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Freshford Cottage Nursing Home

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

The inspection at Freshford Cottage Nursing Home took place on 30 January and 1 February 2018 and was unannounced.

Freshford Cottage Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide nursing, personal care and accommodation for up to 20 older people, over 65 years of age, who have chronic physical health care needs, such as diabetes, and who also may be living with dementia. At the time of the inspection there were 17 people living at the home. The premises is a converted older building, with an extension to one side, on two floors. Lifts enable people to access their rooms and there are communal rooms on the ground floor, with access to the garden for people using walking aids and wheelchairs. Freshford Cottage Nursing Home is one of three care homes within the registered organisation.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

At the last inspection on 24 October 2016 the service was rated as Requires Improvement overall. We found that improvements were needed under key questions of safe and well led. We asked the provider to take action to make improvements to guidance for 'as required' medicines, the medicine administration records, daily records and quality monitoring of the care and services provided. This action has been completed and the rating for each key question and the overall rating for Freshford Cottage Nursing Home is 'Good'.

From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. At this inspection we have made a recommendation that the provider seeks advice and guidance from a reputable source, about Accessible Information Standards (AIS) to ensure staff are aware of their responsibilities.

Staff managed medicines safely. Staff responsible for giving out medicines had attended training and their competency was assessed to ensure they understood 'as required' medicines and completed the medicine administration records. The provider had identified where improvements were needed in record keeping through the quality assurance system. Staff had been allocated to review care plans to ensure they were up to date. People, and their relatives if appropriate, had discussed their needs with staff; they were involved in writing their care plan and had signed them to show their agreement

The care plans were person-centred. They included people's individual support and care needs and assessment of risk; with clear guidance for staff to follow to ensure safe and appropriate care was provided. For example, if people were at risk of falls or unable to move around the home independently, the most appropriate aid, such as a hoist or wheelchair, was recorded. Staff asked people how and where they wanted to spend their time and used the aids to assist people to and from the lounge or to sit comfortably in their own room. People took part in one to one and/or group activities of their choice. These included bingo, manicures, quizzes, trips into town shopping and the seafront and, there were with regular visits from external entertainers.

Staff were knowledgeable about people's individual needs. Staff had attended essential training as well as additional training; such as dementia awareness. The registered nurses attended training to update and ensure their nursing competency. Observational supervision was provided on a day to day basis and formal supervision at regular intervals. This meant staff were aware of their roles and responsibilities and provided the care and support people needed and wanted. People were supported to eat a nutritious diet and drink sufficient fluids; meals were freshly cooked and snacks and drinks were available at any time. Staff monitored people's health and people could access healthcare professionals and services, to maintain their health and well-being.

People were relaxed and happy with the care and support they received. Relatives were complementary about the care provided for people and the support they received from staff. People were treated with respect; their independence was promoted and people were supported to make decisions in their best interests. Staff had received training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. Accidents and incidents were recorded and audited to identify any trends and action was taken to minimise the risk of these re-occurring.

People said they felt safe and a relative told us their family member was, "Safe and secure, no worries." Staff had attended safeguarding training; they knew how to protect people from harm and they told us what action they would take if they had any concerns. Effective recruitment procedures were in place and there were sufficient staff working in the home to support people. Checks were completed to ensure new staff were safe to work in the care sector and references were obtained before they started work. The home was clean; the environment and equipment was well maintained and emergency procedures were in place to support people if they had to leave the building.

Feedback was continually sought from people, relatives and staff. People were encouraged to share their views daily as they talked to staff and at regular residents meetings. In addition, yearly feedback questionnaires were given to people, their relatives, staff and visiting health professionals. Staff attended staff meetings and were encouraged to put forward suggestions and complete the yearly staff surveys. Staff said they were happy working at Freshford Cottage Nursing Home and felt involved in decisions to improve the service.

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 was safe.

Staff used relevant guidance to give out 'as required' medicines safely.

People said they felt safe and staff had attended safeguarding training and knew how to protect people from abuse.

