

Review of compliance

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| Westcare (Somerset) Limited Friarn House Residential Home | |
| Region: | South West |
| Location address: | 35 Friarn Street Bridgwater Somerset TA6 3LJ |
| Type of service: | Care home service without nursing |
| Date of Publication: | September 2011 |
| Overview of the service: | <p>The home is registered to provide the activity Accommodation for persons who require nursing or personal care. There is a condition on the registration which states that the home must not provide nursing care.</p> <p>The home is able to accommodate up to 16 people. The home specialises in the care of people who require care due to a dementia.</p> |

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

Our current overall judgement

Friarn House Residential 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 to check whether Friarn House Residential Home had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services

Outcome 05 - Meeting nutritional needs

Outcome 14 - Supporting staff

Outcome 21 - Records

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 16 August 2011, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

This inspection was to follow up on the compliance actions issued at the inspection carried out in March 2011.

Friarn House specialises in the care of people who have a dementia and many people living at the home are unable to fully express their views on the care that they receive.

As part of this inspection we spent time in the main lounge area observing care and support. We noted that interactions between staff and people living at the home were good and people responded positively. Everyone appeared very comfortable and relaxed with the staff supporting them.

People living at the home said that all the staff were kind and helpful. One person said "Staff seem very nice, there's no unpleasantness" another person said "Staff are kind and they help you."

People said that they were happy with the food at the home and we noted that people were given choices about lunch time food and drinks. One person said "There's plenty to eat and it's nice enough."

What we found about the standards we reviewed and how well Friarn House Residential Home was meeting them

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

Overall, we found that Friarn House was meeting this essential standard.

People receive care and support that is appropriate to their individual needs. There are now systems in place to ensure that any changes are recorded and can be incorporated into individual care plans.

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

Overall, we found that Friarn House was meeting this essential standard.

Everyone living at the home has their nutritional needs assessed and action is taken to address any concerns identified.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Overall, we found that Friarn House was meeting this essential standard.

The manager is currently looking into further training for staff to ensure that they have up to date knowledge to meet the specialist needs of people living at the home.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

Overall, we found that Friarn House was meeting this essential standard.

All information about each person living at the home is now kept in their personal file. This gives a clearer picture of significant changes and how changes in need will be addressed to ensure that people receive appropriate personalised care.

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

Since the last inspection the communal 'day book' had been withdrawn and all information about people was recorded in their personal file. This ensures that any concerns about an individual could be monitored and changes in need could be easily incorporated into their individual care plans. Each care plan now has a care plan review form which showed any changes in care or medication and the reasons for the change.

During our visit we looked at four care plans in detail. Each person now has a care plan setting out their emotional and mental health needs to ensure that staff provided care in a consistent manner, which was appropriate for the individual. Each care plan seen also contained a night care plan setting out people's personal preferences and night time needs. This ensures that night care is personalised to individual needs and wishes.

During our visit we spent time observing care and support for people in the main lounge area. We observed that there were good interactions between staff and people using the service resulting in positive moods for people. We also observed that when one person displayed a behaviour outlined in their emotional and mental health needs care plan, staff responded in the prescribed way.

Other evidence

We saw evidence that care plans were being reviewed on a regular basis and information from the persons care plan review form was incorporated into the review.

Our judgement

Overall, we found that Friarn House was meeting this essential standard.

People receive care and support that is appropriate to their individual needs. There are now systems in place to ensure that any changes are recorded and can be incorporated into individual care plans.

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

During our visit we saw people being offered a choice of what they would like for lunch that day. People said that food was generally good and there was always a choice. One person said "There's plenty to eat and it's nice enough."

One person's weight records showed that they had lost weight and this was reflected in the nutritional assessment. The individuals running records also highlighted the need for staff to monitor and offer snacks. Staff spoken with were aware of this concern and we saw sweets being offered to this person during the morning.

Other evidence

The manager stated that since the last inspection the home had carried out a reassessment of everyone's nutritional needs. The care plans we saw during the visit all contained correctly completed nutritional assessments. Where a problem was identified in the assessment then action had been taken to address this. For example one person had lost weight, advice had been sought and they had been prescribed food supplements for a short period.

Our judgement

Overall, we found that Friarn House was meeting this essential standard.

Everyone living at the home has their nutritional needs assessed and action is taken to address any concerns identified.

Outcome 14: Supporting staff

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 competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People living at the home said that all the staff who supported them were kind and helpful. One person said "Staff seem very nice, there's no unpleasantness" another person said "Staff are kind and they help you."

During our visit we spent time in the main lounge area observing care and support provided to people. Everyone appeared very comfortable and relaxed with the staff who supported them. Staff demonstrated a good knowledge of each person living at the home and conversed with people about their families and interests.

Other evidence

Staff working at the home had opportunities to undertake National Vocational Qualifications in care and some basic training in the care of people who have a dementia. At the last inspection staff were keen to have further training in dementia care and the manager stated that they were currently investigating further training in this area.

Our judgement

Overall, we found that Friarn House was meeting this essential standard.

The manager is currently looking into further training for staff to ensure that they have up to date knowledge to meet the specialist needs of people living at the home.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

- * Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.
- * Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is compliant with Outcome 21: Records

Our findings

What people who use the service experienced and told us

During this visit we looked at four care plans in detail. All were very personal to the individual and assessments of need had been completed correctly. All personal information about a person was recorded in their own personal file meaning that there was a clear audit trail of the care provided to people and the reasons. It also enabled people to see all information written about them without having access to other people's personal information.

Daily records about people are now recorded separately giving a clearer picture of the individuals' changes in need or wishes. Each person also had a care plan review form which set out any significant changes in need, medication or behaviour. It recorded how the change was being monitored and when it would be reviewed. For example one care plan seen showed a change in medication. It gave the reason for the change and the time that it would be reviewed.

Staff spoken with said that the new recording systems made it easier to review care plans as all information about the person was in the same place and gave a clearer picture.

Other evidence

All records were securely stored.

Our judgement

Overall, we found that Friarn House was meeting this essential standard.

All information about each person living at the home is now kept in their personal file. This gives a clearer picture of significant changes and how changes in need will be addressed to ensure that people receive appropriate personalised care.

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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