

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

Fridhem Rest Home

79 Station Road, Heacham, Kings Lynn, PE31
7AB

Tel: 01485571455

Date of Inspection: 11 December 2012

Date of Publication: January
2013

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

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety and suitability of premises	✗ Action needed
Supporting workers	✓ Met this standard
Complaints	✗ Action needed

Details about this location

Registered Provider	Mrs Angela Bailey and Mrs H Marshall
Registered Manager	Mrs. Angela Bailey
Overview of the service	Fridhem Rest Home provides accommodation for up to 25 mainly older people, some of whom may be living with dementia.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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

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Summary of this inspection

Why we carried out this inspection

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

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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

What people told us and what we found

During our inspection of 11 December 2012 people told us they enjoyed living at Fridhem Rest Home. One person we spoke with told us, "There is so much to do here, I really do feel at home". People also told us that staff members were understanding of their personal care needs and that they spoke to them in a kind and respectful way.

We saw that people's individual care needs were identified and that staff members were given clear guidance on how to assist people with their personal care.

People lived in a bright, clean and spacious home. However, the provider did not regularly undertake appropriate checks and, where necessary, assess potential risks to ensure people were not placed at risk of harm.

Staff we spoke with told us they felt supported in their work and that they were well trained to be able to provide care and support to people living at Fridhem Rest Home.

We saw that people were not made aware of how to make a complaint if they wanted to. Complaints policy's and procedures were out of date and did not contain accurate information to advise people who to speak with should they feel they wanted to make a complaint.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 23 January 2013, setting out the action

they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment.

People we spoke with during our inspection told us that staff members provided care and support to them in a friendly and relaxed way. We also spoke with relatives of people living at the home and one person we spoke with told us, "My relative can have whatever they want or need to make them comfortable. They (staff members) also respect our views about how they should be cared for".

We observed staff spending time talking to people living at the home. We saw one member of staff speaking with a person who appeared confused and upset. The staff member spoke to the person in a calm and relaxed way, asking them about what was worrying them and offering them reassurance. Shortly after the discussion we saw that the person was smiling and appeared happy again.

We examined a sample of three people's care records and saw that people's needs were assessed prior to taking up residence at the home. We spoke with the manager of the home who told us that where possible people would be visited in their own home before moving to Fridhem Rest Home. They said people would then be encouraged to visit the home before making a decision to take up residence there. We observed records which demonstrated to us that people were involved in planning their care.

People we spoke with during our inspection told us that activities were provided for them on an almost daily basis. People also told us that they could be involved in those activities as little or as much as they liked. Activities included arts and crafts, visits away from the home to places of interest requested by people living at the home, as well as various entertainers visiting the home. There were also raised flower beds and a greenhouse in the garden where people could be involved in growing fruit and vegetables if they wanted to.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Care records we examined demonstrated to us that people's needs were assessed and then developed into an appropriate plan of care. This provided detailed information to staff members about how to provide care and support to people. We saw that people's care plans are currently in the process of being updated according to the Liverpool Care Pathway system. This will provide staff with more detailed and clear advice about how to provide care support to people living at the home.

One plan of care we examined demonstrated to us how the end of life care needs were to be provided for a person. We also saw that the person was supported by individual carers on a one to one basis and that the daily care notes were detailed and accurate. However, the provider may find it useful to note that the persons plan of care had not been dated as reviewed for over 11 months. We spoke with the manager of the home who told us that the persons care was constantly reviewed, but at the time of our inspection we saw that any reviews of care provision was not noted or dated.

Records examined also demonstrated to us that where risk was identified to people, such as the risk of falls when walking, an appropriate plan of care was put into place advising staff how to reduce the identified risk. However, the provider may find it useful to note that one person's risk assessments we saw were undated. Date marking when risk was assessed would provide information to staff members about when to next review the risk again.

We found that district nurses provided nursing care to people living at Fridhem Rest Home and we also saw that people could access external healthcare services when required. At the time of our inspection we saw one person being accompanied by the home manager for an external healthcare appointment. People we spoke with told us that they were happy with the care support offered by staff members at the home.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was not meeting this standard.

People who use the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

During our inspection we saw that people lived in a clean and spacious home. People could bring their own furniture to the home where appropriate and we saw that each room provided privacy to people when they required it. People we spoke with told us that their rooms were warm and that they felt safe living at the home.

