

Care South

Fremington Manor Nursing and Residential Home

Inspection report

Fremington Manor
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Fremington Manor Nursing and Residential Home is a residential care home providing personal and nursing care to 48 people aged 65 and over at the time of the inspection. The service can support up to 60 people.

The service is a large country manor house which has been extended and adapted to meet the needs of people who are frail and elderly. There are passenger lifts to all floors with bedrooms on two floors and mainly communal spaces on the ground floor. There are level access garden areas.

People's experience of using this service and what we found

The current deployment of staff within the service had not ensured people's needs were consistently met. All of the people and relatives we spoke with told us they currently felt staffing levels at the service did not ensure people's needs were met in a timely way. People gave examples of how the current staffing levels had impacted them. Staff feedback in relation to staffing levels was also consistent in that the current numbers did not ensure care was consistently and safely provided.

The current governance systems in operation had not identified the areas of concern we found during the inspection. There were both service and provider level monitoring systems in place but neither had resulted in the identification of failings or change to staffing deployment. Following the inspection, we raised immediate concerns with the provider about staffing. Immediate steps were taken by the provider to review staffing dependency levels and an action plan was produced and sent to the Care Quality Commission (CQC).

People were cared for by staff who understood their responsibilities to safeguard them. There were systems in place to ensure medicines were ordered, stored, administered and disposed of safely. People's individual care and treatment needs were planned and were reviewed regularly to ensure the support provided reflected their current needs.

The service environment was effectively maintained to ensure people were supported safely. Infection control measures within the service promoted people's health, safety and welfare. There were no restrictions on visiting at the time of the inspection in line with government guidance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. There were systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority.

There was effective governance in place around incidents and accidents, the service environment and care planning. The service manager had recently commenced employment with the provider and was new in post. They were currently looking at ways to engage with people, their relatives or representatives and staff

to enhance the service. There were links with the local community established for the benefit of people living at Fremington Manor Nursing and Residential Home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Good (published 4 September 2021).

Why we inspected

The inspection was prompted in part due to concerns received about staffing. A decision was made for us to inspect and examine those risks.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches in relation to staffing and good governance.

You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Fremington Manor Nursing and Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two Inspectors.

Service and service type

Fremington Manor Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fremington Manor Nursing and Residential Home is a care home with nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was no registered manager in post. The provider had appointed a new

service manager on 8 November 2022 who had commenced the process to register as the manager with the CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the Provider Information Return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also reviewed additional information we held about the service, this included previous inspection reports and statutory notifications. A statutory notification contains information about certain incidents and events the provider is required to notify us about by law.

During the inspection

We spoke with ten members of staff which included the service manager, the deputy manager, clinical staff, care staff, activities staff and administrative staff. We spoke with nine people who lived at the service and observed interactions between people and staff.

We met with four people's relatives. We reviewed a range of records, including people's care records, staff recruitment files, records relating to safety checks including fire safety and accident and incident records. We also reviewed medicines records and records relating to monitoring and quality assurance.

Following our site visit we contacted the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also contacted another person's relative. We contacted three healthcare professionals to seek their views on the service and received feedback from one of them. We also received further clarification and documentation from the service to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The service had not ensured sufficient staff were deployed to ensure people's needs were consistently met.
- The service manager told us the minimum staffing levels they aimed to achieve. The service currently had a reliance on agency staff.
- Without exception, all of the people we spoke with told us they had suffered a reduced quality of care due to staff not being available to support them. People gave personalised examples, for example with one person telling us they couldn't shower when they wished as staff had told them it took too long. Another person told us how they had to attempt to mobilise independently as staff were unable to answer the call bell. They said, "I can understand why people fall here, because I get very anxious when I can't get somebody, and you can't get help."
- Relatives we spoke with raised concerns around staffing levels, with some giving examples of the impact on their family member. One relative told us they had visited of an evening a few days prior to the inspection. It had taken in excess of two hours for staff to hoist their relative, due to insufficient staff availability. The relative also told us there was a very recent occasion when it took a long time for staff to provide support, despite their relative being sat in urine. They were present at the service for the entirety of this period.
- All of the staff we spoke with about staffing levels told us they did not feel they could always meet people's needs in a timely way. Some staff gave examples of how they had arrived for an afternoon shift and still needed to complete people's personal care needs from the morning, as this had not yet been done. A number of staff raised concerns around undignified care and told us that meeting people's basic continence needs was not always achievable.
- Other staff comments we received included, "We have family members telling us their loved ones are wet - it's so difficult having to prioritise." Another said, "It's not good when you feel rushed trying to support someone with their lunch." Another staff member told us, "It's very emotionally distressing at times as we can't do what people want."
- The service used a staffing dependency tool to determine the number of staff it felt were required to meet people's needs. However, there was no system in place to ensure staff were accurately deployed in the right areas of the service at the times people needed their support. This had impacted negatively on people in the service.

