

Somerset Care Limited

Frith House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Frith House is a residential care home for 83 people. The home specialises in the care of older people including people who have a dementia. The home is divided into two parts. The residential part of the home is able to accommodate up to 53 people. The area of the home which cares for people living with dementia is part of the Somerset Specialist Residential Care (SRC) scheme. This means people living in this part of the home are supported by a specialist NHS community nurse on consultancy basis.

At the last inspection, the service was rated Good.

At this inspection the service had improved to Outstanding.

Why the service is rated outstanding

People felt safe at the home and with the staff who supported them. One person said "I am safe here because I get good care, and staff are on the ball, they know what to do and take action when necessary." A visiting community specialist dementia nurse told us, "Staff members are very good at raising safeguard alerts, they are able to make their own decisions and they are always appropriate".

There were sufficient staff on duty and recruitment procedures were safe. People received their medicines as prescribed and infection control practice reduced associated risks to people.

People and their relatives told us they felt that the care received was effective. Care was delivered by staff who had received appropriate training to undertake their role. Staff were also supported through appraisal and supervision. The service had appropriate systems to monitor the applications and authorisations for people being lawfully deprived of their liberty. People were supported to eat and drink sufficient amounts and external healthcare professionals were consulted when needed.

People and their relatives said the service was caring and compliments had been received to reflect this. Staff were observed being caring and supportive towards people and knew the needs of the people they cared for. People were supported to have a dignified death in accordance with their wishes. People and relatives told us staff went above and beyond what they expected of them.

The service ensured they were responsive through a comprehensive pre-admission procedure. People and their relatives were involved in care reviews and care records were personalised. People were supported with their hobbies and interests and the service gave examples of how they had gone the "Extra mile" to improve the quality of some people's lives. There was a system to ensure complaints would be listened to.

People, their relatives and staff commented positively on the leadership of the service. There were systems to seek the views of people and staff, and additional systems that ensured key messages were communicated. There were governance systems to monitor the health, safety and welfare of people.

The registered manager was passionate about improving the experiences for people living with dementia. She belonged to a number of steering groups to look at innovative ways of ensuring people experienced positive outcomes.

The home had been involved in research with Exeter University. Called "Calmer by Nature." This involved playing nature DVD's of rabbits, water running, wind in the meadows, at times of the day when people living with dementia may be unsettled. This meant they were leading the drive to improvement within the organisation.

The registered manager told us they aimed to create a, "homely, comfortable atmosphere. A place where people can do what they want, when they want and we work for them." Throughout the inspection we saw the registered manager's vision being put into practice by all staff in the home. Staff waited for people patiently and people were supported to be as independent as possible.

Further information is in the detailed findings below

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service has improved to Outstanding.	Outstanding ☆
Is the service well-led? The service has improved to Outstanding.	Outstanding ☆

Frith House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 June 2017 and was unannounced. It was carried out by two adult social care inspectors, a specialist dementia nurse and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses or has used this type of care service.

Frith House is a residential care home for 83 people. The home specialises in the care of older people including people who have a dementia. The home is divided into two parts. The residential part of the home is able to accommodate up to 53 people. The area of the home which cares for people living with dementia is supported by the Somerset Specialist Residential Care (SRC) scheme. This means some people living in this part of the home are supported by a specialist community nurse on a consultancy basis.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During this inspection we spoke with 25 people living at the home, eleven members of staff and four visiting relatives. We also spoke with two healthcare professionals involved with the home and a specialist dementia nurse from the Somerset Partnership. We also spoke with the registered manager, the deputy managers for each unit and the regional operations manager. We spent time observing care practices in communal areas of the home.

We looked at a number of records relating to individual care and the running of the home. These included ten care and support plans, three staff personnel files and records of meetings held at the home.

Is the service safe?

Our findings

The home continued to provide a safe service.

Throughout the day we observed a very relaxed and happy atmosphere. People told us they felt safe at the home and with the staff who supported them. One person said, "I came here to feel safe and to know there is always someone around if I need them." Another person told us, "The best thing here is feeling safe, especially at night. They look in on you and that's a comfort." A relative told us, "I am totally confident [the person] is safe because of the professionalism of the staff who are fantastic, this gives me peace of mind and allows me to carry on with my life".

There were enough staff to keep people safe and respond to their requests for assistance. People who spent time in their rooms all had call bells nearby to enable them to summon help when they needed it. One person said, "The girls are excellent if you ring the bell they come really quickly." Another person said, "They usually come quickly if you press the bell." However one relative explained how they had waited 30 minutes for staff to respond. They had been distressed by this and mentioned it to the registered manager. They said it had not happened since and bells were now responded to in good time.

All staff spoken with said they had received training in safeguarding adults from abuse. They said there was an open culture in the home which encouraged them to report any concerns. All felt that if they raised concerns these would be dealt with to make sure people were protected. Where concerns had been raised with the registered manager they had taken prompt action to make sure people were safe. There were posters displayed around the home explaining how people, staff or visitors could raise a safeguarding alert with the local authority. The community specialist dementia nurse told us, "Staff members are very good at raising safeguard alerts, they are able to make their own decisions and they are always appropriate".

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Staff files we read showed all new staff were checked to make sure they were suitable to work with vulnerable people before they began work at the home.

