Review of compliance

Friars Lodge Limited Friars Lodge	
Region:	East
Location address:	18-20 Priory Road Dunstable Bedfordshire LU5 4HR
Type of service:	Care home service without nursing
Date of Publication:	October 2011
Overview of the service:	Friars Lodge is registered with the Care Quality Commission as a Care Home without Nursing (CHS). It is registered to provide the Regulated Activities; Accommodation for persons who require nursing or personal care, and Diagnostic and screening procedures. This home provides accommodation for up to 20 older people, and includes people with needs relating to Dementia Care.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Friars Lodge was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 3 October 2011, checked the provider's records, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

People that we spoke with during our visit to Friars Lodge on the 03 October 2011 told us that they were very happy and felt safe in the home. They said that the staff that looked after them were all helpful, friendly and hardworking, and always treated them with respect.
One person said. "The staff are exceptional; I don't ever want to leave here".
People looked clean, comfortable and well cared for, and where people needed assistance with personal care this was done in the privacy of their room to protect their dignity.
People told us that they were involved in planning their care and were given choices about all aspects of their lives, including how they spent their time and what they had to eat.
Although there were planned activities arranged in the home and people were encouraged to join in, many people told us that they often just preferred to read, knit or chat with their companions in the home.
People had access to a wealth of information relating to the home and other care services available to them.

What we found about the standards we reviewed and how well Friars Lodge was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Care is provided in a way that promotes people's dignity and respects their wishes. People are supported to make choices and decisions about the personal care and treatment they receive, and are also involved and consulted about all other aspects of life in the home.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

There are care plans and risk assessments in place to ensure that people receive safe and appropriate care, treatment and support to meet their needs and protect their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People using the service could expect to be protected from abuse because staff had appropriate training, knowledge and guidance about safeguarding people.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

There are sufficient staff who are appropriately trained to safely meet the health and welfare needs of people in this home.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

People in this home benefit from safe quality care because there are comprehensive systems in place to gather information about the quality of the service and to ensure improvements are made where needed.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
People that we spoke with during our visit to Friars Lodge on the 03 October 2011 told us that they were very happy. They said that the staff that looked after them were all helpful, friendly and hardworking, and always treated them with respect.
One person said. "The staff are exceptional, I don't ever want to leave here".
People looked clean, comfortable and well cared for, and where people needed assistance with personal care this was done in the privacy of their room to protect their dignity.
People told us that they were given choices about all aspects of their lives, including how they spent their time and what they had to eat. Although there were planned activities arranged in the home and people were encouraged to join in, many people told us that they often just preferred to read, knit or chat with their companions in the home.
People had access to a wealth of information relating to the home and other care services available to them. This was displayed in the communal areas of the home and was also in a folder in the day room which they could easily access at any time. This included information about people's rights, how to access Advocacy Services, support for families, safeguarding contact information and copies of previous reports from CQC and internal satisfaction surveys.

Other evidence
We were told by the manager that every effort was made to ensure that people were encouraged to maintain their independence, and make decisions about how their care was delivered. Care plan documentation reflected input and involvement from people regarding personal issues, and meetings were held monthly for people to share their views and feelings about how the home was run and how it could be improved.
The menus provided a wide variety of choice at meal times, and there was a 'food comment book' in the dining area where people could write their views about the food that had been served. The chef used this information as a guide when planning future menus to ensure that popular choices were repeated.
We also observed people living at Friars Lodge being involved in the recruitment of new care staff. As part of the recruitment process, applicants were invited to spend time interacting with the residents at the home, who were later asked for their opinion on the suitability of these potential staff.

Our judgement
Care is provided in a way that promotes people's dignity and respects their wishes. People are supported to make choices and decisions about the personal care and treatment they receive, and are also involved and consulted about all other aspects of life in the home.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
Most of the people that we spoke with were fully aware of the care they needed, and told us they had been involved in their care planning through 1:1 discussions with their key workers and the manager.
People told us that they were given their medication when they needed it and the doctor was always called immediately if they felt unwell. Appointments with other health professionals such as opticians and chiropodists were made for them at regular intervals, and consequently people were very satisfied with the service provided in this home.

