

Bupa Care Homes (ANS) Limited

Freelands Croft Care Home

Inspection report

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12 April 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Inspected but not rated

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Freelands Croft Care Home is a residential care home providing personal and nursing care to up to 64 people. The service provides support to older people who may be living with dementia. At the time of our inspection there were 56 people using the service.

Accommodation is in a purpose-built building on two floors.

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

We were assured the service had procedures in place to prevent and control infection. The provider protected people's rights if they lacked capacity to make decisions about whether to stay at Freelands Croft Care Home.

People had good outcomes from the care, support and treatment they received.

People had a service that was well managed and well-led. The leadership and culture promoted high-quality, person-centred care leading to positive outcomes for people. Staff morale was positive after an exceptional period of stress in the adult social care sector, and there was an up-beat, cheerful atmosphere.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at last inspection:

The last rating for this service was good (published 5 December 2019).

Why we inspected

We carried out this inspection in response to information we received in relation to people's care and treatment meeting their changing needs. We undertook a focused inspection to review the key questions of responsive and well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections. This is to provide assurance the service can respond to COVID-19 and other infection outbreaks effectively.

We looked at how the provider complied with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards. We look at this in all care home inspection. This is to provide assurance the service protects people's human rights if they are not able to consent to their care and treatment.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating.

The overall rating for the service has not changed following this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Freelands Croft Care Home on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection this key question was rated good. We have not changed the rating as we have not looked at all the safe key question at this inspection.

Inspected but not rated

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Freelands Croft Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. We did this to understand if the service was prepared to prevent or manage an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors carried out the inspection

Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

Inspection activity, including our visit to the service location, took place on 12 April 2022.

We spent time observing care and support in the shared areas of the home.

We spoke with four people about their experience of the service. We spoke with nine members of staff, including the registered manager and regional director. We spoke on the phone with a healthcare professional who had been working closely with the service.

We looked at a range of records related to the management of the service, including a sample of people's care records. We reviewed three people's care and support in detail by referring to their care plans, talking to staff and observing or talking about their care.

We reviewed all the evidence collected in relation to our assessment framework to make our judgements.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. We have not changed the rating as we have not looked at all the safe key question at this inspection.

The purpose of this inspection was to check infection control processes and compliance with deprivation of liberty safeguards.

We will assess the whole key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The provider applied for authorisations under the Deprivation of Liberty Safeguards. Where there were conditions associated with authorisations, the provider complied with them.

Preventing and controlling infection including the cleanliness of premises

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

Visiting in care homes

- The provider's policies and practice in relation to family visits were in line with the government guidance at the time.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care

- People received effective care and support based on care plans which were detailed, individual and recorded people's choices and preferences. Care plans included information about how to manage people's individual risks, such as risk of falls or pressure injuries. Where appropriate, equipment such as pressure relieving mattresses or sensor mats were in place. Staff were aware of individual needs and how to meet them, such as risks associated with blood-thinning medicines and controlling diabetes.
- People had appropriate support for mental health needs and appropriate emotional support. Staff were aware how to reduce risks associated with mental health conditions as described in people's care plans. These included frequent individual interventions to distract people and redirect their attention, and appropriate use of "as required" medicines. Staff knew some people living with dementia were likely to require additional emotional support at certain times of day. People's care plans reflected their physical, mental and emotional needs.
- Care plans included information about people's choices, and preferences. These included preferences around people's personal care, such as if they preferred a bath or a shower. There was information about people's choices of food and drink, and how they liked to spend their day, such as if they preferred to get up early or later. Staff kept records to show people's care and support met their needs and reflected their preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included their communication needs arising from a disability or sensory impairment and steps staff should take to meet them. We saw staff making sure people could understand them by following the guidance in their care plans. Staff were patient, sympathetic and responsive to people's communication needs. One person's care plan suggested holding hands with the person to help them listen and understand what was being said. Individual communication care plans provided the information staff needed to make sure they supported people appropriately with their communication needs.