People were supported to maintain their independence and enabled to make choices about their day to day lives. One person told us, "I enjoy doing things for myself I want to keep going as long as I can." Risk assessments were carried out to enhance people's independence and choice not to restrict it. One person had a risk assessment in place because they chose to shower without staff support. The risk assessment showed risks to the person were very low and these had been fully discussed with them. The person had signed the assessment to show they understood any risks involved. This person had also chosen not to receive night time checks. This wish had been respected but an agreement was reached that staff would listen outside their door at intervals through the night.

Risks to people were reduced because their mental or physical health were also assessed. Assessments showed that advice had been sought from healthcare professionals and incorporated into the assessments. For example one risk assessment gave details of what staff should do if the person became acutely unwell

and who to contact for support. Another risk assessment showed the measures in place to promote the person's well-being and minimise risks to their mental health. During the inspection we saw the support measures recorded were being put in place.

Once any episodes of challenging behaviour were identified a risk assessment was put in place and appropriate interventions made. For example following consultation with one person's relative they moved to an area which has easy access to the garden areas, staff had observed that incidents of challenging behaviour were significantly reduced when they were out in the garden.

One person's care plan stated they had the potential for displaying verbal challenging behaviour. The risk assessment in place clearly documenting that staff should not respond to episodes of challenging behaviour with negative language for example, "no, stop and don't." These words had been found to compound this person's distress. With skilful interventions and interactions staff members were able to de-escalate potential difficulties. One staff member told us, "We know [the person's] triggers, and we know how to support them to remain calm."

The deputy manager on the SRC unit told us "the supervisors are really good, they always rule out health conditions such as a urinary tract infection when assessing and managing someone's challenging behaviour."

People received their medicines safely from staff who had received specific training to carry out the task. Each person had a locked cupboard in their room where their personal medicines were stored and staff used an electronic handset to record administration. People said staff supported them to take medicines. One person was able to tell us exactly what tablets they took and said they always received the right ones. Another person told us, "They give you tablets at the right time." We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place.

Some people were prescribed medicines, such as pain relief, on an 'as required basis'. We observed staff ask one person if they required any pain relief. One person said they had experienced some pain during the night. They said, "I was in pain and I rang the bell and they gave me some pain killers. They also got me some ointment." Staff told us, "We pick up on body language and use the Abbey Pain scale (a tool used to measure pain in people with dementia who cannot verbalise) so we know if people need pain relief."

The home manages Infection control with a policy that prevents staff moving into other areas of the building during a potential outbreak of infection. Anti-bacterial hand gels were observed at all exit and entry points of the units. Staff members were observed wearing disposable aprons and gloves whilst carrying out personal care tasks. Tabards were worn for the preparation and serving of food. Frith House had also achieved a Food Hygiene Rating of five. This meant the systems in place in the home ensured food was prepared and stored safely and food preparation areas were hygienic.

Is the service effective?

Our findings

The home continued to provide effective care and support to people.

People were supported by staff who had received training which enabled them to carry out their specific roles. The activities worker had completed training about how to support people with meaningful occupation. They told us they were able to offer a range of activities for groups and individuals. Domestic staff told us they had good access to training and were able to complete all training offered to care staff. For example they had completed end of life training. One member of the domestic staff said "We do end of life training so we are prepared when we go into people's rooms."

Records showed all staff had attended an update of the "Dementia in a Nutshell" training. The cook told us they had also recently completed the safeguarding people training. They said, "We do all the same training as the care staff, they [the provider] are really good at the training they provide and there is plenty of it." This training meant staff managed situations differently and had resulted in a reduction in behaviours that challenged people and staff within the home. Staff comments in a recent Investors in People report included, "I know now why individuals behave in a certain way." and, "I know the best ways to support individuals with dementia." The dementia in a nutshell training was also offered to relatives. Twenty two family members attended a shorter version of the training completed by staff. This gave family members a better understanding of dementia and what their relative was experiencing. It also meant family members were supported to meet with others in the same position and talk about their experiences. The registered manager explained how family members had said it, "Helped them to understand different behaviours and approaches that care staff used and to interact in a similar way." Family members had also been supported, along with staff, to become Dementia Friends, this is an initiative organised by the Alzheimer's Society to raise awareness of dementia within the wider community.

The provider told us that staff at Frith House also received 'Focused Intervention Training' (FITS). This, "Enables care home staff to deliver person-centred care that aims to reduce the use of ant psychotic drugs (sedation)." Staff used a system called the Cohen Mansfield Toolbox, This "A box filled with person-centred treasures for individual residents which is used to engage, reminisce and stimulate". They also used the Abbey Pain Scale, this is a system used to assess levels of pain in people who are not able to communicate they are in pain. The registered manager explained how by using this programme staff had had a positive impact on the life of one person living with dementia. Staff had provided a person with a box filled with, "Personal treasures linked to information in their life history." They also used the Abbey Pain Scale to determine their level of pain. The person was less agitated and slept better at night having a positive outcome for them and other people in the home who were being disturbed.

People told us they felt staff were well trained and knew how to care for them effectively, One person said, "I think they are all really clever they know all about me." Another person said, "I think they are all very well trained they know exactly what they are doing."

People's rights were protected because staff worked in accordance with the Mental Capacity Act 2015 (MCA).

