provider information return said complaints were used to drive improvement. The manager had taken action to make sure changes were made when shortfalls in the service were identified. For example, they had arranged for additional staff training and monitoring.

Good

Is the service well-led?

Our findings

The service continued to be well led. There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was responsible for two care homes owned by this provider. They spent most of their time at the other home and visited Frensham House to provide advice and support to the manager. A healthcare professional told us they had a lot of faith in the manager, who was very thorough in their work. The manager and registered manager told us they received very good support from the regional operations manager who visited them on a regular basis.

People and staff told us the management in the home was very open and approachable. The provider information return said "We have a culture of openness in the home to enable staff to question practice and suggest new ideas." One person said "The manager is really good." Staff said "You can go to (name of manager) with anything"; "(name of manager) is great" and "The senior bosses are easy to talk to, they attended training themselves with the staff".

The provider recognised the importance of having staff who felt valued. Staff morale was high and the atmosphere within the home was relaxed, happy and supportive. Staff were committed to providing the best possible care and told us they looked forward to coming to work. The provider had introduced a 'carer of the month' scheme. The purpose of this was to recognise if staff went over and above what was expected to improve outcomes for people. This also gave people the opportunity to give feedback on individual staff members. The provider recognised individual staff member's contribution and gave the staff member a bonus.

The provider and registered manager listened to people's feedback and made improvements which resulted in a better quality of life. For example, people had completed questionnaires about the food at the home. The menus had been changed to reflect people's preferences. People were invited to fill in cards and provide feedback to a care home review website. We saw the home had been rated 9.7 out of 10 by 16 people and their relatives. The provider had provided feedback on action taken as a result of suggestions.

There were effective quality assurance systems in place. There were regular audits of the premises and care practices which enabled the provider to plan improvements. Improvements included refurbishment of bedrooms to make the environment more dementia friendly. For example, new wardrobes and storage units had open drawers so people could easily see what was in them. The provider had employed an independent company to carry out 'mystery shopper' telephone calls and visits to the home. This checked the professionalism of the staff. The check carried out in July 2017 had been rated 97% with staff being professional and very encouraging.

The manager was very visible in the home and they divided their time between the office and working with staff to deliver care. This enabled them to work alongside other staff to monitor practice and address any

shortfalls.