The staffing levels were sufficient to meet people's needs and effective recruitment procedure ensured only suitable people worked at the home.

Staff reviewed risk and produced guidance to provide safe care and support for people.

Is the service effective?

Good ●

The service was effective.

Staff had received relevant training and they were supported to develop professionally through supervision and appraisals.

Staff had attended training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and they supported people to make decisions about the care they received.

People had sufficient to have enough to eat and drink, choices were provided and people could ask for something different if they wanted to.

People had access to appropriate healthcare professionals as required.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect.

Staff promoted people's independence and encouraged them to make decision about the care provided.

People were encouraged to maintain relationships with relatives and friends.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they moved into the home to ensure they could be met.

People and relatives or representatives were involved in writing and review the care plans, which were personalised and reflected their needs.

People's preferences and choices were used to develop the activity programme and people spent time as they wished.

People and relatives were aware of the complaints procedure and were confident they would use it if they needed to.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance and monitoring systems were in place. Audits had identified areas for improvement and action had been taken to address these.

There were clear lines of accountability and staff were aware of their roles and responsibilities.

Yearly questionnaires and regular meetings enabled people, relatives, staff to provide feedback about the services and care provided.

Freshford Cottage Nursing Home

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 the 30 January and 1 February 2018 and was unannounced. This was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. This included safeguarding alerts that had been made and notifications which had been sent to us. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 12 people living in the home and three relatives. We spoke with the registered manager, two nurses, five care staff, the cook, activity staff, housekeeping staff, the hairdresser and a health professional. After the inspection we emailed five health professionals who had regular contact with the home for their feedback and received comments from four.

We observed care and support in the communal areas, during activities and at mealtimes. We observed medicines being given out and looked around the home. 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.

We looked at a range of documents related to the care provided and the management of the home. These included four care plans, medicine records, four staff files, supervision and appraisal records, accident/incident, complaints and quality assurance audits linked to these.

We asked the registered manager to send us copies of records after the inspection. The minutes of meetings, activity programmes and a range of policies and procedures. These included safeguarding, infection control, equality and diversity, and complaints. These were sent to us within a few days of the inspection.

Is the service safe?

Our findings

At the last inspection on 24 October 2016 the area identified for improvement was the written guidance for 'as required' medicines. These were in the home but were not accessible to staff as they were kept separate from the medicine administration records (MAR). This meant people may not have been given prescribed medicines when needed. At this inspection we found action had been taken, the guidance was added to the MAR folder and was available to staff.

Staff followed the policy with regard to 'as required' medicines. These medicines are prescribed to be given to people when they need them, for example, paracetamol for a headache. Guidance had been written and had been agreed by each person's GP. The guidance included the maximum dosage over a 24 hour period and the minimum interval between doses, such as four to six hours. In addition, they included information to assist staff to assess if people, who were unable to communicate verbally with staff, were uncomfortable or in pain. Staff said they always asked people how they felt as well as observe their behaviour, body language and facial expressions. One member of staff told us, "We know residents very well. If they can't tell us how they feel we know if they are not quite as well as usual, so we tell the nurse for them to check." Staff said they gave out 'as required' medicines when people needed them, which could be any time of the day or night.

Nurses were responsible for giving out medicines; they had attended training and had been observed and assessed by the registered manager to ensure they were competent. We observed medicines being given safely. Staff looked at the MAR to check which medicine had been prescribed and gave them out individually to each person. People were offered a drink and were assisted to take medicines if they needed help. The medicine trolley was locked when unattended and the MAR was only signed when people had taken the medicine. We looked at a selection of MAR. They contained a front sheet with a photograph, details of people's GP and any allergies. Staff had signed them and completed appropriately and people had been given their medicines as prescribed. Medicines were ordered, stored, administered and disposed of safely. Risk assessment had identified if people needed assistance with their medicines or if they were responsible for their own medicines. One person was responsible for their inhaler and kept it with them at all times. Another person said, "I get my pills at the right time and they watch me swallow them. I could not remember to take them myself, they even write it down in that red file." MAR were checked at the beginning of each shift by the responsible nurse and they were audited weekly and monthly by the registered manager and provider.