Other evidence
We looked at the care files for two people in this home. There were care plans in place that had been very clearly written in a personalised way and referred to the individual's personal choices and preferences. The care plans had all been reviewed at least monthly, and the documentation confirmed that people discussed their care regularly with their key workers who subsequently amended the care plans with senior staff to reflect any changes in people's needs.
There were risk assessments in place for pressure area care, nutritional needs, moving and handling and general health and safety. These were regularly reviewed to ensure that as risks escalated or decreased this was clearly identified and transferred into the care plans.
Associated care documentation such as fluid intake charts and turn charts were in place and appropriately completed.
We spoke with staff about the content of individual's care plans, and they were able to

demonstrate that they had a clear understanding and a sound knowledge of people's needs. For example one person had a care plan for specific communication needs which involved the use of visual aids, however this person was only comfortable using some aids, and became distressed when using others. Staff were able to demonstrate a good knowledge of this information and knew how to meet this person's needs without causing them any distress. We also noted that in another persons file, there was a record entry that identified a potential pressure wound developing. A body map had been completed and records showed that the district nurse had been contacted immediately requesting a visit to carry out a full assessment for pressure relieving aids to be introduced.
Records were well written and appropriately signed and dated.

Our judgement
There are care plans and risk assessments in place to ensure that people receive safe and appropriate care, treatment and support to meet their needs and protect their rights.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
People told us that they felt safe in this home.

Other evidence
We were aware from information held by CQC that this home reported safeguarding alerts to the appropriate organisations in a timely way. The home had a safeguarding policy in place which is accessible to all staff, and contact details of the local safeguarding team were also displayed in the reception area.
We spoke with six members of staff who worked in a variety of roles in the home. This included care staff, kitchen staff and domestic staff. All had attended training in safeguarding within the last year and were able to demonstrate a clear understanding of procedures and their role in the reporting process.
Staff were also familiar with the whistle blowing policy, and all stated they would have no hesitation in reporting anything that they thought was inappropriate or put people in the home at risk.

Our judgement
People using the service could expect to be protected from abuse because staff had appropriate training, knowledge and guidance about safeguarding people.

Outcome 13:
Staffing

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
People that we spoke with told us that the staff were exceptional. They said that staff were kind, thoughtful and hardworking, and confirmed that they answered call bells promptly when people needed assistance.
We observed staff interacting confidently with people. They were friendly and professional when addressing people and presented themselves as competent carers.

Other evidence
We looked at the staff duty rotas for the month of September 2011. These showed that there was three care staff on duty during the day and two at night to care for the 16 people who lived at this home. There were also kitchen and domestic staff employed so that the care staff were able to focus purely on people's care needs.
The manager told us that there was a wide range of training available for staff which included mandatory training such as safeguarding, moving and handling, fire safety and food hygiene, as well as more specialist training like, death and bereavement, challenging behaviour and NVQ courses of varying levels.
We looked at the training matrix which had been last updated on the 30 August 2011. This showed that staff had attended training sessions as expected to ensure that their knowledge and skills were up to date. The matrix showed that the majority of staff were up to date with mandatory training, and that where refresher courses were due, these had been booked in advance to ensure that staff training did not go out of date. Staff were enthusiastic when talking about their training. Some were undertaking NVQ level 3 / diploma studies and were keen to progress further to improve their knowledge and skills in care.

Our judgement
There are sufficient staff who are appropriately trained to safely meet the health and welfare needs of people in this home.

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
We did not speak with people about the quality monitoring processes in this home.

Other evidence
The manager told us that weekly or monthly audits were carried out in relation to all aspects of health and safety in the home. These included, fire safety checks, water temperature checks, building and content maintenance, cleanliness and infection control and medication / care records. We looked at the audit records that were available and they confirmed these were being carried out regularly.
Where concerns were identified through the audit process, these were managed efficiently and effectively. For example when maintenance issues were identified, we saw that these were reported for attention and resolved swiftly. Where concerns regarding records were identified, the manager addressed these issues through staff meetings or with individual staff through the supervision process.
The home carried out an annual satisfaction survey which involved questionnaires being given to everyone who lived at the home, visiting relatives and other health professionals who were involved in providing support care services to the home, such as GPs and District Nurses. The questionnaires for 2011 had been sent out in July and the manager was waiting for responses before she could produce the annual report, however reports from previous years were available in the homes information file that was accessible to anyone entering the home.

Our judgement
People in this home benefit from safe quality care because there are comprehensive

systems in place to gather information about the quality of the service and to ensure improvements are made where needed.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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