



# Review of compliance

Mrs Angela Bailey and Mrs H Marshall  
Fridhem Rest Home

<b>Region:</b>	East
<b>Location address:</b>	79 Station Road Heacham Kings Lynn Norfolk PE31 7AB
<b>Type of service:</b>	Care home service without nursing
<b>Date of Publication:</b>	February 2012
<b>Overview of the service:</b>	Fridhem Rest Home is registered to provide accommodation for 24 people who may require nursing or personal care

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

## Our current overall judgement

**Fridhem Rest Home was meeting all the essential standards of quality and safety.**

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

### Why we carried out this review

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

### How we carried out this review

We reviewed all the information we hold about this provider, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

### What people told us

People we spoke with told us they think Fridhem is a good home and that they are 'lucky to be here.'

People continually said that staff are very good and always available when needed. We observed staff undertaking their duties with due consideration for choice and dignity. People were laughing and chatting with staff throughout our visit and one visitor said there are staff about whenever they visit and their relative is 'doing very well with good help from staff.'

We were told by one person living at Fridhem that staff could not do any more than they do and they were happy living in the home.

Everyone said they know who to talk to about any problems or worries, particularly if they feel unwell, staff will always listen and help.

When asked about the food people told us they have plenty, meals are very tasty, they choose what they wish and can ask for a drink or snack at any time.

### What we found about the standards we reviewed and how well Fridhem Rest Home was meeting them

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

The provider is compliant with this outcome. The care plans contain information to ensure people are cared for in a way that suits them and these are regularly updated.

**Outcome 05: Food and drink should meet people's individual dietary needs**

The provider is compliant with this outcome. People do have varied and nutritious meals which they have chosen

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

The provider is compliant with this outcome. Staff are trained to understand and recognise abuse, supporting people to be as safe as possible.

**Outcome 09: People should be given the medicines they need when they need them, and in a safe way**

The provider is compliant with this outcome. People who use the service are protected against the risks associated with the unsafe use and management of medicines

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

The provider is compliant with this outcome. Staff receive appropriate support, training and supervision to assist them to carry out their roles effectively.

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

The provider is compliant with this outcome. A review of the quality of the service provided is carried out on a regular basis.

**Other information**

Please see previous reports for more information about previous reviews.

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

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

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

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

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

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

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

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

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

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

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

#### Our findings

##### What people who use the service experienced and told us

People explained that they choose how they spend their day and when they go to bed or get up. We were told that they enjoyed a sherry before meals and that 'staff could not do more.'

One person said 'this home is very good and we cannot complain. Everyone gets their favourite staff member but we must say they are all good to us.'

We were also told that 'this is one of the best homes around and I am very lucky to be here.'

##### Other evidence

On the day of our inspection people were enjoying a game of carpet skittles and later told us that was the first time they had played this game. Other games are regularly enjoyed in the home and the winner at this time told us they had liked the new game. People also explained about activities and outings they enjoyed, in particular the visits over Christmas and other days out in the vehicle that is owned by the home.

Fridhem Rest Home had a relaxed and welcoming atmosphere with people readily available to speak with about their experience in the home. People also joined in conversations with staff, laughing in a relaxed and confident manner. Staff treated people with due consideration for dignity, allowing people to take their time with no rush.

People's needs are assessed prior to any new admission being agreed, to ensure the appropriate support can be provided and full needs met. We were told that if people have dementia or memory loss, staff ensure they gather as much information as possible about the person's history on admission. For instance, about their hobbies, past employment, when they liked to sleep or get up and what was important to them.

Some daily notes described activities that had been enjoyed in the home, telling us about visitors and how the person was feeling. However, some entries were not so detailed and this was discussed with one of the providers at this visit. They have recognised that some staff were worried and nervous about recording things and we were told about how the format of care plans is being reviewed. While the current format of care plans does contain the required information, they are not very easy to use and do not have large spaces for information. Some work and training currently being undertaken by staff has shown a different method of recording that appears to support and prompt staff to record details. We were told that a better way of setting out care plans was being looked into.