The MCA provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. In discussion with staff it was apparent they assumed everyone had capacity to make decisions unless assessed as otherwise. Care plans showed when best interest decisions had been made for people and who had been involved. For example one person required the use of a mat in their room which would alert staff to when they had stepped out of bed. This meant staff could reduce the risk of falls so the person could maintain some independence.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made when necessary and the registered manager had followed up decisions with the local authority. When a DoLS application was accepted the registered manager completed the necessary notification to CQC. The deputy manager told us about one person who wished to leave the home. They had applied for a DoLS but as the person was assessed to have capacity to make this decision they were working with social workers to try to get the person back to their own home. This meant the service had systems in place to support and protect people's rights.

Staff sought people's consent before they assisted them with any tasks. During the day we heard staff asking people if they were happy to be assisted. For example a member of staff came to a person's room and asked if they were happy to be weighed which they were. The domestic staff asked one person if they could Hoover their room but the person said no she would like them to come back later as she was talking to the inspector. They respected their decision.

Staff monitored people's health and made sure people were seen by appropriate professionals to meet their needs. One person told us, "They took me up to town in a wheelchair so I could go to the dentist." People told us staff responded well to emergency situations. For example one person told us they had a fall. They said, "I had a fall and they were just excellent." Another person told us how well staff had responded to a situation with kindness and compassion. They said "Staff were really kind and got me into hospital."

People's nutritional needs were assessed and weights were monitored. If a person was seen to be losing weight staff would make a referral to the GP and a review of their nutritional needs would be arranged. Food supplements would be prescribed where appropriate. Food supplement administration was recorded in the person's care plan and also on the electronic medication system.

Finger foods and sandwiches were available when required. A snack bar offering crisps, biscuits and fruit was situated in the dining areas of both units. Throughout the day we observed jugs of different flavoured squashes, water, milk and tea being offered to people. All dietary and fluid intakes were entered into people's care plans. If meals were declined staff members reserved the food and offered it later.

People were generally happy with the food served at the home although two people mentioned it was a long time between tea and breakfast. We discussed this with the registered manager who agreed to ensure staff were informing people of the options available at supper time. We were told by staff that people were able to request to have their main meal in the evening if they preferred it. Following the inspection the registered manager reviewed the comments made and found that although the supper trolley was being taken round, staff were not promoting the choice available. Staff were reminded to offer people a choice of food at this time of the day. They were also reminded to keep a record of meals eaten or declined so the

registered manager could audit the take up of evening meals. The management team also carried out thematic conversations with people to ensure they were aware of the supper menu and that staff were offering them a choice.

There were two choices of main meal at lunch time although people told us, and we saw, people were always able to have alternatives. The cook told us, "If I've got it they can have it. It's their home." One person told us the main meal was curry and as the cook knew they would not want it they had come to their room to see what they wanted. They told us they had requested an omelette and at lunch time we saw they had this. They also said, "They know I don't like butter so they get me Flora." Comments about food included: "Food is very good" "Food is not very good. It's large scale cooking which is not what I'm used to." "You can have different things, It depends what you want." "There's definitely enough to eat." "Food very good, always a choice." "Excellent, never had a bad meal."

People could eat their meals in their rooms or in the lounges if they wanted to, however most people liked to go to the dining rooms. People were observed to choose where they sat and who they sat with. There was a relaxed and unrushed atmosphere throughout the lunch time experience and conversation and interaction was prompted and encouraged by staff members. If people were unable to understand the choices available they were shown a plate of each option to assist them to recognise and make their choice. Staff members were observed eating with people, this clearly helped to promote normalisation and enabled staff to observe and assist in an unobtrusive way.

Somerset Care also had a group lead responsible for training, advising and auditing nutrition and the meal time experience for people living in their homes. The group also oversees menu planning ensuring the homes use fresh, local and seasonal ingredients when possible. The menus used in the homes could be adapted to meet special and cultural dietary needs.

The provider told us the organisation had also developed a photographic 'hospitality guide' to support staff in making the meal time experience enjoyable. The registered manager also followed current good practice guidelines to ensure they promoted a high standard at mealtimes to meet the particular needs of people living with dementia.

The environment on the SRC unit had been adapted to meet the needs of people living with dementia. The unit was a relaxed and peaceful environment where people were observed to be walking around safely or sitting in the lounge or corridor areas. The corridors accommodated areas for reminiscence and tactile areas where twiddle muffs and soft toys were made available. Hats and handbags were also available. Appropriate music was playing throughout the day. Each person had a memory box situated on a wall outside their bedroom. This meant they could easily recognise which room was theirs. Bedroom doors were clearly numbered and there were clear signs accompanied by pictures, indicating to people where different rooms and toilets were situated. People living on the unit had been involved in choosing colours, carpets and tablecloths. They had also been actively involved in the decoration of the unit, for example painting the fences and garden furniture for the outside area. One person told staff they were proud of their work and that they, "used to do that."

Is the service caring?

Our findings

The home continued to provide a caring service to people.

Interactions we observed between people and staff were kind and caring and demonstrated that staff knew people very well. One person who told us they had only been at the home for two weeks said "Staff seem nice." Another person told us, "Staff are kind." Throughout the day we witnessed spontaneous and caring interactions from all staff. People appeared to have a genuine fondness for the staff and were frequently observed approaching staff for assistance and reassurance. The responses from staff members were observed to be consistently gentle, sensitive and responsive to their individual needs. We saw staff showing care and thoughtfulness. Staff were patient when supporting people and did not rush anyone. At lunch time two ladies were struggling with their walking frames and their handbags. A member of staff carried their handbags to the dining table, waited for the people to come to the table and returned their bags to them.