The failure to consistently deploy sufficient staffing numbers throughout the service meant people's needs were not always met. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, we spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider. We raised concerns around the findings of the inspection in relation to staffing. They took immediate action to ensure the dependency tool took into account current staffing deployment and staffing levels. They also provided a written report of actions detailing the short, medium and longer term changes being made to ensure people's needs at the service were met.

- Staff had been recruited safely. Relevant pre-employment checks had been carried out including criminal record checks and references from previous employers.

Using medicines safely

- There were safe and effective systems for the ordering, storage, administration and returns of medicines.

- The provider had an electronic medication management system and relevant staff had received training in its use. We saw evidence that medication competency checks for staff were completed regularly.

- Some medicines required additional security and recording measures. We found these medicines were stored correctly, accurate records were maintained, and on the samples we reviewed balances were correct.

- Some people received medicines such as paracetamol on an 'as required' basis. We found that whilst there were records in place for these, further personalisation of protocols could be undertaken. This was highlighted to the service manager during feedback.

- Medicine that required cold storage was stored appropriately. Records were maintained of the storage facility to ensure they were stored in line with the manufacturers guidance. Ambient room temperatures were also recorded ensuring temperatures remained at a suitable level.

- There were effective governance systems completed by a member of the service management, to monitor the management of medicines.

Assessing risk, safety monitoring and management

- People had a personalised assessment relating to their care needs and risks. These records were regularly reviewed to ensure they reflected people's current needs.

- Care records identified daily living risks in relation to matters such as falls, nutrition and continence. Risk management and reduction measures were recorded within the records. Staff we spoke with spoke positively about the care plans in place for people and said they contained a good level of information.

- People's current risks were highlighted promptly on the provider's electronic care planning system to ensure staff were aware. This aided in reducing the risk of harm to people and offered support to regular and agency staff to understand people's needs.

- There were nominated members of staff to ensure the environment and equipment were effectively maintained. This included checks in relation to legionella management, fire systems and equipment and mobility equipment. There was an effective system to keep oversight of requirements.

- People had current individual emergency evacuation plans in place to ensure the right level of support was provided if needed in the event of an evacuation. These were centrally located to ensure quick access to these records.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff at the service and we received positive feedback from people and their relatives.

- Whilst concerns were identified around staffing levels, the feedback we received about the staff themselves was very positive. One person told us, "They do the best they can for you and are very kind and thoughtful in many ways."

- Relatives told us the staff at the service made them feel assured people were supported by staff that cared. One relative commented, "I'm very impressed with how well they know her. I'm definitely happy she's safe

here."

- Staff had received training in safeguarding and knew how to raise and report safeguarding concerns. All of the staff we spoke with about safeguarding processes knew how to identify and report concerns.
- The provider had appropriate policies in place to support safeguarding processes.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, applications to deprive a person of their liberty had been made with the relevant local authority.
- At the time of our inspection, there were no people living at the service with an authorised DoLS, and all applications were pending local authority action.
- Where required, we found capacity assessments had been completed, and best interest decision processes followed.
- Where people had a legally registered Lasting Power of Attorney (LPA) in place, records of these were held and retained by the service.

Learning lessons when things go wrong

- There was a system to record, review and respond to any incidents or accidents.
- Accidents and incidents were recorded by staff onto the electronic care plan system. Staff we spoke with explained how they did this. This report was then escalated for review by the service management and care plans were updated if an escalating risk was identified.
- There were service and provider level audits in place to monitor the accident and incident records completed by staff, and identify any evolving patterns or trends.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to see visitors in line with current UK Government guidance.
- There were no current restrictions on visitors entering the service and on the day of the inspection we

observed visitors entering and leaving throughout the day.