People, relatives and visitors told us Freshford Cottage Nursing Home was a safe place to live. People said, "I feel safe they never leave you alone for long. They come to see if you are alright." "I feel safe because they come in to check me and no-one is ever impatient or shouts at anyone." "I know I am safe" and, "I feel safe this is now my home. If anyone was not nice to me I would call the manager and stand my ground, but that has never been necessary." A relative told us they had no concerns about their family member's safety. They said, "The staff are very good, they know how to support the residents and keep them safe."

Staff said they had completed safeguarding training. They understood their responsibilities to protect

people and, were confident if any of the staff saw poor care, discrimination or abuse they would report it immediately and action would be taken. One member of staff told us, "If I saw something, from staff or visitors, that I didn't like I would talk to the senior, nurse or manager straight away. I think I am unlikely to, but I know it will be dealt with straight away." Another member of staff said, "I wouldn't even have to think twice about it, it is our responsibility to keep residents safe and I'm sure it would be dealt with." The registered manager said they would refer any concerns to the safeguarding team. She had contacted the team for advice with regard to a person's changing behaviour and had been advised this was not a safeguarding enquiry. The registered manager said the community mental health team had provided support.

People said there were enough staff to provide the support and care they wanted and, if they needed assistance they did not have to wait long for staff to respond. One person told us, "If there is an emergency I can press the red button twice, everyone will come, otherwise press the other button once and they usually come within five minutes" and, "There are enough well trained staff." Relatives said there were enough staff working in the home. A relative told us, "We don't have any worries about the number of staff, there is always someone around when we visit and they have the time to listen to us as well as supporting the residents." The feedback, by email, from health professionals was, "Found staff to be very helpful when we have visited the home" and, "There has never been an issue with staffing levels, have always been able to find someone to assist us if required." Staff were confident that there were enough staff on each shift to provide the support people needed. One member of staff told us, "There are enough of us on each shift and if we need help, someone might be poorly, it is always there. The nurse and manager are hands on when needed."

Recruitment records showed that checks had been completed before staff began work, to ensure as far as possible that only suitable people worked at the home. These included completed an application form, two references, confirmation of their identity and a disclosure and barring system check (DBS). The DBS identifies if prospective staff have a criminal record or were barred from working with children and adults. A system was in place to ensure staff working as nurses were registered with the Nursing and Midwifery Council (NMC) and therefore able to practice as a registered nurse and provide nursing care. The registered manager said they were continually recruiting, but were particular about who they employed. She said, "They have to care about supporting residents, it is not just a job, and be prepared to work as part of the team, which includes all the staff working here."

Risk assessment specific to each person's needs had been completed, with guidance for staff to follow to provide appropriate support and care. These included mobility and moving and handling, risk of falls, communication, behaviour, eating and drinking, sleeping and waterlow scores for the risk of pressure sores. Staff said the guidance for each risk was clear and they understood how to support people safely. Staff talked about the pressure relieving mattresses and cushions used to reduce the risk of pressure sores, they said these were checked daily and set depending on each person's weight. One member of staff told us, "The risk is different for each resident; it can change at any time depending on how they feel and we assess their needs all the time." We saw one person was assisted to transfer from wheelchair to armchair in the lounge using a stand aid in the morning. When they wanted to go back to their room in the afternoon staff noticed they seem to be tired. Staff asked them how they felt and explained they would use they full body hoist to transfer them to the wheelchair. Staff said the hoist has been used because the person was tired and may not have been safe standing up in the stand aid. The assessments were written and reviewed by the nurses. Staff said any changes were discussed during handover at the beginning of each shift. "So that we know how to support people safely."

