

Caring Homes Healthcare Group Limited

Frethey House

Inspection report

Frethey Lane
Bishops Hull
Taunton
Somerset
TA4 1AB

Date of inspection visit:
03 September 2020

Date of publication:
08 October 2020

Tel: 01823253071

Website: www.caringhomes.org

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Frethey House is a nursing home providing personal and nursing care to people aged 65 and over. At the time of the inspection there were 23 people living at the home, which is registered for up to 43 people. The service cares for older people with nursing needs, living with dementia and mental health needs. The accommodation is arranged over two floors with two units on each floor. The downstairs units are called Hawthorn and Bramble. The two upstairs units are Willow and Rowan, which are accessed via separate staircases.

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

People, relatives and staff all reported improvements since the last inspection. People and relatives said, "Things are getting better," "[The registered manager} has got the team settled and the atmosphere had improved." Staff said, "Things have improved a lot, such as staffing and team morale" and "We are able to give people time and attention."

People received a safe service because staffing and skill levels had improved, and sickness levels had fallen. This meant people received care from regular staff they had got to know and trust. People's risk assessments and care plans provided staff with more detailed, up to date information about how to safely care for each person.

Improvements to the environment had been made and staff were more aware of health and safety in the home. Staff had a good understanding of signs of abuse and felt confident any safeguarding concerns reported were listened to and responded to.

We were assured the service were following safe infection prevention and control procedures to keep people safe. The service had ongoing monitoring arrangements to ensure all aspects of infection control followed best practice guidance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received effective care and consistent support from experienced staff with the right skills to meet their needs. Staff monitored people's health and wellbeing and worked with other professionals to make sure people received the treatment they required. Improvements in standards of care had been made.

People and relatives consistently reported staff treated them with compassion, kindness, dignity and respect. Care plans and risk assessments were more detailed, personalised and up to date about people's care needs and any preferences.

Staff felt better supported and reported improved communication, team working and staff morale. Where mistakes were made, staff were supported to learn lessons and improve practice through further training and support.

Improved quality assurance and monitoring systems were being used effectively to make continuous improvements. Senior managers visited the service regularly to carry out additional checks, offer support and ensure improvements were achieved. All five breaches of regulations found at the previous inspection had been addressed.

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

Rating at last inspection: Requires improvement. (Report published September 2020). At this inspection the rating has improved to Good.

Why we inspected

This was a focused inspection to check whether improvements had been made since we last visited. We reviewed the Safe, Effective, Caring and Well-led domains only. Our report is based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the Responsive key questions were not looked at on this occasion.

Follow up: We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Frethey House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team comprised of two inspectors who visited the service and an Expert by Experience, who contacted relatives by telephone for their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was announced. We announced the inspection before we visited to discuss the safety of people, staff and inspectors with reference to the COVID 19 pandemic. We visited the service on 3 September 2020. The service was included in a Care Quality Commission thematic review which is seeking to identify examples of good practice in infection prevention and control.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sent an inspection poster with our contact details to ask for feedback and asked the provider to circulate to people, relatives and staff. We requested an updated action plan and information about ongoing monitoring of safety and quality. We reviewed a quality monitoring report following a recent local authority visit.

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

During the inspection

We met with nine people and spoke with eight relatives, to ask about their experience of the care provided and received written feedback from another two relatives. looked at five people's care records including their medicine records. We observed people being cared for in communal areas 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.

We spoke with the registered manager, operations manager and with 11 members of staff including nurses, care and housekeeping staff, an activity co-ordinator and a chef. We looked at five staff files in relation to recruitment and at information about staff training and supervision. We reviewed a range of quality monitoring records, such as audits, regular checks, policies and procedures as well as at servicing and maintenance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we found people were at increased risk because of staffing and skill shortages. Where staffing levels were low, or staff were inexperienced or unfamiliar with people's needs, this had a negative impact on the quality of people's care and treatment. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 18.