People said staff went above and beyond what they expected, for example The provider sent us a statement from a member of staff who took one person to church on their days off. This meant the person was able to continue to follow their faith and beliefs and maintain their links with their friends and community. At one service the congregation sang 'happy birthday' and the person stayed to lunch. The person told the staff member that going to church gave them "peace of mind." The staff member wrote, "[The person's] culture and religious identity is very important to [them] and taking [them] to church on Sundays made a significant difference. Not only to [the person's] general well-being and finding purpose in [their] life but also to the team that we made a difference to someone else's life."

People told us staff were always kind and respectful. During our conversations with people, all of the comments we received were positive. One person said, "I get amazing treatment, it is a hard job I do not know how the girls do it." Another person said, "Staff are all friendly and helpful." A third person said, "We have good carers here, my key worker is exceptional." Relatives of people were also happy with the care and support provided in the home. One relative said, "All care is as one would hope for, I feel comfortable with the care [the person] gets in this lovely environment." Another relative said, "Staff are genuinely kind and caring, there is no one I could not turn to for help, they are really lovely and speak to [the person] so nicely."

Everyone said they were able to have visitors whenever they wanted. One person told us "I had visitors today. They bought their dog with them which was lovely." Another person said they regularly went out with family members. One person said they had made friends at the home and enjoyed spending time with other people. At lunch time we saw them chatting happily to a group of people.

People had built trusting relationships with the staff who supported them. We heard domestic staff chatting and joking with people as they cleaned their rooms. They told us they saw part of their job as chatting and socialising with people. One person who was quite new to the home said "I haven't joined in any activities yet. I do go down to lunch and they have sat me with another chap which is good."

People told us staff respected their privacy and dignity. Each person had their own bedroom with en-suite

facilities. People confirmed doors were closed and curtains drawn before any personal care was carried out. All personal care was provided in private to promote people's dignity. One person said, "Staff are very kind and thoughtful. They help me with a shower whenever I want one which is rather nice."

Where people preferred to maintain their independence staff respected this decision. One person said they showered themselves but knew they could ask for help if they wanted it. They commented, "There are always plenty of offers of help."

One person said they had a strip wash each morning because they liked to take responsibility for their own personal care. They said "They let you be independent." This person was also trying to maintain their independent mobility. Staff supported them with this by accompanying them to the dining room with a wheelchair. The person walked as far as they felt able but staff were on hand when they needed to use the wheelchair. Staff offered encouragement and support to promote this person's wish.

People and their family or representatives were involved in decisions about their care and support. Where able, people had signed their care plans to show they had been involved in planning and reviewing their care and support. One person had written a comment on their care plan review whilst others had signed to say they understood and agreed with the content. Staff supported one person to return to Frith House following a hospital stay as they had stated it was their home and where they wanted to be. They became increasingly engaged with staff and activities around the home such as watering the flowers, helping with chores and reading. The person told staff he had, "never been happier in his life."

One person said they were able to talk with staff about things that worried them and they felt staff took time to listen to their concerns. They said, "I do talk to staff. It makes me feel better when I talk. I have no worries here." People were able to influence the care and support they received, for example, One person was able to communicate to staff that they did not wish to attend a diabetic clinic appointment. Staff discussed this with the person's GP who was in agreement that the person had the right to decide not to attend the appointment.

It was clear staff knew people well. Staff were able to tell us about people and their individual lifestyle choices and wishes. People's likes and dislikes and life history were clearly documented in their care plans. There was evidence of detailed pre-admission assessments being carried out to gather as much relevant information as possible. This meant staff knew what they could talk to people about and what their interests were.

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of other people. Staff understood the need to respect people's confidentiality.

A record of compliments was kept by the home. We looked at some of the compliments they had received. Relatives were generally very happy with the care and support provided and a sample of the comments made included. "Thoughtfulness and sensitivity shown by all in her last few days. It has made the pain of losing her so much easier to bear." Another thanked them for their "Lovely care and attention." The provider sent us another comment from a family member who thought one staff member should be nominated for an award, they said, "[Staff member] comes up with great ideas to keep mum's memory, going through a bank of photos in mum's room and recording activities in a diary." The registered manager also sent two further comments from people who had stayed at Frith House on respite care. This is when people stay at a home for a short spell to either improve their health or give a family member a rest from caring. "...I found the stay at Frith House really comfortable. They made me feel very welcome from the moment I met with the

manager and the team and throughout they were so friendly...I made some good friends during my stay and we enjoyed mealtimes together and I actually started to eat more than I usually do at home." Another person who stayed on respite care was able to go home once their health had improved. Their family member wrote, "We both feel this is in no small part due to the care and warm support from your team, which has been very much appreciated. The people we met at Frith House were unfailingly kind and painstaking, friendly and dedicated, well led by [staff member] and [registered manager]."

