

Friary Care Limited

Friary House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Friary House is a residential care home registered to provide accommodation and personal care for up to 16 people in Weymouth. At the time of our inspection there were 15 older people living in the home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had a good understanding of how to safeguard people and how to raise concerns either internally or externally if they suspected harm or abuse. There were enough staff to meet people's current and emerging needs. A dependency tool was used monthly to ensure that staffing levels continued to match the needs of the people living there. People's individual risks are assessed and reviewed. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to have choice throughout their day and have care in line with what they needed and wanted. People expressed confidence in the skills and competence of the staff supporting them. Where people lacked capacity to make particular decisions they were supported by staff who were trained and worked in line with the principles of the Mental Capacity Act 2005.

Staff consistently demonstrated a kind and caring approach towards people. Interactions were unhurried, attentive and friendly. People were encouraged and supported to maintain their independence. Staff understand what each person could still do and how much support they wanted to accept. People were respected and treated as individuals with distinct preferences, likes and dislikes.

People produced their own monthly newsletter which is widely distributed and read. People and relatives told us this created a sense of community and ownership over what happened at Friary House. People and relatives said that they feel listened to and are confident that anything they raise is resolved. One person said, "I'm so happy here. I've only got to ask for something and it's done."

There was a positive and open culture at the home where everybody's views were considered. Staff felt supported and that their work was recognised. They received regular supervision where they received both

praise and suggestions where they could improve their practice. The home had established good working relationships with health professionals who were helping people to stay well for longer and prevent unnecessary admission to hospital.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service has improved to Good.

Staff provided care in people's best interests when they could not consent. At the previous inspection in March 2016 this was not always recorded as having been decided within the framework of the Mental Capacity Act 2005. At this inspection we saw that this had been resolved.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Friary 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 was planned to check 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 comprehensive inspection took place on 3 and 4 May 2018 and the first day was unannounced. The inspection was carried out by one inspector on the first day and two inspectors on the second day.

Before the inspection we reviewed information we held about the service. This included notifications the home had sent us and information received from other parties. The provider had not been asked to complete a Provider Information Record (PIR). A PIR 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 were able to gather this information during our inspection. We contacted commissioners prior to the inspection which helped inform the questions we asked.

During our inspection we spoke with seven people living at the home and two relatives. We also spoke with the registered manager, the deputy manager, the nominated individual (this is a person who has overall responsibility for supervising the management of the regulated activity, and ensuring the quality of the services provided), and eight members of staff. We looked at four people's care records, including mental capacity assessments and Deprivation of Liberty Safeguard applications where required. We also reviewed records relating to the running of the service including three staff recruitment files, medicines records, quality monitoring audits, and meeting minutes.

We spoke with a visiting health professional and also received feedback from four other health professionals after the inspection. This included a speech and language therapist, a district nurse, a GP, and a nurse practitioner.

We pathway tracked three people. Pathway tracking is where we review records and do observations to see if people are supported in line with their assessed needs. We carried out general observations and also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People were supported by staff who understood how to safeguard them from harm or abuse. Staff had received training in equality and diversity. They were able to tell us some of the protected characteristics that could cause someone to experience discrimination or harassment, for example sexuality, race or religion. People told us that they felt "relaxed and safe" at the home and that they knew who to speak with if they felt they were being discriminated against. One person said, "the staff have taken the stress out of my life."

People had individualised risk assessments that were reviewed. These demonstrated that people were not unduly limited in the choices they were able to make about their day to day lives. For example the layout of one person's room was seen as increasing their risk of having a fall. This was discussed with the person who understood and accepted the risk. The person confirmed this with us.

Equipment within the home was routinely serviced. Visible checks of equipment and the home environment were carried out daily. This included the fire system and fire alarms. The home had a maintenance log which documented areas that needed attention and when these had been resolved. People had Personal Emergency Evacuation Plans (PEEPS) in place. These guided staff on how to evacuate people safely in the event of an emergency. These were reviewed to ensure they documented people's current needs and abilities.

There were enough staff to meet people's needs. A dependency tool was used monthly to ensure that staffing levels continued to match people's needs. When people used their calls bells we observed staff responding in a timely way. People confirmed that this was usual. Recruitment practices in place meant that people were supported by staff suitable to work with vulnerable adults. Staff only worked with people once they had received the necessary clearances.

Medicines were managed safely. People were supported by staff who had the required competence and confidence in this area. People had 'as needed' PRN medicine plans in place and we observed people being offered this type of medicine when they needed it. Records showed when this had been given. We checked the storage and stock of specialist (controlled) medicines and found the stock balanced with what was recorded in the specialist medicines book. People were seen as partners in this task with staff seen informing them of the medicines they were being offered, choice being given as to whether they took them, and what they were for. One staff member was heard carefully explaining to a person living with dementia what the medicine could do to help their day. This helped the person make a decision about whether to take the medicine or not.

The home was visibly clean and free from malodours. There was an up to date cleaning schedule in place. People were supported by staff who had been trained in infection prevention and control and who used personal protective equipment when appropriate.