- Since our last inspection, additional staff had been recruited, so the service no longer needed to use agency staff. People and relatives said they were happy with the staffing levels. They said they appreciated having regular staff they had got to know and trust.
- People confirmed staff checked on them regularly, and they were able to summon assistance with their call bells and received a timely response. One person said, "When I ring my bell, they know what I want without me having to say anything, because they know me." Relatives said, "It is a much more settled team and you tend to see the familiar faces now" and "(Staff) seem more content and there is more consistency."
- The service used a dependency tool to calculate staffing levels required, based on an assessment of people's individual needs. Rotas were done in advance and showed staff numbers needed were provided. Where there was staff leave or sickness, existing staff worked additional hours to cover any gaps. This meant people were always cared for by staff they knew and trusted.
- Staff spoke positively on improvements in staffing levels. Comments included, "Staffing is much improved. We can give people more attention and have time to talk to people." Also, "We are able to give a better standard of care. We have more time to do regular checks on people and to offer them regular drinks and food."
- Staff had been safely recruited. All staff pre-employment checks to check suitability had been carried out before staff started working with people. For example, criminal record checks and obtaining references from previous employers.

At our last inspection, some risks to people's health and well-being were not effectively managed. People did not always receive their medicines safely or on time. People's risk assessments lacked detail for staff about care they needed to reduce risks. We also identified some environmental risks for people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- Improvements in medicines management had been made and people received their prescribed medicines safely and on time from staff who had received training and had their competency assessed. Medicines were administered in an unhurried manner and people were given the support they needed to take their medicines.
- Medicines were stored safely, including medicines requiring extra security. There were suitable arrangements for ordering, receiving, and disposal of medicines.
- Regular audits were carried out and where issues were identified, improvements were made. A pharmacist audit report in January 2020 showed medicine management was good with no concerns.

Assessing risk, safety monitoring

- Improvements had been made to ensure risks were assessed, monitored and effectively managed. Risk assessments were used to help minimise risks associated with people's health and support needs.
- People said they felt safe living at the service. One person said, "Yes we are safe here. They make sure of that." Another said, "I am happy and settled here. I do feel safe. Everyone here is very kind." A relative said, "They keep [person's name] safe. She can't move so they pop in regularly to check her and move her. When they move her on the hoist, they explain what they are doing and reassure her all the time."
- People's risk assessments were detailed and gave up to date information about how to manage and minimise risks related to falls, pressure ulcers and poor nutrition/dehydration.
- Staff knew people well, about their care needs and how to minimise risks for individuals. For example, for a person who was at risk of choking due to swallowing difficulties, staff followed their care plan. They understood the importance of making sure the person was in an upright position when eating to help them swallow.
- People's risk assessments were regularly reviewed and updated as needed. For example, in response to concerns about skin redness, weight loss or where a person wasn't drinking enough.
- Regular checks of the environment were undertaken, and significant improvements had been made in minimising environmental risks. For example, making sure electrical cupboards were kept locked and hazardous chemicals securely stored. Improvements in fire safety had been made, areas had been redecorated, replacement flooring fitted and lighting improved.

Learning lessons when things go wrong

- Staff completed accident/incident forms, which were monitored by the registered manager to ensure all necessary actions had been taken to reduce risk. For example, in relation to falls.
- The registered manager monitored accidents and incidents monthly to check for any themes or trends that needed further action. For example, related to the environment.
- Where mistakes were made, staff were supported to learn lessons and improve practice through further training, support and by sharing information.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm with safe systems and processes.
- Staff had received safeguarding training to help them recognise signs of possible abuse and their responsibility to report concerns. Staff knew how to report concerns and were confident they were followed up.

Preventing and controlling infection

- People using the service and their relatives praised the staff team for their hard work during the COVID -19 pandemic. Comments included, "I've been really impressed with this service. They have done a tremendous job here keeping people safe." Another said, "I can't praise everyone enough for what they've done during COVID. It's been incredible."
- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider made sure staff used personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and for staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. At this inspection, this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we found people's consent to care and treatment was not always sought in line with legislation and guidance. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 11.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found they were.

- Staff sought people's consent and involved them in day to day decisions about the care and support they received. For example, about their personal care and when they wish to get up and go to bed. Care records showed people who were able had signed consent for their care. A relative said, " They (staff) always ask [person's name] if it is okay to do whatever it is."
- Where people lacked capacity, the principles of the MCA were being followed. Mental capacity assessments had been completed. Where people lacked capacity, feedback and records confirmed relatives and professionals were consulted and involved in best interest decisions.
- Where there were necessary restrictions on people that could have amounted to a deprivation of liberty, applications had been submitted to the DoLS local authority team for authorisation. For example, the use of a pressure mats to alert staff when a person got out of bed, so they could check on their safety and offer help.