The home was able to care for people at the end of their lives. The care plans gave information about how and where people wished to be cared for at this time. Advance care plans and information about people's wishes regarding resuscitation had been clearly recorded and agreed with people. The registered manager explained that when they provided end of life care they worked to the principles of the National Gold Standard Framework (GSF). This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life. The home was not registered with the GSF however care records showed they worked within the guidelines. There was good communication with local GP surgeries and district nurses provided support with "just in case medicines." These are medicines that can be prescribed in advance when a person is nearing the end of their life, This means that if it is identified a person is in pain or distress the medicines can be used without the delay of arranging a GP appointment.

Is the service responsive?

Our findings

The service improved to outstanding.

Everyone had a care plan that was personal to them and their individual needs and wishes. Care plans gave staff information about the help people needed, including how and when they liked to be supported. Information we read in people's care plans was very reflective of the information people had shared with us. For example one person described the things they liked to do for themselves and this was clearly recorded in their care plan.

People's needs were assessed before they moved to the home to make sure staff were able to meet their needs and expectations. One person said, "When I was in hospital someone from here came to interview me." One person said they had visited several homes before deciding on Frith House. They told us, "I saw a lot. This is like a hotel compared to some. Lovely and clean." Other people said they had relied on relatives to look at the home.

The registered manager explained how they had recently taken the decision to halt further admissions to the SRC unit whilst awaiting the transfer of three people with significant healthcare needs to nursing home placements. The three people needed additional 1-1 support from staff and at times could display challenging behaviours having an adverse impact on the lives of other people living on the unit. The registered manager's decision meant there was sufficient staff on the unit to divert people and ensure the impact on their lives was minimal. This showed how the registered manager responded to the needs of people and the impact their needs may have on other people living in the home.

People were able to follow their own routines and staff assisted them at times that suited them. One person told us about their morning routine. This was recorded in their care plan which helped to make sure they continued to make choices about how they wished to live.

People said they were able to make choices about the care and support they received with some people wishing to maintain their independence and others requiring more support from staff. One person said, "I do my own thing but there is always company if you want it." Some people went out without staff support. They said the home was in an excellent location and they could walk to the town or the sea front. As a result of addressing staff issues around risk the registered manager had enabled people, to attend clubs and activities within the local area. For example people attended "singing for the brain" led by the Alzheimer's society. As well as tea parties at the local church. Staff explained how they were supporting one person to return to their own home. At first they had considered the person had lacked capacity to make the move. One staff member said, "It was a big step to start looking at what people could do rather than what they could not do. We had become too concerned about the risk and that is not how we work now. If somebody wants to go to the shop we support them to do just that."

There were excellent links with the community which enabled people to keep in touch with friends and continue to take an active part in their community. Staff encouraged people to use local facilities such as

shops, cafes and the local beach area. A community café was held within the home. Members of the community café offered arts, and crafts activities and people from all areas of the home joined with members of the community for these activities. This meant people had the chance to talk about local news and join in activities with people from the local community who could bring alternative activities into the home. People said they felt they still had links with their family, friends and the local community. One person told us how they had been able to meet new friends and enjoyed the community café.

People were supported to be involved in the running of the home. The registered manager explained how people liked to be involved in the recruitment process for new staff. One person in the home liked to be involved in interviews however the registered manager explained they were doing less now. People met prospective staff when they visited the home. When they left the registered manager asked people what they thought and if they thought they would make a good staff member fitting into their community. The registered manager said, "I have actually turned staff down on the basis of people's feedback."

We noted that the courtyard garden area was looking unkempt with weeds and no seating area for people to sit. Consequentially nobody was seen using the area. We discussed this with the manager who explained some people liked to be involved in planting flowers and others liked to weed, whilst others had started to paint the walls. One person living in the home liked to do the weeding but they had not been into the garden for a while so the weeds had grown. The registered manager explained how they had tried to use the area in response to the way people living in the home appeared to want to use it. However they agreed a new seating area would be nice. One week following the inspection the registered manager sent us a photograph of seating with tables and parasols in the garden. This meant the registered manager was responsive to the preferences of people living in the home. However they were also open to comments and responded promptly to improve the service and experience for people living in the home.

People were supported to take part in activities and occupy their time. There were a number of activities workers employed at the home to support people to take part in group activities and to provide social stimulation on a one to one basis. The weeks' activities were recorded on large boards around the home and a list of activities was made available to people in their rooms. The registered manager had attended manager's network groups and the organisation teams looking at ways to improve the activities programme in the home. Following the group discussions and meetings the registered manager had introduced the "Our Yesterday" programme for reminiscence. The "Our Yesterdays" programme gives information about events that occurred on that day some years ago, it includes films, pictures and quizzes, and a printout was made available throughout the home for people to read. This tool for reminiscence had been trialled at the home. People had enjoyed the sessions and looked forward to them. One person told us how they looked forward to the discussions that arose from the film or newspaper cuttings. The activities organiser explained how the sessions generated a lot of discussion and reminiscence and they always had plenty of people attending. The positive outcome for people within the home meant it was being rolled out to other homes within the organisation.

The use of tablet computers meant this programme could be accessed across the home to enable people to take part in groups or on a one to one basis. We observed a session of the yesterdays programme in the activities room. We observed people enjoying the daily session, which appeared to stimulate much discussion and laughter. One person told us how they enjoyed the sessions and attended regularly every day, they said, "Oh, it brings back so many memories so many happy times, I love it." Whilst the reminiscence session was being held in the activities room a quiz was also being held in one of the lounges. In the afternoon a game of skittles was well attend by people from both units and much laughter was heard. A representative of the Registered Veterans Association visited every three weeks to meet veterans living in the home. They met with people and had tea and a chat with them. This meant people could continue with

their membership of an association which meant so much to them.