The home and equipment was clean and well maintained. Infection control procedures were in place and a nurse had recently taken on the role of infection control champion. We saw appropriate protective personal

equipment (PPE) was used by staff when they assisted people and hand sanitisers and hand-washing facilities were available throughout the home. A comprehensive cleaning schedule was in place and staff were very clear about the importance of keeping the home clean and odour free. One person said, "They keep my room really nice and tidy." Laundry procedures ensured that staff used the correct temperature to wash clothes and clean soiled bedding.

The maintenance person routinely completed health and safety checks and general maintenance. Staff recorded repairs in the maintenance book and when completed they were signed and dated. People knew that there was ongoing maintenance and checks at the home. One person thought the maintenance person looked after equipment very well and said they had, "Sorted out the lights and electrics, you wouldn't get that at home." There were regular checks on equipment, including the lighting, hot water, call bells, electrical equipment, and external contractors maintained the lift, electricity supply and kitchen equipment, and if there were any problems staff were able to access their contact details. Fire alarm tests and procedures promoted fire safety. The maintenance person ensured fire equipment was maintained and people, staff and visitors were aware of these. One person said, "A fire drill took place yesterday." Each person had a Personal Emergency Evacuation Plan (PEEPs). These were kept in a locked cupboard near the fire panel and could be accessed by the nurses, who were the fire marshal on each shift, so that there was safe evacuation of people in the event of an emergency.

Is the service effective?

Our findings

People and relatives were complementary about the support and care provided by staff. One person said, "The staff are well trained they make sure everything is right, if I am ill they ring for the GP. They took me to the dentist, it is only next door. Nothing is too much trouble." Another person said, "I am very comfortable here because the staff know how to look after me." A relative told us, "The staff are excellent they are well trained and know how much support residents need, some more than others, and they look after everyone very well." Health professionals were equally positive. When asked if staff were well trained one responded, "Very much so," and another said, "The level of training has never been in question."

The registered manager and provider supported staff to develop an understanding of people's needs and the skills to provide appropriate support and care, through training based on current legislation and standards. Staff said they had to attend training or complete online training. They talked confidently about how good this was and how much they had also learnt from working with more experienced colleagues. For example, staff explained one person's health had improved considerably since moving into the home. One member of staff said, "They no longer need oxygen to help them breath and they can walk along the corridor with one staff, " Another member of staff told us, "We talked to the resident about their nursing and care needs and talked to their GP. We suggested small changes with the residents agreement and they can now mobilise and sit out in a chair if they wish. Before they moved here they were in bed all the time." Training included moving and handling, infection control, health and safety, food hygiene, first aid, pressure sore prevention and dementia awareness. Staff new to working in care homes worked towards the Care Certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure these staff have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. In addition, new staff were supported by more experienced staff until they had the confidence and had been assessed as competent to look after people.

The registered manager promoted professional development and supported staff to work towards health and social care diplomas. Two staff said they were working towards these. One member of staff told us they enjoyed developing their knowledge and was looking forward to being the health and safety champion when they had completed this part of the course. The registered manager continually looked for additional areas for staff to develop skills and had been discussing training in 'optical awareness' with the visiting optician. There was ongoing review of staff performance through day to day supervision, with senior staff observing care provided, and regular formal one to one supervision. Staff said the formal supervision was good; they sat down and had a chance to talk about working at the home, people's needs and any additional training. One member of staff said, "Supervision is every few months and we have an appraisal every year but, we can talk to the manager, nurse or senior at any time, they are always around to talk to about anything."

Staff had attended training in Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of MCA and were confident that they supported people to make choices about all aspects of their lives. MCA provides a legal framework for making decisions on behalf of people who lack the mental capacity to do so 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 capacity to make particular decisions, any made on their behalf must be in their best interests and the least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. One member of staff told us, "All of the residents can make decisions. Some can tell us what they want and some may not be able to tell us verbally but, we can see from their body language and expressions if we are providing the care they want." Another member of staff said, "As much as possible residents make decisions about everything. Their capacity to do this is part of the assessment process before they move in. This means we can identify if we need to discuss a residents needs with relatives, representatives or health and social care professionals. This is all part of the assessment, which is reviewed continually after residents move in." Decisions made on behalf of people were recorded and staff were aware of these.