Care plans contained information about all aspects of support and care including a photograph of the person. We saw clear directions for staff to support individuals with regard to their particular needs. For example, one care plan stated 'encourage the person to discuss their frustrations' and 'bath at the person's request', showing that choice and dignity was considered and supported. One person living in the home told us they choose when they have a bath or get up or if they want breakfast in bed. They also explained that certain people are up and about in the night or early hours of the morning and staff sit chatting with them, make them a drink and 'do not mind.'

We also saw where staff had observed a person not seeming to be themselves one day. The member of staff had recorded this, spoken to the senior on duty and after contacting the GP, an infection was found to need medication. Showing the knowledge staff have of people living in the home and that appropriate actions are taken when needed to ensure good health is maintained. Records clearly showed that any healthcare professional is contacted as necessary and up to date records were seen of weight monitoring. The kitchen staff also keep records of daily meal choices and write down if any person has not eaten as much as they would usually. Again showing staff continually monitor each person to identify any problems as early as possible.

### **Our judgement**

The provider is compliant with this outcome. The care plans contain information to ensure people are cared for in a way that suits them and these are regularly updated.

## Outcome 05: Meeting nutritional needs

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are supported to have adequate nutrition and hydration.

### What we found

#### Our judgement

The provider is compliant with Outcome 05: Meeting nutritional needs

#### Our findings

##### What people who use the service experienced and told us

We did not speak with people living in the home directly about nutritional needs. However, people did say they are assisted with special diets and the food is 'very good.'

##### Other evidence

We saw the menu was clearly displayed on a board outside the dining room and people told us they do get offered alternatives and do ask for what they want. Every morning the menu is taken round for people to choose their meal. If they do not want what is on the menu they can just ask for what they would like.

The dignity of people with special dietary needs is supported by food being low in sugar and fat content for all people living at Fridhem. We were told that this does not single out a person with special needs regarding food and they then do not feel they are missing out on anything. Plus this supports healthy eating for everyone and people can therefore enjoy their choice of any sweet foods when they wish.

When we spoke with people after lunch, they told us they have 'home cooked meals' and enjoy a glass of sherry before meals when they choose. They also can have any drink they want on request. The provider later explained that the GP was consulted before this practice was undertaken to ensure this was appropriate with any medication that is dispensed. Again this shows dignity, choice and respect for individual preferences with due consideration for well being and health.

People were sitting at the dining table with cups of tea and enjoying a chat together after their meal. They said they enjoy this time together and people were more than

happy to talk and share their routines and experiences in the home. We were told that people enjoy meals and have also enjoyed trips out where they have had fish and chips or a meal out.

As previously explained, meals are recorded and notes made if a person diverts from any usual routine to highlight any difficulties as soon as possible. We also saw regular checks on weight and also records of where people have been unable to be weighed for any reason.

**Our judgement**

The provider is compliant with this outcome. People do have varied and nutritious meals which they have chosen

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

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

#### Our findings

##### What people who use the service experienced and told us

People explained who they would speak to if they had any problems or worries and they said they felt things would always be dealt with.

##### Other evidence

Staff confirmed they had regular training regarding recognising abuse and would speak out if they felt anyone was not being treated correctly. Staff explained they are very open with each other and work together to keep people safe in the home. Staff told us they would speak up and say if they felt anyone was not dealing appropriately with people.

Staff feel supported by the providers and would ask for any training they felt necessary, but told us they had regular training, supervision and updates about current methods.

Training records showed that regular training had been undertaken relating to areas of safety including adult abuse, protection of vulnerable adults and health and safety.

Initial assessments on care plans contained appropriate risk assessments and also identified any equipment that may be needed. This supports the safety of people using the service and enables any risk to be minimised or eliminated.

Staff undertake training on a regular basis, new staff are extra on shift until they are fully inducted and aware of the individual needs of people. We were told that a new member of staff shadows a person and when they feel confident and have been

assessed as competent, they work alone. They also have time to get to know the people living in the home and for everyone to get to know them well before care is delivered by a new staff member. This supports the safety and well being of people by allowing time for people to get to know any new staff and feel comfortable when care is delivered.

Regular meetings are held for people living in the home and visitors told us they felt encouraged to make comments and were confident appropriate action would be taken by staff. Information is also available in each room and around the home providing additional support for people.