The home had also been involved in research with Exeter University called "Calmer by Nature." This involved playing nature DVD's of nature such as rabbits, water running and wind in the meadows, at times of the day when people living with dementia may be unsettled. Initially people enjoyed the films but became used to them and said they had already seen them. However they put them on in the reception area and some people sat and watched them. One person who was always anxious was calmed by them and they did not require as much medical treatment. This meant the approach by the home of responding to the use of innovative ideas to improve people's lives had had a positive impact on the person's experience.

Staff were responsive to new ideas and promoted new areas in the home to enable people to be engaged with their environment. The SRC unit deputy manager explained they had been given the role of providing dementia training having attended the Focus Training and Support conducted by Alzheimer's Society UK. They described how this had had a positive impact on people living in the SRC unit. For example we saw how the environment had been adapted to include reminiscence areas, with old prams, a sewing machine and an area resembling a public house bar which was a popular area in the evenings it was used. An outside agency had been involved in the introduction of tactile items such as twiddle muffs, which helped people be more settled and less anxious. Staff interventions were proactive rather than reactive preventing situations from becoming uncomfortable for people. For example we observed staff divert a person who liked to chat a lot. They were talking to people in a lounge where they liked to sit quietly. Staff guided this person to a lounge where a group were chatting together. We observed this person happily stimulated and enjoying the company.

Staff responded to one person's communication needs by developing picture cards that related to, "Things (the person) most commonly asks for or needs." This meant the person felt more confident to approach staff and use the cards to communicate. Another person experienced sensory loss around their hearing and sight. The home managed to obtain funding for two care workers to visit them regularly and bring in their pets which they liked. The person built up a close rapport with the care workers. The home was also able to support this person in contacting family members they had not seen for a long time so they could be included in their lives.

Staff promoted and supported people in carrying out meaningful occupation. For example some people liked to help with the washing up, and collecting items on trolleys. One person who liked to 'dust' had feather dusters in a basket on their Zimmer frame. During the inspection they were observed to be happily dusting the corridors.

Throughout the day we observed one to one discussions with people. The registered manager introduced a "Time to Talk" 10 minute daily sessions. The sessions took place from 10:20am- 10:30am. Staff members talked with people about how they were and their current needs and wishes. The outcomes were documented in their care plans. One staff member said, "I have found this really good, especially for those residents who can go below the radar. You don't realise until you start doing it that sometimes if a resident is sat quietly looking like they are happy they may only get spoken to about a meal or care through the day. Now they have a meaningful conversation about anything of their choosing every day."

People's diverse cultural needs had also been taken into consideration and local religious organisations visited the home on a regular basis. These included the Methodist Church, the Catholic Church and the Jehovah's Witness. This meant people could continue to follow their chosen beliefs. One person told us they always attended the church service at the home. We saw a representative of the Catholic church visiting people during our inspection.

People were able to continue to exercise their right to vote. One person told us they had used a postal vote in the recent election. The registered manager explained how they had discussed recent events and the right to vote at one of the managers teas.

The registered manager explained how the organisation had introduced a "make a wish scheme." People were asked on their birthday if there was anything special they would like to do. One person told us they had asked for steak, egg and chips for their birthday meal. This had been cooked for them and they had thoroughly enjoyed it. Staff were aware of peoples wishes and tried to fulfil them where possible.

The registered manager sought feedback from people and staff through questionnaires, meetings and one to one conversations. Where suggestions were made these were acted upon where possible. For example people had been concerned about the length of time it took for laundry to be returned to them. The registered manager responded by changing the hours the laundry person worked. This meant their hours covered the time of day when most laundry needed doing. This had resulted in fewer concerns raised about laundry.

Dementia Care mapping was carried out three times a year. The process involved a five minute observation to monitor interactions, wellbeing, mood, enjoyment and mobility. Any additional needs identified from the care mapping were responded to within a week. All the data gathered was recorded electronically and the outcomes were developed into an action plan of care. For example the registered manager had promoted the keyworker allocated time so staff had more time to talk with people.

People felt able to share any concerns or complaints because there was an open and responsive atmosphere in the home. Where complaints had been made these had been fully investigated and responded to. Where investigations had highlighted shortfalls in the service apologies had been offered to the complainant. People did not raise any complaints but said they would talk with staff if they weren't happy. One person said, "I've nothing to complain about but I would complain if there was." The registered manager explained how they had introduced a system to record all concerns however small so any trends and patterns could be identified.

Is the service well-led?

Our findings

The service improved to outstanding.

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager was supported by a deputy manager on the residential unit and the SRC unit, as well as a team of care supervisors. Some members of the staff team had lead roles such as medicines, moving and handling and infection control. This meant staff in the home had a named person they could go to for help and support. It also meant staff felt that their expertise was valued. The deputy manager on the SRC unit explained how they were the Company's "Petals Champion Dementia Lead". Petals, is the organisations specialist dementia care support. It is called Petals as it, "Reflects the following values and actions; person centered, empowerment, trust, activities, life history and stimulation". They told us, "I care passionately about my job and caring for people with dementia. I feel [the registered manager] is really very supportive and takes notice of what we suggest and would like to try." This staff member was recognised through the company's care awards system for their contribution to "Quality Dementia Care."

