

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

Friarn House Residential Home

35 Friarn Street, Bridgwater, TA6 3LJ

Tel: 01278445115

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
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Westcare (Somerset) Limited
Registered Manager	Mr. Alan Farkas
Overview of the service	Friarn House is registered to provide accommodation and personal care for up to 16 people. It specialises in the care of older people who have a 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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Staffing	12
Complaints	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

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 talked with people who use the service. We talked with staff.

What people told us and what we found

Some of the people who lived at the home were unable to fully express their views because of their dementia. We therefore spent time talking with staff and observing practices as well as talking to people who used the service. There was a calm and relaxed atmosphere in the home. People appeared very comfortable with the staff who supported them.

We saw that staff spoke with people in a friendly and polite manner. We noted that staff were sensitive and discreet when offering assistance which helped to maintain people's dignity.

People we spoke with were happy with the care that they received. Comments included "It's a nice place to live" and "I'm very well looked after."

Care plans that we read contained assessments of need and outlined how needs would be met. The assessments were regularly reviewed to ensure that they reflected people's up to date needs. This meant staff had up to date guidance on how to support each individual.

People said that they thought that there was always enough staff on duty. One person said "The staff are lovely and chatty" another person told us "They always have time to help me when I want help, they'll do anything for you."

No one we spoke with had any complaints about the service they received. People who were able to express an opinion said that they would be comfortable to speak with a member of staff if they were unhappy about the service they received.

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

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.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

Some of the people who lived at the home were unable to fully express their views because of their dementia. We therefore spent time talking with staff and observing practices as well as talking to people who used the service.

We saw that staff spoke with people in a friendly and polite manner. We noted that staff were sensitive and discreet when offering assistance which helped to maintain people's dignity.

With the exception of one room, all bedrooms were for single occupancy. All bedrooms had en suite facilities or washbasins. This meant that personal care could be carried out in private. There was one shared room and we saw that screening was provided to promote privacy when someone was being assisted with personal care.

We noted that people were able to move freely around the communal areas of the home and could decide where they spent their time. We saw that one person chose to stay in their bedroom, some people sat in the dining area and others joined in with activities in the main lounge. One person told us "You can do what you like really" another person said "Apart from meals there are no strict times for anything, you can please yourself."

Staff told us that people were able to use the home's phone to make and receive private calls. We also saw that people received their post unopened which demonstrated respect for people's privacy.

People who lived at the home were not fully aware of the contents of their care plans but all agreed they received the care they needed. We looked at four care plans during the inspection. All were personal to the individual and contained information about people's likes and dislikes as well as their needs. There was evidence in care plans to show that the contents had been discussed with the people who used the service and their views had been recorded. This meant that staff had information to enable them to provide care in

line with people's preferences and needs.

Staff that we spoke with demonstrated a good knowledge of the people who lived at the home. One member of staff said "Everyone is different and you get to know their preferences and how to assist them to make choices."

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.

Reasons for our judgement

People we spoke with were happy with the care that they received. Comments included "It's a nice place to live" and "I'm very well looked after."

People appeared very comfortable and all were well dressed and clean which demonstrated that staff took time to assist people with their personal care needs. One person told us "They help me with washing and dressing and are very kind."

Care plans that we read contained assessments of need and outlined how needs would be met. The assessments were regularly reviewed to ensure that they reflected people's up to date needs. This meant staff had up to date guidance on how to support each individual.

We saw that there were risk assessments in place for mobility, nutrition and pressure damage. Where someone was assessed as being at high risk then control measures had been recorded to state how the risk would be minimised. One person's risk assessment stated the support and prompting that they required to eat their meals. At lunch time we observed that this person received the support outlined in their care plan. This demonstrated that staff used the care plans to inform their practice which ensured that people received consistent support.

Staff recorded each person's food and fluid intake on a daily basis. This meant that anyone who was not having an adequate diet was quickly identified and additional support could be provided. We saw weight records in the care plans that we read. These showed that people were maintaining a stable weight.

We observed the main meal of the day at lunch time. People were offered a choice of meal and we noted that two people requested meals that were not on the day's menu. Everyone that we asked said that the food was always good and it appeared to be enjoyed by everyone on the day of inspection. One person said "The food is lovely" and another person said "You always get plenty to eat." We saw that people who required support or prompting to eat were assisted in a manner that promoted independence and dignity.