- People's families told us they were supported to visit in a safe way and felt welcome when visiting.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. The service management and leadership was not consistent and governance systems were not consistently reliable and effective. Some risks were not always identified or managed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a range of audits in operation to monitor the health, safety and welfare of people at the service and additional auditing was undertaken by the provider. However, the current governance arrangements had failed to identify that some people's care and support needs were not being met due to the current staffing deployment arrangements.
- There were governance arrangements in place at both service and provider level that were not fully effective. For example, at service level an audit was undertaken in relation to call bell response times. A sample of those reviewed showed that people had often waited in excess of 10 minutes on multiple occasions. Other records showed some people had waited an excessive amount of time for example one record showed 22 minutes to answer a bell and another showed 38 minutes. Some of the feedback from the audit showed staff were attending to other people or making others safe. It is not evident this audit had identified concerns or resulted in change.
- Provider level auditing had not identified concerns in relation to staffing deployment. This was not reflective of the feedback we received from people, their relatives and staff. The operations management highlighted in December 2022 that feedback from one person had highlighted a concern around call bells and that this was fed back to the service manager. In addition to this, the operations management audit did not identify the excessive call -bell waiting times highlighted in the service level audit.

The absence of an effective governance system to identify and manage risks associated with unsafe staffing level deployment was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had clearly displayed the current rating at the service location and on their website in line with regulatory requirements.
- The provider had notified CQC in full about any significant events at the service in line with regulatory requirements. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about the leadership of the service. The service manager was new and had only been employed at the service for a very short period of time. Some of the staff we spoke with told us they hoped

the new service manager would focus on improving staffing levels.

- Most staff we spoke with were positive about their employment, however there were significant concerns about the demand placed on the staff team by low or inappropriate staffing levels. One staff member commented, "We do stick together but there are a few new staff and they are not staying. It is so hectic it's not a place to enjoy working at times." Another said, "We work together to help each other in very challenging circumstances."
- Staff gave us mixed feedback about whether they would recommend the service to either work in, or for people to receive care. The less positive answers we received again revolved around staffing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had the opportunity to engage through conversation and feedback through surveys.
- We saw that surveys were completed periodically in relation to nutrition and people's dining experience, safety and security, activities, bathing, and people's choice and involvement in how they lived. The surveys we reviewed showed positive feedback was received.
- The feedback we received from people's relatives in relation to the communication they received from the service was mixed. Relatives we spoke with were aware of the new service manager and hoped this would result in better communication. One told us, "We don't get a lot of it [communication] and I would like more, it might change with the new manager."
- The new manager had already arranged for a meeting with people and their relatives to set out their visions for the service. The supporting minutes showed matters such as recruitment were discussed, and the new service manager encouraged feedback from people and their relatives.
- Staff we spoke with told us that staff meetings were held and that if they wished they could contribute and raise any matters or concerns. We saw the supporting minutes from these meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a duty of candour policy in place, and the service communicated with people's relatives or representatives in relation to falls and incidents.
- No concerns were raised with us by relatives where they had felt the service had failed to communicate a matter in relation to a person's health or welfare.

Continuous learning and improving care, Working in partnership with others

- The service was continually looking for ways to improve care. This was done through survey feedback and continual communication.
- There were links with the local community established to enhance the lives of people at the service. For example, there were links with the local primary school to provide intergenerational experiences. Local children were invited to an Easter egg hunt and Devon Libraries supported the service so people had access to library books. Local bands played for people, and pat dog therapy sessions were also held.
- There were systems to improve outcomes for people through auditing and oversight in relation to accidents and incidents.
- A healthcare professional we spoke with spoke very highly of the care provided and the working relationship they had with the service. They commented, "My experiences with the team at Fremington Manor have always been extremely positive. I have always seen staff treat residents with dignity and respect, they have a really lovely manner about them even when faced with the daily challenges of healthcare."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to operate effective governance to identify and manage risks associated with unsafe staffing level deployment
	Regulation 17(1)(2)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had failed to ensure sufficient numbers of staff were consistently deployed to meet people's needs.
	Regulation 18(1)