Inspection Report

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

Freestones Residential Care Home

85 Finedon Road, Irthlingborough,
Wellingborough, NN9 5TY

Tel: 01933650430

Date of Inspection: 12 May 2014

Date of Publication: June 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Mrs Claire Louise Davidson & Mr Karl James Davidson
Registered Manager	Mrs Claire Davidson
Overview of the service	Freestones Residential Care Home is located close to the centre of Irthlingborough in Northamptonshire. Accommodation and personal care is provided for up to 19 older people with a range of needs, including people with dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

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 12 May 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

The inspection was carried out by one inspector. We gathered evidence to help us to answer out five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people who used the service, the staff supporting them and from looking at records.

Is the service caring?

The people we spoke with were positive about the way they were cared for and supported. A relative told us: "The girls are fantastic; they are very caring". People were cared for by kind and attentive staff. We observed people asking staff to do things for them. Staff responded to the requests promptly and efficiently. The home was supported by a team of health and social care professionals who worked closely with staff in providing people's and care needs.

Is the service responsive?

When people who lived in the home made suggestions for changes these were actioned as far as practically possible. The service worked well with external health professionals to make sure people received good standards of care. we spoke with a community nurse who told us they made regular visits to people who used the service and that staff always carried out any instructions given to them.

Is the service safe?

People were treated with dignity and respect by staff. People told us they felt safe and we observed a relaxed atmosphere. The registered manager showed us the medicines checks they carried out twice a month to protect people from receiving inappropriate medications. Systems were in place to ensure that people were not put at unnecessary risk of developing infections. There were risk management plans in place for people and health and safety. We noted that there were enough staff allocated to care for people and ensure their safety.

Is the service effective?

People's health and care needs had been assessed and care plans were in place. There was evidence of people and or their relatives being involved with the development and regular reviews of care plans. Staff encouraged and supported people in leading interesting and enriched lifestyles. The people we spoke with and relatives all said they received the standard of care that matched their needs.

Is the service well led?

The service had a quality assurance system in place that involved people who lived in the home, visitors and all staff. Records showed us that improvements had been made when they were identified through monitoring processes. Staff told us they were clear about their roles and responsibilities. Staff were actively encouraged to undergo training to ensure they possessed the knowledge and skills to carry out their roles.

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 and protected their rights.

Reasons for our judgement

We found that people's needs were assessed and care and treatment had been delivered in line with their individual care plans. People were dressed in an individual style that reflected their age, gender, culture and the weather. People told us about their experience of care received. People told us that staff responded to their needs in a timely manner. One person said: "I can get up and go to bed when I want to". "At night I ring the bell if I want anything; they (staff) always come to me". "Sometimes I have a cup of tea during the night and they always respond". Another person commented about meals: "I always send an empty plate back". We asked a relative if any improvements could be made. They said: "No, we are quite satisfied".

We looked at the care files for three people who used the service. The records we looked at had been reviewed regularly to make sure that they reflected people's needs as they changed over time. We saw that the care and support people received corresponded with the information in their care plan. For example, staff told us about how one person's support needs had changed and we saw how these changes had been responded to in their care plan. We spoke with a community nurse who regularly visited the home. They told us: "Staff provide good care". and Staff are very good, they take people to their rooms when I visit to ensure privacy".

We found that staff had a good knowledge of the care needs of the people whose care we looked at. This matched the information contained in the care records and what people told us about their individual care needs. This meant that people received a consistent level of care that met their individual needs.

We found that people had risk assessments in place that were regularly reviewed. For example, the records included an assessment of the risks of people getting sore skin and how staff should support them to minimise the risk. Specialist mattresses and cushions had been provided for people who were considered to be at risk of developing sore skin. Some people stayed in their room. We saw recordings where staff had carried out hourly

checks on them and repositioned them every three hours to protect their skin. We also saw that some people had their food and fluid intake monitored. The recordings we saw were appropriate. This meant that people received the care they needed whilst the risk of harm to them was minimised.