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). These safeguards ensure any restrictions to people's freedom and liberty have been authorised by the local authority as being required to protect the person from harm. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager identified when people were not able to make specific decisions around their care and treatment that could restrict their liberty. She had made appropriate applications to the local authority for a DoLS. For example, for the use of bed barriers to prevent people from falling out of bed, and was waiting for the assessment to be completed.

Staff had received training in equality and diversity and had a good understanding of people's rights to have the same opportunities. One member of staff said, "Each resident is different, some are independent and can move around the home, while others are unable to walk and need our assistance. But we support them equally to meet their needs." The Equality Act covers the same groups that were protected by existing equality legislation; age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. These are now called 'protected characteristics'. The registered manager said policies were in place to support staff. Staff told us they had signed to show that they had read and understood them as part of the training programme and, records supported this.

People's dietary needs had been assessed before they moved into the home. This was to identify their preferences, likes and dislikes, and if they had specific dietary needs. For example, diabetic diet, pureed or soft diet. People's needs were reviewed monthly as part of their care plan review, with people or their relatives if appropriate and, if there were any changes in their health care needs. Staff said they would know if a person was not eating as much as usual. One member of staff told us, "We know what people like and if they are not eating or drinking the same. We tell the nurse or the manager and referrals are made to the GP." Another member of staff said, "We weigh residents regularly, weekly if we are concerned, so we know if residents lose weight and we can get advice from the dietician to support them."

People said the food was very good. One person told us, "We get a choice if we don't like it they will make something else." There were two hot choices for lunch and we saw one day a person wanted a different meal; fried eggs, beans and bread, which was provided. They said, "Very nice," and clearly enjoyed the meal. Meals were attractively laid out with condiments and napkins and a variety of drinks offered throughout. Relatives told us the food was good and they had seen people eat different meals at lunchtime and in the evening. One relative said, "I think the food is very good. Residents certainly seem to enjoy them and we haven't heard any complaints. Although (relative) can't tell us we can see she is well looked after and eats

well." Mealtimes were relaxed and quiet. People chose where they wanted to sit, in the lounge/dining room or their own room and staff respected their choices. Staff said people decided daily where they wanted to sit and we saw this changed on each day of the inspection depending on what people wanted to do. The cook said, and we observed, fresh produce was used to make the meals. Fruit, vegetables and meat was delivered fresh to the home. The cook had a good understanding of each person's preferences and needs. They told us, "Some residents like smaller meals, large meals put them off eating, and some like a good portion. They like different vegetables so we know what to offer, although they all like a roast dinner. They can really have what they want, as long as I have it in the kitchen."

People were supported to be as healthy as possible. Staff said they contacted health professionals when people's needs changed and healthcare professionals said the referrals they received were appropriate. For example, the speech and language team (SaLT) for an assessment of a person's ability to swallow and reduce the risk of choking and, the tissue viability team for advice with regard to pressures sores. Records were kept of these visits; changes to care provision were included in the care plan, with guidance for staff to follow to ensure appropriate care was provided. One person said, "I don't have hearing problems but I know they take you for a hearing test if necessary." Opticians visited the home during the inspection. A person told us they saw the optician every two years for a check-up, "I like to read and have reading glasses." A relative said their family member had difficulties with their dentures. Staff arranged a hospital appointment, they attended the appointment with them, and the difficulties were resolved.

Freshford Cottage Nursing Home is an older building with an extension on one side. The rooms are on two floors and lifts enable people to access their bedrooms and communal areas. One room is accessible using a small flight of stairs, only people who could walk up and down the steps used this room, a risk assessment had been completed to ensure their safety. The shower room on the ground floor was being refurbished and bathroom facilities were well maintained and accessible to people who needed assistance and used wheelchairs. There was level access to the garden, seating areas were available for people to use and they had enjoyed the garden activities during the summer, which included a summer party/BBQ. Staff told us plans to build an extension at the other end of the original building had been agreed. This would offer people purpose built rooms with more space, an activity room and a separate lounge and dining room. People were aware of these changes and had been told when the extension was built they would be able to move to the new rooms, if they wished, while the original building was refurbished.