However, during our inspection we saw that people could gain unsupervised access to gardens where several potential hazards were seen. We saw a large number of empty glass bottles stacked close to the unlocked exit to the gardens. The home manager told us that the bottles were left over from a recent charity fund raising event held at the home and that they were due for disposal. We saw that the paths in the garden were wet and potentially slippery and this could mean a person might fall into the stack of glass bottles stored there.

We also noted several trip hazards around the garden and that some areas were not easily visible from within the home. A person could fall and injure themselves and remain undetected by staff members. We spoke with the home manager who told us that they had not taken into account potential risks to people who might gain unsupervised access to the garden. Potential risks to people had not been assessed or documented.

During our inspection we examined records which demonstrated to us that fire alarm and emergency lighting checks were undertaken on a regular basis. Fire fighting equipment was regularly serviced and emergency evacuation procedures were displayed around the home. However, the provider was unable to demonstrate to us that hot water as supplied to people's individual bedrooms and to bathrooms around the home was regularly checked to be at a safe temperature. People were therefore placed at risk of injury due to hot water not being supplied at a safe temperature.

We also saw that water quality checks were also not undertaken on a regular basis. The home manager told us that checks for Legionella had not been undertaken at the home for over two years. This placed people at risk due to the possibility of unsafe water being supplied to them.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development. Staff members we spoke with told us they felt supported by managers to provide appropriate care and support to people living at Fridhem Rest Home. Management staff we spoke with told us that they had undertaken specialist training in helping people with end of life care. They were now in the process of passing on their knowledge to other staff members by way of internal training.

We examined evidence that demonstrated to us that staff members could attend external training courses which included first aid training. Training offered at the home included safe manual handling and the use of specialist equipment such as hoists. Where appropriate district nurses provided training to staff members at the home such as skin care and pressure area care.

One staff member we spoke with told us that they had undertaken comprehensive induction training and that it was planned for them to undertake National Vocational Training in health and social care. They also told us that they had regular, scheduled supervision meetings with their manager and that they attended regular team meetings.

People should have their complaints listened to and acted on properly

Our judgement

The provider was not meeting this standard.

There was no effective complaints system available. People were not made aware how to make comments or complaints about service provision.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People were not made aware of the complaints system. This was not provided in a format that met their needs.

During our inspection we examined a document about how to comment or complain about services provided at Fridhem Rest Home. This document was kept close to the entrance of the home. We saw that the document did not contain clear guidance about how people could make a complaint if they felt they needed to. It also advised people that they could contact the Commission for Social Care Inspection if they wanted to make a complaint. This organisation no longer exists and contact details provided were therefore out of date and no longer applicable.

We spoke with the manager of the home who told us that a copy of the complaints policy and details about how to make a complaint was normally kept in each persons bedroom. At the time of our inspection people living at the home and their families did not have details about how to make a complaint available to them. We examined the complaints policy kept in the managers office. This was out of date and made reference to the Care Standards Commission. This organisation no longer exists and contact details provided were therefore no longer applicable.

Although we were told that no complaints had been made about services provided by the home in the last 12 months people were not made aware about how to make a complaint if they felt they needed to. We spoke with one person who lived at the home and asked them if they knew how to make a complaint if they needed to. They told us, "I would probably just tell a member of staff or go to the manager". The person could not tell us who else they could complain to outside of the home.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Safety and suitability of premises</p>
	<p>How the regulation was not being met:</p> <p>Risk assessments were not in place for the use of surrounding gardens and greenhouse. People could gain unsupervised access to gardens where trip hazards were seen. Hot water temperatures supplied to people were not checked as being safe. Water supply quality checks had not been undertaken at the home for over two years, contrary to regulation 15 (1) (c(1(2))) Health and Social Care Act 2008.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Complaints</p>
	<p>How the regulation was not being met:</p> <p>People living at the home and their families did not have access to information explaining to them how to make comments or to complain about services provided at the home. Information which was provided was out of date and made reference to organisations which were no longer working, contrary to regulation 19 (2(a)) Health and Social Care Act 2008.</p>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This section is primarily information for the provider

The provider's report should be sent to us by 23 January 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

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

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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