Staff support: induction, training, skills and experience

- People and relatives praised the knowledge and skills of staff. Comments included; "Staff have the skills and training to support [name of person]. I have no concerns, " and "(Staff) really know what they are doing. We can trust them." Staff described improved support and training for them. One said, "Training is better organised; we get offered lots of different training."
- The provider had developed effective systems which ensured staff were appropriately trained to meet people's needs. Training records showed staff had received essential training such as updates in fire safety, moving and handling, health and safety, record keeping and safeguarding. Staff had undertaken dementia training to improve staff skills and knowledge in effective ways of supporting people living with dementia.
- Staff had regular individual supervision, where they could seek individual support and highlight any learning needs.
- Staff new to care confirmed they had completed an induction which included the care certificate. They had opportunities to shadow more experienced staff to get to know people and learn about their care needs and preferences.

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

- People's needs were assessed prior to moving to the service to confirm the service could meet their needs. Assessments showed the service took account of best practice guidance. For example, in relation to nutrition, prevention of falls and pressure ulcers.
- Assessments had improved and gathered more information about people's health, personal care, emotional, social and cultural needs. From these, more detailed care plans gave staff guidance about how to meet people's individual needs, wishes and preferences.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their healthcare needs. Relatives said, "[Person] sister got an infection and they got the doctor who prescribed antibiotics which cleared it up" and "[Person] has had lots of problems. She had to be taken to the hospital to have her eyes checked. They are very aware of her issues and are very quick to sort it."
- Staff monitored people's on-going health conditions and made sure they attended health appointments. They worked with local GP's and made sure people accessed other healthcare services as needed, such as speech and language therapy and mental health services.
- Staff encouraged people to exercise and keep moving to maintain their mobility. They also supported people's emotional wellbeing. For example, spending time with people and by introducing a computer based 'Active mind' app to help staff connect and engage with individuals in a meaningful way.

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

- People's feedback showed the quality of food and food choices had improved. People's comments included, "Food seems to be a lot better; they have done their best" and "The food is mainly very nice. I have no complaints about that." Relatives said, "[Person] has to be encouraged to eat and drink, and they will encourage her with drinking whenever they go past her room" and "[Person] is on a soft diet and it looks really nice, they take trouble with it." A relative explained the quality of food had been an issue for their family member. They said, "They have a new chef now so hopefully things will improve."
- People's dining experience had improved, particularly where people needed one to one staff support to eat and drink. For example, people reluctant to drink had individual goals to guide staff about how much they needed to stay healthy.
- Records of people's food and drink had improved, nursing staff monitored and took action where any concerns were identified. We identified one person where we thought further vigilance was needed to ensure they were offered more regular snacks and supplements, which the registered manager said they

would follow up.

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

- Improvements in the environment had been made with more planned. New dementia friendly symbol signage had been installed. This made it much easier for people, relatives, new staff and visiting professionals to find their way around the building. It also enabled people to independently locate the toilet and bathroom areas.
- Changes in layout and use of lounge/dining area had also been made. This made those areas much calmer and nicer for people to spend time in and enabled recommended social distancing due to COVID-19.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect. At this inspection, this key question has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last inspection we found people were not always treated with dignity and respect. Where people were not adequately supported, particularly at mealtimes, this caused distress and dignity issues. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 10.