We were also told about recent work with the fire safety officer to ensure all new standards regarding fire safety were being fully met in the home. While doors were assessed as being safe, the providers decided to have the older doors replaced to fully safeguard people in the event of fire.

**Our judgement**

The provider is compliant with this outcome. Staff are trained to understand and recognise abuse, supporting people to be as safe as possible.

## Outcome 09: Management of medicines

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Will have their medicines at the times they need them, and in a safe way.
- \* Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

### What we found

#### Our judgement

The provider is compliant with Outcome 09: Management of medicines

#### Our findings

##### What people who use the service experienced and told us

We did not speak with people living in the home about the management of their medicines.

##### Other evidence

As part of our review during this visit we looked at how medication is handled, at information in medication administration records and care notes for people living in the home, which supported the safe handling of their medicines.

All medication is secured in each room, allowing for the private administration of medication as well as minimising interruptions during this process. This allows for the safe and individual dispensing of medication to people. The provider also stated this was to move away from an institutional routine and allow people to feel it was their home.

We found that the routines around the receipt, recording and checking of all medication does support an early alert if there are any errors when medicines arrive in the home. We saw that the medication administration records were up to date and clearly completed. This information was secured in each room with the medication, again, supporting appropriate administration. Any change or adjustment in medication is checked on these records before being replaced by new sheets.

The provider explained that staff are trained and shadowed by the provider until both

are confident and deemed fully able to safely administer medication.

**Our judgement**

The provider is compliant with this outcome. People who use the service are protected against the risks associated with the unsafe use and management of medicines

## Outcome 12: Requirements relating to workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

#### Our findings

##### What people who use the service experienced and told us

We did not speak with people living in the home about the requirements relating to workers

##### Other evidence

We looked at the recruitment process undertaken by the home and found relevant safety checks to have been carried out before employment of new staff is completed. For example, appropriate references had been obtained and criminal record checks completed with staff shadowing on shift before being allowed to work independently.

Records we looked at also showed that regular supervision is completed and staff also confirmed this at our visit. Staff said they felt fully supported and that the providers are always available should staff need to discuss any matters.

Policies and procedures are issued to all staff in a handbook and regular updates of training are undertaken. New staff have an induction period plus a three month period of assessment to support the safety and well being of those people living in the home.

There is an on call system covering every night of the week for the two waking night staff. Ensuring there is additional support for staff in the event of any assistance being required or adverse event occurring.

##### Our judgement

The provider is compliant with this outcome. Staff receive appropriate support, training

and supervision to assist them to carry out their roles effectively.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

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

### What we found

#### Our judgement

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

#### Our findings

##### What people who use the service experienced and told us

People living in the home and visitors we spoke with at this visit, confirmed they were asked for their opinions. We were told that choices were always offered and people said 'we do what we want when we want and staff help us if needed.'

##### Other evidence

The home completes quality assurance audits on a regular basis with people using the service, with professionals such as district nurse and GP, also with visitors and family members. Such audits provide information that helps to develop the services provided and address any matters that may arise.

Additional information is obtained by the home through working in an open and inclusive way, enabling people to share comments and observations. Staff speak to people individually and also in small groups to encourage discussion about routines in the home. Visitors also confirmed they are asked about the quality of service on a regular basis. They told us they always feel they can discuss any matters and think the home 'is very good and doing a good job.'

A recent quality audit has been undertaken and we looked at the responses received to date from questionnaires that have been issued. There was a good response with all replies having positive comments. For instance one family wrote 'Thank you for your care and dignity' and another stated 'Fridhem is an excellent home' and 'Residents always appear well cared for and happy' as well as the home being run as 'if it is the resident's home not a business.' The replies we saw from people living in the home

covered areas such as food, health, complaints, financial affairs and domestic matters. All had positive responses with no negative answers or matters of concern. We were told that this information is collated and will be fed back to people when all responses have been reviewed.

**Our judgement**

The provider is compliant with this outcome. A review of the quality of the service provided is carried out on a regular basis.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

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

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

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

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

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

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

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

## Information for the reader

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