Accidents and incidents were recorded and reviewed to reduce the chance of them happening again. For

example a review of a fall a person had experienced indicated that it had been the result of poorly fitting shoes. Staff had supported the person to purchase ones of a better fit to reduce the risk of the person having further falls. One person told us the best thing for them was "the attitude of the staff and their concern that I should feel safe."

Is the service effective?

Our findings

People had pre-assessments which supported their move to the home. These included information about their background, health needs, skills, preferences and those important to them including people and pets. People's distinctiveness was actively considered and used to shape the service that they received. People were supported to have choice and had care in line with what they needed and wanted. For example, one person told us "I'm happy in my own company but they still tell me what's on. They never make an issue of it." Another person told us that the staff support them to put on jewellery that they like to wear. Notes from a recent residents meeting advised staff that some people had expressed a wish to have their clothes put on their bed so they could put them away themselves. People told us that this meant they still had control over their own lives.

Staff had received training in areas such as nutrition, pressure care, medicines and diabetes. They had also received advice and training from a local clinic's in-reach service. This had helped them better understand and meet the needs of people living with dementia. Staff told us that the training they received enabled them to feel confident and competent in meeting people's current and emerging needs. Staff had regular supervision and told us they had the opportunity to raise issues freely. Records also confirmed this.

People were supported to eat and drink sufficiently to maintain their health and in line with their assessed needs. They told us they were consulted about menus and that if they changed their mind about what they wanted alternatives were always offered. Our observations confirmed this. People chose from a range of soft drinks or alcohol to accompany their meal. When people wanted to lose weight staff supported them to do this. The cook said that each day they spoke with people to "ask what they want." One person confirmed this saying on the day of our inspection that they had asked for only foods of a particular type for lunch to support their wish to diet. We saw that they received exactly what they had asked for.

The home had developed a good working relationship with the local district nursing team. People also benefited from pro-active weekly visits from a local GP and nurse practitioner. This helped to keep people well for longer and reduced the need for admission to hospital. One person said, "I only have to ask to see the GP or that I need some more cream for my skin and it is seen to." A health professional said that if the staff encountered an issue with a person's health that could not wait for a visit, '[staff] will contact the surgery appropriately and within an appropriate time frame to get help and advice.' They then added, 'I have a great deal of respect and admiration for the hard work and commitment of all the staff at Friary House.'

People were supported to attend appointments or community events to help them maintain their overall health. This included visits to the GP, dentist, audiology department of a local hospital and a local weight watching group. The same staff member supported people on their appointments to help reduce people's anxieties and maintain a continuity of care. One person referred to this staff member as a friend rather than 'a carer.' The staff member told us they covered their badge when attending appointments with this person so that they felt as if they were being accompanied by a friend.

People lived in a home that was well maintained throughout and decorated in a way that made it feel and look homely. People expressed satisfaction with their rooms and told us they had been supported to personalise them according to their tastes. The provider was in the process of purchasing a new lift as the current one was reaching the end of its working life. People at the home were aware of these plans.

All staff had recently received training in mental capacity and dementia care. As a result people were supported by staff who understood the principles of the Mental Capacity Act 2005 and how it applied to the people there. They were able to tell us when and who they would involve if a person lacked capacity. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The home had applied for Deprivation of Liberty Safeguards (DoLS) for each person that required this and was awaiting outcomes on these applications. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Where people were assessed as lacking capacity to make an informed decision on a particular issue best interest decisions had been made with relatives, staff and health professionals. All staff had received training to understand their responsibilities under the MCA and DoLS and were able to confidently tell us how they sought consent and worked in people's best interests. We observed staff consistently asking for people's consent prior to supporting them. One staff member was heard spending unhurried time with a person living with dementia so that they felt more settled in why they were living there and how the staff could help them.

Is the service caring?

Our findings

Throughout the inspection we saw staff demonstrating a kind and caring approach towards people. This was confirmed by people living at the home. One person said that staff spoke to them in a "kind and compassionate" way and that they enjoyed the "affectionate teasing" when interacting with the staff. Another person said staff had provided emotional support when they had been concerned about a relative. This person said, "The staff have been understanding, encouraging and very sympathetic. They are absolutely there for me." A health professional told us, 'the staff are always respectful, friendly and polite towards me and the [people] and there appears to be staff engaging with [people] at all times.'

People told us that they were able to express their views and influence the support that they received from staff. One person said, "They ask me what I would like to wear each day and they support me to choose things from my wardrobe. We can also give our views at the residents meetings." We observed this person being supported by a staff member to choose clothing they wanted using a tablet computer. Another person said, "What I really like is that [the staff] don't hurry you. That's good as I don't do hasty."

People were supported to live their lives how they wanted to. This included support to have intimate relationships when they wanted them. People confirmed this during the inspection. The registered manager said that if a person came to stay that was in a relationship, or decided to start one while there, they would support them by seeking health professional guidance and, if required, request a mental capacity assessment to determine what support they may require to maintain the relationship and stay safe. The registered manager said, "Why should people be treated any differently because of their sexuality or wish to share a level of intimacy with another person?"