- People were supported by staff who were kind and respectful towards them and encouraged them to be as independent as possible. People's care plans included personalised details about people's history, family and friends and any religious and cultural preferences. They focused on people's strengths and ways staff could support them to remain in control of their lives.
- People's comments included, "The staff are very nice to us all," "Staff are friendly and kind to me" and "Staff are just lovely. They always have time for me." Relatives said, ""There's more consistent staff now so they have built a really good relationship with (person), which helps hugely. " Also, "During the last six months of lockdown they have been fantastic. They have been so supportive, providing reassurance and keeping me up to date."
- People who required extra help at meal times received help in a dignified and supportive way. At lunchtime, staff were available to spend time with each person who needed help to eat and drink. They made sure food was cut up and people's clothes were protected from spills, if needed. Staff spent time and encouraged and prompted people to enjoy their meal.
- Staff interactions with people were respectful. They used people's preferred names and there was gentle banter, jokes and laughing. Staff were alert to people's needs and requests, and supported people to do as they wished.
- People looked well cared for and staff were attentive to their physical appearance. For example, people looked well cared for and wore their preferred clothes and jewellery. We discussed one person's wish to be offered a bath more frequently with the registered manager, which they agreed to follow up.
- Where religion was important to people, staff helped them to continue to practise their faith through online services. This was because of restrictions on visiting by local church representatives related to the pandemic.

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

- People and families reported feeling more involved in decision making about their care and about day to day life at the home. One person said, "We can do as we like, no hard and fast rules here." A relative said, "I have been fully involved in the care plan and they listened to my views."
- Staff encouraged people to express their views and make every day decisions. They took time to explain things to people, so they could make an informed decision. For example, about Coronavirus testing.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection, quality monitoring systems had not sufficiently mitigated risks relating to people's health, welfare and safety. People's care records and risk assessments lacked detail to instruct staff about their care and treatment needs. This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 17.

- The leadership and oversight at the service had improved since the last inspection. Since the last inspection, an experienced manager appointed in May 2019 had registered with the Care Quality Commission. They worked with the provider to lead by example to improve standards of care and support to people, families and the staff team.
- People, families, staff and commissioners all reported increased confidence in the leadership of the service. They told us about better communication and more consistent staffing arrangements. People said, "It's very good here now. I was considering moving back along" and "Nursing care is very good here." Relatives said, "I am very impressed with [manager's name] and I have confidence in her. She seems extremely conscientious. The staff are settled and it is a much happier atmosphere." Another said, "She seems to know what is happening in the home."
- Staff also said the registered manager had brought stability and better organisation to the service. They enjoyed working at the service and felt valued and supported. Comments included; "Things have improved a lot, morale has improved," "Staff are able to give people a better standard of care" and "Things are so much better, we work as a whole team now, better organisation."
- Improvements had been made to care plans and risk assessments to ensure safe and effective care was delivered. Care records were more personalised and provided staff with detailed information about people's care and treatment needs, and were regularly reviewed, evaluated and updated.
- Effective quality assurance and monitoring systems had been embedded and were used to identify shortfalls and drive improvements. For example, audits were carried out in relation to medicines, infection control and health and safety checks.
- The registered manager sent monthly reports to the provider, so they could monitor quality and be aware of risks. For example, about accidents/incidents, complaints, staff training and supervision. Senior managers

working for the provider visited the service regularly to carry out additional checks, offer support and ensure improvements were achieved.

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

- Staff were encouraged to challenge any practice concerns in confidence through a whistleblowing policy. Where any concerns about staff skills, performance attitudes or performance were identified, these were dealt with in accordance with the provider's policies and procedures.
- Where mistakes were made, the registered manager was open and honest with people and families and made improvements.
- The registered manager notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

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

- People and families were consulted and involved in day to day decisions about the running of the home day to day and through regular meetings. Areas discussed included menu choices and suggested activities. A relative said, "We used to have relatives meetings once a month which were good and (manager) seemed to take things on board."
- When visiting was restricted, relatives appreciated receiving regular contact to update them. Comments included, "[Manager's name] has been lovely during lockdown. She was ringing once a week to check how we were which I thought was excellent," and "[Manager's name] was always asking how I was, how the rest of the family were. She gave updates on how mum was."
- Regular surveys of people, relatives and staff were undertaken, with evidence continuous improvements made in response to feedback. For example, menu improvements and more personalised one to one activities and stimulation for people who spent a lot of time in their rooms.

Continuous learning and improving care; Working in partnership with others

- People lived in a home where staff worked in partnership with health, social care professionals and family members to make sure people received the care and support they needed.
- The registered manager had worked closely with nursing staff to develop their leadership role. Staff understood their roles and responsibilities and were more accountable for their practice.
- The service kept up to date with best practice guidance. Staff were encouraged to identify further training needs and share good practice ideas through regular supervision and staff meetings.