The registered manager was an active member of the "Petals (Dementia) group for Somerset Care". The provider told us, the registered manager had held two sessions of the group. At the first they launched Petals and signed up to be dementia friends. At the second they launched the Cohen Mansfield Toolbox initiative, looked at the use of positive language and improving care plan recording. This training was then rolled out to other staff in the home. This meant the management team was constantly looking at innovative ways to enhance the lives of people living in the home. One staff member explained how after mentioning the Cohen Mansfield memory boxes to one family member they were able to feedback to the group, "They have bought it in today and will continue to add to it. This will be a very useful tool for [the person] as [they] have no insight into [their] dementia or memory loss."

The provider explained how the registered manager was an active member of the, "Petals (Dementia) Steering Group for Somerset Care." And how the company's, 'Petals Champions' was being rolled out across all the organisations homes. "The introduction of Petals Champions in April 2017 in each of our care homes was a recognition of the desire to harness the passion and ideas of our care staff and to share good practice across the company through a more formal network that promoted positive action rather than just information sharing."

The provider told us, "The home demonstrates a longstanding commitment to leading the way in dementia care, for example promoting a dementia friendly environment, the home has for a long time not worn uniform as a way to break down barriers (this was a pilot run at Frith many years ago in consultation with residents, families and staff, the learning from which has been shared across Somerset Care)." This meant the management team at Frith House was at the forefront of influencing change throughout the organisation by exploring innovative ways of improving the life experience of people living in the home.

The registered manager continued to be open and approachable. All people and staff spoken with said they found the registered manager easy to approach. One staff member said, "The manager is very supportive,

she is always on the floor, she comes in very early in the morning so that she can see the night staff". Another staff member said, "Management listen to suggestions, they listen to what we think residents would benefit from". One person living in the home said, "[The registered managers name] is in charge, she comes into the dining room and chats to people, she is very open and easy to talk to." One relative told us, "The manager is very approachable, and open in her manner. She runs a good home because all the staff and residents are happy." The deputy manager on the SRC unit explained, "We have a good relationship with the home manager, we meet up every lunch time to discuss all aspects of our day." This meant the registered manager was aware of the changing needs of people and staff on a daily basis." For example through these meetings the registered manager was aware of the impact three highly dependent people were having on the lives of people living in the SRC unit.

The registered manager was also open to suggestions from staff. For example one new staff member who had never worked in care before asked to be taken off the dementia unit as they did not feel confident they could meet the people's needs. The registered manager responded by arranging for the deputy manager on the dementia unit, who had been trained to deliver dementia training, to roll out dementia training for all new staff in the first six weeks of their induction. Feedback from the courses included, "Showed how the person is and what's important, not the dementia." And "It has given me more confidence and techniques to use that I didn't know before." The registered manager wrote, "This course is provided early in-house, is not reliant on training calendar availability and is having a really positive impact on staff retention and confidence."

Staff felt well supported by the registered manager and provider. Staff morale was high and staff appeared genuinely happy in their jobs. This helped to create a cheerful happy atmosphere for people to live in. One member of staff told us, "It's a good place to work I love it here. I feel valued and listened to and if we think of anything that might improve things for the residents they listen and sometimes we try it out."

Somerset Care invests in training in leadership skills for all staff across the company. The registered manager had taken part in the "InterBe Transformational Leadership Programme. Following the training the registered manager reflected, "InterBe focusses largely on the importance of the relationships within the workplace or outside work. It taught us how better relationships can be built by improving the quality of conversations that take place in the interactions between individuals...The impact of the training was profound. We, as a management team have experienced a huge range of benefits including: cultural and relational transformation, improved communications, increased productivity, conflict management and reduced absenteeism and reduced work place stress. We have learnt that the only way to achieve profound and lasting change is to focus on the quality of these relationships."

The provider was accredited by 'Investors in People' (a scheme that focuses on good business and people management). Frith House was one the homes where staff were interviewed for the reassessment. The report stated that the registered manager held, "Departmental meetings, quarterly general meetings, as well as supervisions and appraisals to ensure staff are informed of the team objectives. These objectives included reducing sickness absence, increasing occupancy and alleviating staff pressure through flexible working and improving staff knowledge/skills." The report also stated that staff agreed they received a high standard of support from the management team. One staff member commented in the report, "We have monthly meetings where I can offer suggestions and ideas to the running of the home." And staff, "Said that they were encouraged to make suggestions and give ideas through a variety of forums and systems." The provider was also a member of the Registered Care Providers Association and the National Care Forum.

The provider told us, "The management team at Frith House have been recognised by Somerset Care for their outstanding leadership skills. For example, the Registered Manager received the 2016 Harry Patch

Outstanding Manager Award. It is awarded by senior management to someone who has excelled beyond their duties and recognises [the registered manager's] contribution to supporting wider organisational developments, for example through involvement in the working group that introduced and develops our electronic care planning. The Deputy Managers were also nominated for Company awards evidencing the essential part they play in nurturing the staff team, and embedding the values and ethos that makes Frith House a special place to live and work."

