

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Frank Foster House

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services



Met this standard

Details about this location

Registered Provider	Runwood Homes Limited
Registered Manager	Mrs. Emel Gunay
Overview of the service	Frank Foster House provides care and accommodation for up to 78 older people. People living in the service may have care needs associated with dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Frank Foster House had taken action to meet the following essential standards:

- Care and welfare of people who use services

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 March 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

When we inspected this service on 19 September 2013, we found that people's care was not always planned in a way that ensured they received the care they needed. We also found that staff were not always aware of people's needs. The manager sent us an action plan to tell us how this would be put right.

At this inspection on 4 February 2014, we found that people experienced care and support that met their needs. Care records had been improved in line with the manager's action plan. We spoke with six staff. Staff were able to demonstrate their awareness of people's individual needs and how these were to be met in line with the person's plan of care.

We spoke with five of the 69 people using the service at the time of our inspection. They told us they received the care they needed. One person said, "The care is very good. They really don't mind how many times you use the buzzer, including at night. They always come and tell you to ring it anytime. They check on you anyway. The staff give everything, it's wonderful."

We spoke with three visiting relatives who all confirmed they were satisfied with the level and quality of the care provided at the service. A visiting relative told us, "I watch what is going on and see that the staff take time to talk with and reassure people if they are a bit upset and even give them a hug if they need it. I am happy with the way [person] is cared for."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs.

Reasons for our judgement

At our last inspection on 19 September 2013, we found that care plans were not updated where a person had developed a pressure ulcer and staff we spoke with were not aware of this change in the person's care needs. We saw that where a person had diabetes, there was no plan in place to inform staff how to meet the person's needs safely. The manager sent us an action plan to tell us how this was to be put right.

At our inspection on 4 February 2014, we found that people received care and support that met their needs. We looked at the care records of five people who used the service. We saw that risk assessments and care plans were in place for all people using the service, including where people had diabetes. These were reviewed on a monthly basis. This meant that staff had up to date information to support people safely and to help them to meet people's needs effectively. We saw evidence that people had been supported to receive the foot and optical care services particularly needed for people with diabetes to meet their specific needs.

We looked at the care records for one person who had pressure ulcers. There was a clear plan of care in place to promote healing and prevent further skin breakdown. Records showed that the pressure ulcers had healed or almost healed. For another person, the preventative care plan was not as clear, however this was rewritten immediately. Where two people had returned from a hospital admission, we saw that their weight had increased since their return to Frank Foster House. Detailed records on people's fluid and nutrition intake were maintained.

We saw records that showed that people were checked by staff at planned intervals, perhaps because they were cared for in bed and were unable to call for assistance or were at risk of falls. Records were also available to show that people were repositioned or had fluids at planned intervals and that confirmed, for example, when cream was applied to their skin or their pressure mattress was checked.

We spoke with six staff who were able to tell us about people's needs and how these were to be met in line with their care plan. This included the needs of people who had recently

started to use the service. Staff confirmed that there was a handover between each shift so that they were kept up to date on changes relevant to individual people.

Staff breaks were agreed and recorded during the shift to support effective availability of staff to meet people's needs. Staff were allocated a certain area of the home as part of a team to ensure that people were effectively monitored and supported and that staff were available to meet their needs. This meant that the care team was effectively led and managed to be responsive to people's needs.

We spoke with five people who used the service. All the people we spoke with told us they received care that met their needs. One person said they felt they had to wait too long for assistance when they rang the call bell but that "...the staff worked very well." Other people told us they had not experienced any difficulty with this. One person said, "The care is very good. They really don't mind how many times you use the buzzer, including at night. They always come and tell you to ring it anytime. They check on you anyway. The staff give everything, it's wonderful."

We spoke with three visiting relatives who all confirmed they were satisfied with the level and quality of the care provided at the service. A visiting relative told us, "I watch what is going on and see that the staff take time to talk with and reassure people if they are a bit upset and even give them a hug if they need it. I am happy with the way [person] is cared for." Another visiting relative told us, "[Person] had pressure sores when they came in but they are just about healed now. They care for [person] well. Staff come in to check on [person] and they speak directly to [person], which is so important and respectful."

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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