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

- People had support to maintain family relationships. During the COVID-19 lockdown periods, the provider had sought to provide alternatives to inside visits such as garden visits and video calls. They continued to

support people with video calls when this allowed them to have more frequent contact with their families. Staff scheduled video calls with loved ones if they thought this would improve a person's mood or enhance their wellbeing.

- People had support to follow interests and take part in activities that were relevant to them. Each person had an interests and activities checklist, a list of activities they enjoyed, with additional information about why the activity was important to them and how staff could help them get the most from it. Staff kept records of people's individual leisure activities including how they affected the person's mood. Activities were linked to people's interests and aspirations.

Improving care quality in response to complaints or concerns

- The provider had a suitable process and policy for dealing with complaints. People were made aware of the process, for instance by having a leaflet to refer to. Where complaints had been raised, the provider dealt with them professionally. Complaints were all logged online and reviewed centrally for any trends and learning opportunities.

End of life care and support

- Where people chose to spend their final days at the home, the provider was ready to make sure people at the end of their life had a comfortable, dignified and pain-free death. Staff had training in how to care for people in their final days. The provider worked with a local hospice and the community psychiatric team to develop processes and guidance for caring for people in their final days. They had received positive feedback from these providers and agencies about their support for people at end of life.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture based on the provider's values of "Brave, Caring, Responsible." We saw examples of caring interactions between staff and people using the service. These values were reflected in our conversations with staff. The atmosphere in the home on the day of our visit was up-beat and positive.
- Leaders were available, consistent and led by example. Staff described the management style as "supportive". The registered manager was frequently on the floor, and one staff member said, "She comes on the floor which is so important. She knows our names. She knows the residents' names. She's very supportive with all of us staff."

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

- The registered manager and staff were aware of the need to be honest and transparent with people and their families. The registered manager understood the duty of candour and their associated responsibilities.

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

- Staff understood their role and responsibilities. There were good communications at all levels. There was an effective information cascade from heads of departments through team leaders and registered nurses to care staff. Team leaders and nursing staff were confident they had pertinent feedback about people's care needs and conditions from care staff.
- Staff understood quality performance, risk management and regulatory requirements. The provider had an established set of policies and procedures which were followed in the home. The registered manager had support from the wider organisation to fulfil regulatory requirements. There was a "first impressions" audit every three months which was delegated to different staff members each time. All staff had the opportunity to take part in quality performance activities.

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

- The provider engaged with people using the service and their families in meaningful ways. There were regular care plan reviews with people and their families. Families could engage via video calls if they could not join in person. There was an annual survey to get people's feedback with the most recent in November 2021. The provider publicised the outcomes of these with "you said – we did" notices on the home notice

boards.

- The provider engaged with staff. Staff told us they felt supported and were able to make their views known. There was a regular staff survey. Results and actions from the most recent survey were displayed. These covered areas such as wellbeing, learning, customer service and communications.

Continuous learning and improving care

- There were robust quality assurance processes which identified current and potential concerns, and areas for improvement. There were regular quality audits covering areas such as: medicines, night shift care, nutrition, wellbeing and person-centred care, and infection prevention and control. Actions from these audits were signed off as complete or fed into a rolling quality improvement plan. The improvement plan also included input from staff and people surveys, and internal mock inspections. There was a joined-up process for identifying and making improvements.
- There was strong focus on continuous improvement. There were plans to invite people to "make a wish" about something they would like to do when COVID-19 restrictions were over. Plans for service improvements included moving to new computer-based systems for quality audits, care planning and medicines management, and installing a more efficient call bell system. Plans included actions to improve both the service as a whole and people's individual experience.

Working in partnership with others

- The provider worked with other agencies and organisations to deliver good quality joined-up care. There was close co-operation with the community nursing team. During the COVID-19 pandemic the service had worked closely with infection prevention and control experts from the NHS and local authority teams. Where necessary they had taken advice from national public health advisers. The service worked closely with the local authority team if there were ever safeguarding concerns.