Some of the people that used the service had dementia and were unable to tell us about their experiences within the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who had limited communication skills. We spent one hour in the lounge/dining room watching during lunchtime. We found that people had positive experiences. The staff supporting them knew what support they needed and they respected people's wishes if they wanted to manage on their own.

At the beginning of a new shift staff were given a' handover' from the assistant manager of the previous shift. We observed the 'handover' given to the afternoon staff. A summary of every person was provided and staff discussed how they preferred delivery of their care. This demonstrated that staff received up to date information and guidance about people's needs.

We observed that staff held professional, friendly and informative discussions with relatives who were visiting. A list of the activities provided by external people was on display on the wall in the lounge. A relative told us they often joined in with the activities. People we spoke with said they enjoyed the various activities and we noted that most people had participated. One person said: "We have different people to come in and X (staff member) does puzzles with us". This meant that staff had made arrangements to enhance people's lifestyles.

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean and safe environment.

Reasons for our judgement

There were systems in place to reduce the risk and spread of infection. Staff told us Personal Protective Equipment (PPE) was readily available and we saw that it was and it was in date. We observed staff used new PPE for different tasks to reduce the risks of infection.

We found that the household cleaning chemicals, known as Control of Substances Hazardous to Health (COSHH) were kept in locked cupboards. We saw that hazard data sheets were available for each cleaning product. These gave staff guidance about safe use and storage of each one. This meant that the provider had protected people and staff from risks of harm. We saw that a clinical waste contract was in place to ensure that staff disposed of items in a safe way.

We visited all communal areas of the home, the kitchen and four bedrooms. We found that they were very tidy and clean. We found a cleaning schedule and noted that it covered all areas of the home. It included cleaning of wheelchairs, cupboards and legs of furniture. This demonstrated that effective systems were in place to reduce the risk of people acquiring infections.

The registered manager told us they had a copy of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. They also confirmed that were the lead for infection control and that they were in the process of arranging attendance at an appropriate training course for their role. The registered manager said that staff would also attend training and that they were looking for an appropriate course for them. This meant that there would be clarity around staff roles and responsibilities for infection control.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We found that medicines were prescribed and given to people appropriately. We evidenced this by observing a care worker carrying out this task. People told us the staff gave them their medicine. We saw that the care worker signed the medication adminstration record (MAR) charts after each person had taken their prescribed medicines. This demonstrated that the care worker was carrying out the task correctly. We asked the care worker what they would do if a person refused their medicines for a period of three days. They said: "I would phone the doctor and ask what we can do". This meant that treatments were given to promote people's health.

We found that there were appropriate arrangements in place for obtaining, recording, handling, safe keeping, safe administration and disposal of medicines. We saw that the registered manager checked all medicines received from the pharmacy to ensure they were correct and as prescribed by the doctor. Records were held of staff signatures to enable them to identify staff signatures on the MAR.

The registered manager showed us recordings of audits of medicines that they had carried out. We found that the audits were carried out twice each month. This demonstrated that staff practices were monitored to ensure people received their medicines appropriately.

We did some random audit checks of medicines and found them to be correct. This meant that people received their medication as prescribed by the doctor. We found that staff had received training in safe administration of medicines before they were allowed to carry out this task.

We saw that medicines were stored securely in locked cabinets The Controlled Drug (CD) cupboard was within another cupboard. It had been fixed to the wall appropriately and met the Misuse of Drugs (Safe Custody) Regulations. We found that the keys to the medicine cupboards were held by a care worker at all times to prevent inappropriate access. We counted the number of tablets held in the CD cupboard and they corresponded with the recordings that staff had made. Each administration of the CD was checked and signed for by a second member of staff. This demonstrated that staff carried out administrations in a safe way.

