

***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: 28 June 2013

Date of Publication: July 2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services ✓ Met this standard

Safety and suitability of premises ✓ Met this standard

Complaints ✓ Met this standard

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'.

	Page
<hr/>	
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	4
<hr/>	
Our judgements for each standard inspected:	
Care and welfare of people who use services	5
Safety and suitability of premises	7
Complaints	8
<hr/>	
About CQC Inspections	9
<hr/>	
How we define our judgements	10
<hr/>	
Glossary of terms we use in this report	12
<hr/>	
Contact us	14

Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Fridhem Rest Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Safety and suitability of premises
- Complaints

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 28 June 2013, 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.

What people told us and what we found

People received the care and support they required to improve their health and well-being. Care records were written in detail and provided clear guidance to staff members. People told us that staff members were always available, approachable and that they helped people with their care needs.

A risk assessment had been completed to ensure people could safely access the garden area. Checks were also completed to ensure hot water was safe to use.

The service had a policy and procedure to guide people in how to make a complaint and there was clear information about taking complaints further.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

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

We examined two people's care records to determine how care needs were assessed, planned for and delivered. We also looked for information to identify if appropriate action had been taken for people to receive advice or treatment from health care professionals.

A needs assessment was completed prior to people going to live at the home and a further, more detailed assessment was completed immediately after their admission. Assessments were also completed to assess people's level of risk for such issues as their risk of pressure sores and of falling. These assessments had been reviewed and identified the level of risk and action required to reduce that risk for each person. This ensured that staff at the home were aware of the risks to people living there and they could make a decision regarding whether they had adequate skills to care for people before they lived there.

Care plans were in place for a number of different support and care needs for each person whose care records we examined. The plans contained adequate detail and identified actions staff members were required to take to ensure the person's needs were met. They also identified things that each person could do for themselves. However, we found that one plan for a medical condition had not been updated to advise staff members of a possible reason for the worsening of the condition, what they should look for or do if such a situation occurred.

We spent time observing how staff members cared for and interacted with people. We found that staff members were polite, they knew people's needs and they knew how people liked to be cared for. People we spoke with said that staff members were nice and that they helped with everything they needed them to. They confirmed that they were able to discuss changes in their care needs.

Reviews of care plans were completed; care plans were then updated with any changes and the actions that had been taken to address them.

Examination of care records indicated that people had access to advice and treatment of health care professionals, such as GPs, community nurses and hospital outpatient departments. One care plan that we examined indicated that the person was at the end of their life and their records indicated that staff members and the person had appropriate support and guidance from health care professionals in caring for the person.

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

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

Our inspection of 11 December 2012 found that risks around the garden were not adequately assessed to ensure all actions that could be taken for people's safety had been taken. Some checks to ensure water was safe from bacteria and safe to use were not maintained. The provider wrote to us and told us that they would complete a risk assessment for people who used the garden and put up warning signs for those people who were unaccompanied. They also told us that they would start recording the temperature of the hot water to make sure mixer valves were working properly and test for legionella in the hot water system. This was to be completed by 30 June 2013.

We found that hot water temperature checks had been recorded and these indicated that the temperatures were at a safe level. The hot water system had also passed the test for legionella. Arrangements had been made for this to be checked annually.

A generic risk assessment had been completed to reduce risks associated with people accessing the garden area. This encouraged people to be accompanied when they went outside and the manager confirmed that people living at the home who used the garden were happy with this arrangement. The provider may find it useful to note, however, that individual risk assessments were not completed for people wishing to access the garden area alone. These should be completed to ensure the safety of people if they wish to be alone in the garden.

We walked around the home during our inspection and found that it was clean and tidy, there were no offensive odours and people had a variety of communal areas where they could spend time. We spoke with people using the service but their feedback did not relate to this standard.

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. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Our inspection of 11 December 2012 found that the complaints procedure did not provide up to date guidance for people wishing to make a complaint. The provider wrote to us and told us that they would review their complaints procedure and let people know when a new procedure was available.

People were made aware of the complaints system.

We found that the provider had an appropriate complaints policy and procedure in place and a copy was available on a notice board in the home. The document provided adequate guidance and information for people wishing to make a complaint and also provided information about other agencies to contact if the person was not happy with the provider's response. The manager confirmed that the new procedure had been discussed with people during meetings with them, although the meeting minutes were not available to confirm this.

We spoke with people using the service but their feedback did not relate to this standard. The provider may find it useful to note that the complaint procedure was not available in any other format than a written copy. This meant that, although people's families were involved and were encouraged to assist them if they wanted to make a complaint, not all people were able to do this independently.

We examined the complaints log and found that no complaints had been made in the last 12 months.

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.

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

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