People were respected and treated as individuals with distinct preferences, likes and dislikes. One visiting health professional feedback, '[People] that want to engage with activities are encouraged to do so and those that are not so keen are given time and opportunity to talk to staff or engage in alternative activities either alone or with staff.' One person was heard laughing after explaining to a friend living at the home that they had decided to paint their nails in a particular way as "it's the fashion now." One person's care plan noted that they were 'still able to do certain things themselves and that they should be encouraged to keep doing those things.' Another person's care plan detailed that they could 'walk further distances than before.' This approach helped to acknowledge people's abilities and keep them independent for longer.

The home understood its obligations under the Data Protection Act. Staff had received training in information governance. People's and staff member's files were stored securely. Access to computer records was password protected. Management were aware of the new General Data Protection Regulation due to come into force on 25 May 2018 and were scheduled to attend an information session on this.

Is the service responsive?

Our findings

People were consulted about what activities they wanted to do. This had led to a schedule influenced by people's interests. Events included visits from a local hairdresser, shopping trips, musical entertainment and barbeques. One person told us they had enjoyed a trip out with friends at the home to show them where they used to live. One of the person's friends said, "It was a fantastic afternoon." Another person had been supported to go and see the route where they used to walk their pets. This helped to connect people to their past and acted as a stimulus for future conversations. People, relatives and staff enjoyed a meal together at Christmas 2017. This was attended by over 70 people. There was a canvas on the wall in the lounge which captured people's feelings about the event. This included – 'a wonderful happy occasion' and 'what a wonderful inclusive celebration.'

People at the home had helped put together a monthly residents' newsletter which we saw in each person's room. Staff provided support to read and understand the content where people required this. People and their relatives told us that the newsletter helped to generate and sustain a sense of community. Other examples of this included a neighbour producing a butterfly mosaic, which people said they enjoyed looking at when in the garden, and people participating in a staff member's baby shower. One person told us, "It was good fun." Another person told us that the home had donated Easter eggs to a local radio station which were then distributed to homeless people.

People and relatives said that they felt listened to and were confident that anything they raised would be resolved. People were given the opportunity to choose the colour of the new staff uniform and had chosen pink. They told us this had made them feel consulted and involved in things that happened at the home. One person told us that staff had supported them to rearrange furniture in their room as they wanted to watch the sun set each evening. This person said, "I'm so happy here. I've only got to ask for something and it's done."

The home met the requirements of the Accessible information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were clearly assessed and detailed in their care plans. This captured the persons preferred methods of communication and how best to communicate with them.

Staff had received training in end of life care. People's future wishes were discussed and recorded with their relative's involvement where they had given consent. People had end of life medicines available for when they needed them.

Is the service well-led?

Our findings

There was a positive and open culture at the home where everybody's views were considered. One of the staff said, "It's a home from home. There is a nice atmosphere and everyone gets along." Staff comments included, "This is a happy place. [The registered manager] is lovely" and, "I love it here. I would never work in another care home." One professional informed us that they had "always encountered a cheerful, caring supportive atmosphere when attend[ing] the home."

The registered manager had a robust knowledge of the type of incidents or events they needed to notify CQC about including events that stop the running of the service, incidents resulting in injury, and alleged abuse. Staff were told when they were working well and areas where they could improve. We saw that this was shared with them in supervision. Staff said that they felt supported by the management. One member of staff told us, "We wanted more dementia training. [The registered manager] spoke to [the owner] and it happened." Another said, "I've never had an issue that has not been sorted out by [the registered manager]."

People told us that they felt consulted with and listened to by staff and the management. Residents meeting minutes and returned feedback surveys supported this. One person said, "They involve me. They ask what I think." Another said they could influence the care that they received. Relatives or others important to people commented, "I absolutely feel involved. I can raise things with management and changes are made or reasons given why they can't be" and, "They always listen [and] ...take me as one of the family." The home had regular, well attended staff meetings where they could freely raise issues. If staff were unable to attend in person they were able to join via an internet link. The registered manager had conducted a staff survey of the approach taken by management and used this to help improve the ways they supported practice and the quality of the service people received.

The registered manager had made improvements to quality assurance systems to include additional areas. Regular, scheduled audits covered areas such as accidents, care plans, maintenance and recruitment. There was now more oversight over the progress with home maintenance and more systematic checks of prospective staff member's suitability to work with vulnerable people before they started at the home. This meant that people were safer.

The management demonstrated an approach that continually looked for ways where they could improve the lives of the people living at the home. One staff member said, "I am always supported to learn new things." They explained that management had arranged for staff to attend a university to participate in a residents' day where they had taken part in activities to simulate the experience of people living with specific health needs. This learning was shared with other staff at the home who were unable to attend. This meant people were supported in a consistent way by staff with an increased understanding of life limiting conditions and how these affect them.

The home had established working partnerships with other agencies including the speech and language team, district nurses and an alcohol and drugs advisory service. One health professional described how the home had partnered with a local surgery to support a weekly service of pro-active visits to people. The

health professional advised, 'The staff were willing and keen to engage in this service and have actively made full use of the concept and contributed to improving and changing the service to meet [people's needs].'