The registered manager continued to build strong relationships with the local community. A community café was run by members of the community. The registered manager told us, "Each month we have a theme, we have music, singing and crafts. Relatives and people from the community come in and meet with people living in Frith; they have a lovely tea and a chat. The interaction improves people's well-being and is good company." They also had links with the Age UK toenail cutting service who used facilities in the home. This was accessed by both people in the home and the local community. Bridgwater college students had also been actively involved with the home talking with people about their memories and experiences. Other people from the community also provided entertainment and activities within the home.

As well as the community coming to the home the registered manager had enabled people to go into the community more. The registered manager explained how during an audit they had found some staff were risk adverse. This meant they had taken the decision that a person was not safe leaving the home on their own. The manager had assessed the person's ability and addressed this with staff. It was agreed the person was able to leave the home unaccompanied. As a result of this the registered manager had developed the use of business cards with the persons' name and the homes address. People could carry the cards when they left the home so they could give them to someone in the community if they become lost. This meant the registered manager was aware of people's "Human Rights" and had supported the person's right to maintain their liberty.

The statement of purpose contained the organisations vision, it stated, "Our philosophy of care promotes, dignity, privacy, respect for human rights, equal opportunities and the right to enjoy the highest possible quality of life." The registered manager told us they aimed to create a, "homely, comfortable atmosphere. A place where people can do what they want, when they want and we work for them." Throughout the inspection we saw both the organisations and the registered manager's vision being put into practice by all staff in the home. Staff waited for people patiently and people were supported to be as independent as possible.

The registered manager was a member of a number of steering groups involved in improving the life experience for people in the home. These included a 'care planning group,' looking at ways of doing things better following feedback from audits and inspections.' Also a 'dementia steering group,' which looked at new innovations and data around the use of anti-psychotics medicines. From this group they employed a Mental Capacity Act [MCA] advisor in the company to give managers and staff a better awareness of applying the MCA in everyday life. There was an 'activities group,' where they tried out various different types of activities. A 'dependency group,' looked at developing their own dependency tool to better identify peoples psychological as well as physical needs. The registered manager explained how they would be developing the dependency tool to look at staffing levels through the home and what improvements they could make. The registered manager explained how they were passionate about improving the living experience for people through the steering groups and manager networks they attended.

The registered manager said, "The working parties I am involved in helps my leadership at Frith. We are very creative, innovative and fun and look at what enhances people's lives". For example they had piloted the "Our Yesterdays" programme, took part in research with Exeter University and were introducing new

activities following group activities for staff to experience them themselves. "We listen to people living at Frith and I feed that back to the working parties so we can improve. It is a very good customer link to developing the services." The registered manager also belonged to a local manager's network where they shared and discussed experiences. The 10 minute time to chat was put into practice in the home following one of the meetings and this had proved a positive experience for the people who lived at the home. Staff said they found the 10 minute chat a good time to talk about anything the person would like to do or to add to their 'make a wish list.'

There continued to be robust systems in place to share information and seek people's views about the running of the home. The registered manager explained that resident and relative meetings were not well attended so they had re-introduced the "tea and chat with the manager." The registered manager had also introduced the, "Tea and chat with the manager sessions." These times were put aside for people to meet with the registered manager on an, "equal footing," to talk about what was going on in the home, if they were happy and what improvements they would like to see. They also discussed local news and current affairs. Sessions had included the use of the "Our Yesterday" programme to generate conversations, and discussions were held about the general election and terrorist incidents. This meant people were supported to remain in touch with the wider community. People had also been able to make an impact on their personal lives in the home, for example, "[The person] asked if the option of a height adjustable bed was still open. A bed was provided." Another person mentioned a person who would enter their room coping mechanisms were agreed and put in place." The tea and chat sessions meant people felt at ease talking to the manager and maintained some control over their lives. The registered manager had taken on comments and would be taking the tea and chat meetings to people who remained in their rooms.

There continued to be an effective quality assurance system in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. We looked at care plan audits that had been carried out and saw that any shortfalls had been addressed with staff. All accidents and incidents which occurred in the home were recorded and analysed and action taken to learn from them. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

The organisation also used an independent survey run by Ipsos Mori called, "Your Care Rating survey." The 2016 survey showed that the percentage of people living happily at the service had increased from 86% to 96% and the percentage of people satisfied with the overall standard of the care home had increased from 97% to 100%. This year's survey had highlighted some areas for improvement and the management team had acted on this for example one issue was that people felt staff did not have time to talk. The registered manager introduced the "10 minute time to chat." There had also been concerns about the way concerns and complaints were managed. During the inspection the registered manager explained how they now recorded everything so that the smallest of concerns could be seen to be taken seriously and acted upon. The "tea and chat with the manager" also gave people a forum where they could raise minor "niggles" and resolve them at the time. Following a low percentage of people being satisfied with their access to other healthcare professionals the registered manager was looking at ways of "increasing collaborative working with local health care professionals." This meant listening to people's experiences and looking at ways of improving them were important to the registered manager and the organisation.

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. For example complaints were seen as a way to improve practice and action was always taken when people raised

concerns. The registered manager explained they had introduced a system where all issues raised, however minor were recorded so they could identify any trends before they became a major issue.

The registered provider ensured the home was run in line with current legislation and good practice guidelines. There were up to date policies that were available to all staff to make sure they had the information they required to provide safe and effective care.