Is the service caring?

Our findings

People said staff were caring and staff encouraged them to make choices about the support provided. One person said, "They do not regiment you, like 'you have to go to bed now' or 'it's getting up time' you choose yourself." Another person told us, "We make our own decisions." Relatives said staff were very supportive of them as well as their family members. A relative said, "The staff are very good, we have no concerns and couldn't ask for better care." Health professionals told us, "Staff interacted with kindness and professionalism," and "Staff were attentive to the needs of people." Staff said they enjoyed working at Freshford Cottage Nursing Home. One member of staff told us, "I love working here, if I go home and know that if I have cared for residents how they like, it is good."

The staff approach to care was that they were pleased to support people and they demonstrated kindness and compassion at all times. Conversations between people, visitors and staff were relaxed and friendly. There was lots of laughter and banter between people and staff as they chatted about how people were feeling and what they wanted to do that day, people were clearly at ease with staff. Staff consistently stopped to speak to people as they passed their rooms and as they walked through the lounge. They asked people if they were comfortable and if they needed anything, such as a drink.

Staff knew people very well. They spoke confidently about people's life stories, their preferences, what was important to them and where appropriate their cultural and spiritual choices. Staff explained how they enabled people to have the care they wanted by supporting them to make decisions about the support they received and who provided this. Staff asked people if they preferred male or female staff to provide personal care and people told us they made these choices. One person said, "There are two men, but I am always cared for by female staff." Another person told us, "I prefer female, they are always gentle when shaving." Staff assisted people with personal care at a time of their choosing; people were supported to dress as they wished, make decisions about their care needs and were positive about the care provided. People said, "I have a shower on Sunday, but I can have more." "I can do what I want really, it is up to me." "My carer is like a sister" and, "They have assisted my recovery since I came out of hospital." People enjoyed visits from the hairdresser; they chatted as they had their hair done and were clearly relaxed. One person said they liked having their hair done, "It makes me feel good." Another person had booked a perm for the following visit.

People said staff treated them with respect and protected their dignity. One person said, "They always ask me if I am ready to have breakfast or a wash and if I feel like sleeping a bit longer that's fine. They come back later." Another person told us, "Staff are very good, they knock on my door, say hello and ask if they can come in and, they come very quickly if I need anything." We saw staff asked people discreetly for their permission before they provided support; this included assistance with meals, returning to their rooms in the afternoon and using the bathroom. A member of staff said, "This is their home and we are here to support residents to live. We can make suggestions but it is up to them and we respect their decisions." Another member of staff told us, "We look after residents as we would like our relatives to be cared for, with respect and making sure they have the care they want."

People told us their relatives and friends visited them at any time and relatives said they were always made

to feel very welcome by staff. One relative said, "They consult me as I have to make decisions for my relative, I don't worry about the care plan I can talk to the manager or staff at any time." Another relative told us, "The care is excellent here, we have no concerns, the staff are very good. They know exactly how much support my relative needs and although she can't tell them what she wants they seem to know and look after her very well." A third relative said, "I visit all the time and talk to staff about my relative's needs and how staff can provide support. Staff knew relatives and friends very well and were happy to see them; they offered drinks and asked them how they were.

Records showed that staff had been given a copy of the confidentiality policy and staff had signed to say they had read and understood these. Staff said all of the information they had was confidential, "Even from relatives and friends if people request that." A member of staff told us, "We have a policy in place that clearly states that if we need to talk about someone's needs then we go to the office or somewhere private and certainly don't do it in front of other people." A relative said if they asked staff a question they usually took them to the office to talk in private or referred them to the registered manager.

Is the service responsive?