Records showed that the temperature of the medicine refrigerator where some medicines could be stored had been checked and recorded each day. We heard the fridge making an intermittent noise. The registered manager told us they had reported this to the pharmacy and that the fridge was to be replaced. This should ensure that the medicines were stored within the range recommended by the manufacturer and stable for administration.

We saw records of medicines returned for disposal. This meant that there was a complete audit trail of all prescribed medicines for people to ensure that they were managed safety.

Staffing ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We found that the registered manager had ensured that there were sufficient numbers of suitably trained and experienced staff who worked at the home. During our inspection we observed that staff spent time talking with people and responded to requests that they had made. This showed us that staff had the time to respond to people as there were sufficient numbers of staff on duty.

All of the people we spoke with and one relative were satisfied with the staffing levels provided at the home. One person said: "They are very good. They are the sort of staff I wanted when I was in management". Another person told us: "They (staff) help me and make my bed in the morning". A relative commented: "I think I have a very good relationship with staff".

We asked three care workers if they felt they had enough staff on duty. They all commented that they felt there were sufficient for each shift. The registered manager told us that if a person's relative was unable to accompany them to the hospital for an appointment that an extra care worker would be rostered to carry this role. During staffing shortages permanent staff provided extra cover. Agency staff were not used, which meant that people were familiar with the care workers and they knew people's needs. Staff rotas showed that regular staff and consistent numbers of staff were on duty each day and night. This meant that people who lived at the home had regular staff that knew them.

The registered manager confirmed that they had a consistent staff team who had been in place for many years. We saw that the staff employed reflected the gender and culture of the people who used the service. For instance care files included people's preferences about how their care should be provided to them. The manager told us that staff received regular training and skill development. Staff on duty confirmed that they were kept up to date with their skills and knowledge through the regular training that took place. This meant that staff had the knowledge, experience and skills to provide support to people who lived in the home.

The registered manager told us that the staffing levels were regularly reviewed to ensure that there were adequate numbers to meet people's needs.

Assessing and monitoring the quality of service provision ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had systems in place to regularly assess and monitor the quality of service that people received.

Reasons for our judgement

People who used the service and their representatives were asked for their views about their care and support. The registered manager told us they were in the process of sending out survey forms to people who used the service, relatives, staff and external professionals. The questions included standards of care, staff, communications, premises and activities. We looked at a report that had been developed from a survey dated May 2013. We saw that the responses provided were positive. This indicated that people felt they were well supported and were given opportunities to influence the service provision.

Following their admission to the home people were asked to complete a questionnaire so that the registered manager could receive people's opinions about their admission process. The questions included whether people received enough information before their admission and if they were satisfied with staff and the home. This demonstrated that senior manages gather information to assist them in identifying where improvements could be made.

Residents/relatives meetings were held every eight weeks and these were minuted so that people could refer to them when they wished to. They showed that requests made by people had been responded to where possible. We found that the main discussions at these meetings concerned meals and activities. The registered manager told us they tried to make requested changes where possible.

Staff meetings were held every two months and staff were given opportunity to contribute to the agenda items prior to the meetings. Staff told us they felt comfortable in contributing to the meetings and making suggestions for changes or improvements. This demonstrated that senior management listened to staff and encouraged them to comment about the day to day operations of the home.

The senior care worker was responsible for carrying out a check of the premises every morning. Staff we spoke with told us that it was part of the daily routine. We saw a form that included recordings that staff had made confirming that the checks had been carried out. These checks were supported by further regular checks by the registered manager

and we saw that these had also been recorded. Maintenance checks were also carried out, which demonstrated that people's comfort and safety was paramount.

Audits in respect of health and safety and fire safety were carried out to ensure that people were protected from risks of injury. This meant that management assessed and identified risks relating to people's welfare and safety. We found that staff had received training and training updates in emergency first aid and fire safety.

We were told by the registered manager that no formal complaints had been made for a number of years. The people we spoke with and relatives told us they had never had cause to make a complaint. This indicated that senior management had taken steps to provide a good service for people.

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.

Contact us

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