We read records which showed that people had access to health and social care professionals according to their individual needs. Records seen showed that people attended appointments with social workers, doctors, community nurses and hospital specialists. One person said "They are very good at getting a doctor quickly if you are unwell." This meant that people had access to healthcare professionals to monitor their

wellbeing and ensure that health needs were met.

To provide mental and social stimulation the home had an activity programme in place which was displayed. We spoke with the member of staff who organised activities. They told us that the programme was flexible and they were able to respond to the interests and abilities of people each day.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

There was a calm and relaxed atmosphere in the home. People appeared very comfortable with the staff who supported them. We observed that staff interacted with people in a friendly and respectful manner.

Everyone we asked said that they felt safe at the home. One person told us "It's very safe here, there's nothing to upset anyone."

The home had policies on safeguarding vulnerable adults and whistle blowing (where staff could raise any concerns they had in a confidential way). These policies outlined how to recognise and report any suspicions of abuse. We read the minutes of the last staff meeting and noted that whistle blowing had been discussed and all staff had been given a copy of the home's policy. This ensured that staff had clear information to assist them to recognise and report any instances of abuse.

We noticed that there were posters in the home encouraging people to report any suspicions of abuse. The posters gave telephone numbers which ensured that people who lived at the home, staff or visitors had easy access to a confidential telephone line and could report concerns anonymously if they wished to.

All staff that we spoke with said they had received training on safeguarding vulnerable adults and the training matrix confirmed this. Staff spoken with were clear about how to report any concerns. All were confident that any allegations would be fully investigated and action would be taken to make sure that people were protected.

We also saw that staff had received training about the mental capacity act. This ensured that if anyone who lived at the home was unable to make a decision for them self, the staff would be aware of how to make decisions in the person's best interests. Care plans seen contained individual assessments of capacity and stated the people who should be involved in the decision making process if someone did not have the capacity to make a decision.

We looked at the recruitment files of the two newest members of staff. These demonstrated a robust recruitment procedure which included carrying out Criminal Records Bureau (CRB) checks and obtaining written references before the person began

work. This minimised the risks of abuse to people who lived at the home.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough skilled and experienced staff to meet people's needs.

Reasons for our judgement

People said that they thought that there was always enough staff on duty. One person said "The staff are lovely and chatty" another person told us "They always have time to help me when I want help, they'll do anything for you."

We observed that people who lived at the home received support and assistance in an unhurried manner. Care staff were able to spend quality time with people to assist them with physical care and to provide social stimulation.

The manager told us that there was a stable staff team at the home and all the staff we spoke with had worked there for a considerable time. This made sure that staff knew people well and were able to provide a consistent level of care.

Staff spoken with said that they always had enough staff to support the people who lived at the home. We were told that any unforeseen staff absences, such as sickness, were always covered by existing staff and no agency staff were used by the home. The duty rota seen confirmed this. This ensured that people were cared for by staff who were familiar to them and knew their needs and preferences well.

A senior member of staff provided on call support. This meant that care staff always had access to an experienced member of staff who could provide advice or attend the home if necessary.

All staff spoken with said that there were opportunities for ongoing training which ensured that they had the skills and knowledge to carry out their role. We were given a copy of the training matrix which showed that staff received mandatory training in health and safety issues and training appropriate to the needs of the people who lived at the home.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

No one we spoke with had any complaints about the service they received. People who were able to express an opinion said that they would be comfortable to speak with a member of staff if they were unhappy about the service they received. One person said "I would always tell someone if I wasn't happy." Another person said "I wouldn't be afraid to speak to someone if I was worried."

We noticed that there were posters in the home encouraging anyone to speak with a member of staff if they were not happy.

The home had a complaints policy which gave people information about how to make a complaint. The procedure included timescales that people could expect a response in and contact details for outside agencies. The provider may find it useful to note that the complaints procedure was not written in a format that would be easily accessible to everyone who lived at the home.

No formal complaints had been received by the home in the past 12 months.

Staff told us that they were confident that they would notice any changes in behaviour or mood that may indicate that the person was not happy. They said that any changes in a person's mood would be monitored and action would be taken to find out what was troubling them.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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