Our findings

People said staff understood their individual needs and provided the personalised care and support they wanted. People and their relatives or representative were involved in discussions about how people's care needs were met and, they were active participants in writing and reviewing their care plans. Staff were kept up to date with any changes in a person's needs through handover sessions at the beginning of each shift. This ensured appropriate care was provided. Health professionals said staff were always very attentive to the needs of people and their requirements and staff were very person centred in their approach.

The registered manager or senior nurse assessed people's needs before they moved into Freshford Cottage Nursing Home, so that their needs could be met. This information was used to develop their care plan and risk assessments when people moved in. Care plans contained information about each person, their life story and work history and their interests and hobbies; as well as their medical and healthcare needs and the support needed to meet them. The care plans were reviewed monthly and updated when a person's needs changed with the involvement of people and their relatives or representative. Staff discussed people's needs knowledgeably. They knew about each person's specific preferences, including the food they liked and activities they took part in and their support needs and how these were met. Staff explained that food and fluid charts were used to record the amount people had to eat and drink if they had any concerns and, they recorded in the daily records the support they provided for each person.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Staff said they had not received this training, however they had identified people's communication needs as part of the individual assessment process in the care plans. For example, where hearing aids and glasses were required to assist people to see and hear effectively these were available and maintained and people were encouraged to use them. Staff made sure people could hear and see them when they spoke with them. When required the care plans also identified the support needs for people living with dementia. Staff enabled and supported to communicate their wishes with the involvement of relatives and representatives to highlight their preferences.

We recommend that the provider seeks advice and guidance from a reputable source, about Accessible Information Standards (AIS) to ensure staff are aware of their responsibilities.

Since the last inspection the activity programme had been reviewed and two part time activity staff had been employed to provide activities from Monday to Saturday, with Sunday set aside as a film day. The registered manager said the activity programme was developed by people with activity staff at the end of each month. People enjoyed group activities, bingo, a quiz, music and manicures during the inspection as well as one to one activities. A new record had been introduced for staff to show how responsive people were to the activity, if they were active or prompted a group or one to one activity and the length of time they joined in. Staff felt this would give them a better understanding of the activities people enjoyed. Activity staff said that although the programme had been developed by people living in the home it was very flexible

and might change depending on what people wanted to do each day. On the second day of the inspection the programme said a quiz would be arranged. However, there was only one person sitting in the lounge so this changed to singing from one of the care staff as well as the one to one sessions in people's rooms.

People and their relatives or representative were regularly asked for feedback about the service. There were quarterly residents meetings, relatives were invited, and staff asked people how they wanted to spend their time every day. The minutes from these meetings showed that people and staff talked about the survey regarding services and care provided, the plans to extend the building, suggestions for activities and that the programme would be developed with people and the success of the summer party/BBQ. They discussed the possibility of swapping books and starting a small library. The registered manger went round the room asking people if they had any complaints and reminded people that if they had any concerns to speak to staff at any time. One person said they did not like what was on the menu on a particular day so had a sandwich and sometimes the amount of food is too much. The registered manager said they would talk to the cook, although people could ask for anything if they did not like the choices on the menu. The registered manager and the administrator visited people who chose not to attend the meeting to obtain feedback from them and were told people were happy and had no complaints.

A complaints procedure was in place, displayed on the notice board at the entrance and given to people and their relative when they moved in as part of the service users guide. People were confident if they made a complaint the staff or registered manager would deal with it, although they also said they did not have anything to complain about. A relative told us there might be very small things they wanted changing, but they were not complaints and probably more about what they wanted rather than the person living in the home, but staff always listened politely and acted accordingly. There had been no formal complaints.

When people needed end of life care staff ensured they were comfortable and had a dignified and pain free death. Staff were aware of changes to people's health needs and GPs and specialist health professionals, such as hospice nurses provided appropriate end of life care. Staff asked people if they wanted to discuss their future wishes and they respected people's choices if they preferred not to. Staff were aware of people's spiritual and cultural needs at the time of their death. People and relatives has discussed the end of life preferences with staff and they included them in the care plan.

Is the service well-led?

