

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: 18 February 2014

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

Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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

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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 carried out a visit on 18 February 2014, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We were unable to speak with people in this home due to limited verbal communication. We therefore gathered information by talking to staff, observation and relatives' satisfaction surveys. We saw evidence of comments from peoples' relatives, examples include, "Mum is happy, safe and looked after by staff who understand her needs" and "My family are very satisfied with the care provided for our father." One member of staff we spoke to told us "Because this is a small home we have more time with individuals, we get chance to have one to one interactions." Another staff member told us "We know everybody well, we know their likes and dislikes, its like a big family."

We saw evidence which showed that staff were suitably qualified, skilled and experienced. Staff we spoke to were happy in their work, enthusiastic and confident. This was reflected in the atmosphere of the home.

All staff were trained in safeguarding. The staff we spoke to were all knowledgeable regarding different types of abuse and demonstrated a confidence in reporting procedures.

At lunch time we observed well balanced nutritious meals being served in a relaxed dining room.

The provider had systems in place to regularly monitor and assess the service provided. Regular audits and satisfaction surveys allowed for continuous assessment and improvement of the service.

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

Care and welfare of people who use services

✓ Met this standard

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

We randomly sampled four care plans. Care plans were audited monthly to ensure that they were up to date and that the changing needs of the individual were responded to appropriately. We observed that care plans contained detailed information on people's health status, evaluation of their needs and personal preferences. This information helped staff to understand people and to get to know them better. It also demonstrated how people were treated as individuals. People also had an opportunity to discuss and formally review their care plans every six months. This was done on an individual basis and signed by the individual.

We observed that people looked well cared for with regards to their appearance. We were told that a hair dresser visited regularly. Other visitors to the home included an optician and chiropodist. We were told that the home had a good relationship with the local doctor's surgery, the dental access centre and received good support from the local pharmacy. These relationships with health care professionals ensured that people's health needs were being met with efficiency and minimal disruption of routine.

We observed staff interacting with people in a caring relaxed manner. Staff referred to people by name and it was clear they knew the people well.

We saw evidence of day trips to local attractions and trips to the garden centre. We were told that trips to the local pub were regularly arranged. People could enjoy a pub lunch and a game of skittles. The home was located close to the town centre and people who wished could enjoy an accompanied trip into town.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

A choice of suitable, nutritious food and hydration were available in sufficient quantity to meet people's needs.

Reasons for our judgement

Menu choices were available at every meal time. People could also ask for food not featured on the daily menu. This ensured that people's likes, dislikes and choices were respected. We observed lunch being served and the food looked well-presented, appetising and nutritionally balanced. We noted that people ate their meals independently but staff were available to offer support if needed.

A variety of hot and cold drinks were available throughout the day. We observed that people were offered drinks and were prompted and encouraged to drink. People's fluid intake was closely monitored and recorded throughout the day. This demonstrated an understanding of the importance of hydration.

Peoples' weights were regularly monitored. We saw evidence of this displayed in peoples care plans. If any changes occurred in a person's weight they were monitored more closely. A daily food diary was kept and, if necessary, meals could be fortified or adapted, for example, by blending the food for a softer diet. This demonstrated how peoples' needs were monitored, assessed and acted upon

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

Our judgement

The provider was meeting this standard.

People who used 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

In order to gain entry into the home the visitor had to ring a bell. The visitor was required to sign a visitor's book. The outside areas were secure and were only accessible through the main entrance. This ensured peoples' security and safety by only allowing authorised visitors to enter and, therefore, providing a secure environment.

The provider had taken reasonable steps to recognise, prevent and report any type of abuse. We saw evidence of a staff training matrix which showed that all staff had been trained in safeguarding and safeguarding procedures. Further evidence was gathered as we spoke to staff. The Staff we spoke to demonstrated a good understanding of the different types of abuse. They also demonstrated a good understanding of reporting procedures within the home and also outside the management structure. Staff were confident that they would speak out if they suspected any form of abuse. Safeguarding procedures were displayed at various sites around the home. These were highly visible and therefore easily seen by all staff, visitors and people who use the service. This demonstrated that safeguarding procedures were in place and these procedures contained the information and guidance needed to refer any incident of abuse.

Requirements relating to workers

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably trained, skilled and experienced staff.

Reasons for our judgement

We randomly sampled three staff files. They all contained two references and an up to date Disclosure and Barring Service (DRB) check. We were told that all staff must have an up to date DRB before they could begin working.

All new employees were given a formal interview. Open ended questions were asked to allow for expression and expansion. Potential employees were asked to do a trial shift. This allowed both parties to assess the suitability of the applicant for the type of work required. All new employees shadowed a senior member of staff until they had completed their induction or until both parties were comfortable for the new employee to work independently.

All staff received mandatory training. This training was regularly up dated. We saw evidence of this on a staff training matrix. The staff members we spoke to had all been employed at the home for a long time. This indicated that staff were satisfied in their work. One staff member told us, "I like working here, it's like my extended family."

Staff told us they were confident to raise any issues, concerns, feedback or suggestions to the management. Management told us "we are a good team, we work together." This demonstrated how staff worked together to improve the service and the comfort of people who used the home.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider has systems in place to assess and monitor the quality of service provision

Reasons for our judgement

We looked at measures in place which ensured that the quality of service provision was delivered, maintained and improved. We saw evidence of regular audits, for example, audits relating to medicines, care plans and water monitoring. These audits demonstrated how the service provision was consistently monitored. We saw evidence of audits relating to maintenance of equipment such as fire alarms, fire extinguishers, and a call bell system. We also saw certificates relating to the regular maintenance of equipment.

Regular questionnaires were given to people who used the home. They were asked to rate their satisfaction of daily living within the home and also how they rated the food, personal care and support provided. Satisfaction questionnaires were also sent to relatives. The questionnaires gave an opportunity to make comments and give feedback on the service being provided. One relative requested a newer, more user friendly wheelchair. This request was assessed by management and a new wheelchair was provided by the home. This demonstrated how relatives' opinions were sought, listened to and acted upon.

We saw evidence of regular staff meetings. The agenda of one meeting included the care of people during meal times, information on monitoring weight loss and feedback from recent questionnaires. Staff meetings gave staff an opportunity to give feedback on peoples' needs and also gave the management the opportunity to disseminate information directly.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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