Our findings

At the last inspection on 24 October 2016 an area identified for improvement was the quality assurance system, which had been developed but was not yet embedded into practice and had not identified areas that we found needed improvement. Such as the accessibility of 'as required' medicines guidance. At this inspection, we found the provider had taken action and the quality assurance system had identified areas where improvements were needed and action had been taken to address these.

People and relatives were complementary about the management of the home and they felt the home managed well. People said they liked the homely atmosphere, the food, the staff and the care provided. Relatives said the registered manager and staff not only provided very good care but also looked after them when they needed support. Health professionals said the registered manager was, "Very involved in the delivery of care and had a good understanding of each person on an individual and personal basis," and "They have an excellent knowledge with regard to residents and team cohesive."

The quality assurance system had been reviewed. A number of audits and checks had been introduced and if improvements were needed a plan of action had been produced to address these. The registered manager discussed the care plans. The audit had identified that staff had not consistently reviewed and updated these regularly or when people's needs changed, in line with the providers procedures. To ensure improvements were made a member of staff had been given the responsibility to review all the care plans, to ensure the information recorded was personalised to each person and it reflected their needs. Staff carried out regular audits to improve practice, these included medicines, infection control and health and safety. The registered manager said they had given staff the role of champions to take responsibility for specific aspects of the services and photographs and the areas each was responsible for were clearly visible for people and visitors to see on the notice board near the entrance. Champions had been appointed for oral care, dignity, quality control, training and infection control and health and safety. Staff said this would mean extra work but they felt it was a very positive development for the benefit of people. The group manager visited the home weekly to provide support and one of the directors visited regularly to complete a quality review and the registered manager and staff were informed of their findings.

Freshford Cottage Nursing Home is one of three care homes within the registered organisation and there is support from the group manager and directors. On the second day of the inspection the group manager visited the home and one of the directors was available for the feedback at the end of the inspection. The registered manager said they could contact the group manager and directors at any time for advice and guidance.

The registered manager was committed to providing quality care and services. She had a good overview of the needs of people living in the home and staff said they received ongoing support from her. An administrator had recently been appointed to support the registered manager and a senior nurse had been appointed to oversee nurse practice and ensure people's clinical needs were met. Staff had a good understanding of their roles and responsibilities, there were clear lines of accountability and staff were aware of these. Staff said the registered manager or senior nurse were on call and they could ring them at

any time for guidance or support. The registered manager said they were happy to support staff out of hours and if necessary senior staff lived near the home and could attend within a short time if needed.

Staff said the management were approachable, they could talk to them at any time and they felt valued and involved in the home. Staff told us, "It is like a big family, that includes residents and their relatives, we all work together to care for people." "I love working here, I enjoy seeing residents smile when we support them and we all have a laugh about something every day" and, "I have been made to feel really welcome. I have worked in care before, but here staff are very friendly and supportive and residents are quite happy to talk to me although they don't know me that well. It's a really good place to work." Regular staff meetings enabled staff to have open discussions about the care provided, with opportunities to put forward suggestions to improve outcomes for people. Staff said they were confident that any suggestions would be listened to and acted up if appropriate. One member of staff said they would be suggesting that transport in the summer to take people out would be a good idea at the next meeting. Minutes of the meetings evidenced who attended.

Questionnaires were given out or sent out yearly to people and relatives, staff and visiting professionals to obtain feedback about the services and care provided. The registered manager said they used these to improve their practice and the feedback had been positive from all those that had been completed.

The registered manager told us they were looking at improving access and understanding about the home; though developing their website and providing a newsletter for people and visitors to the home. These were at early stages and part of the role of the administrator was to work with staff to develop these. A small newsletter had been produced and was being reviewed by people and staff to see if any changes were needed.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The registered manager was aware of their responsibilities under the Duty of Candour, which requires providers to be open and transparent and sets out specific guidelines providers must follow if things go wrong. She said, "We are open and transparent about everything that happens and what we do here. I have no problem contacting relatives, social care or health professionals if there were any concerns." The Duty of Candour is a regulation that all providers must adhere to.