

# Ablecare Homes Limited

# Frenchay House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Frenchay House is a care home providing accommodation for people who require nursing or personal care. The service provides support to older people, including those who are living with dementia. Up to 30 people can live at Frenchay House. At the time of our inspection there were 28 people using the service.

Frenchay House is located in a large, listed building in a village location. There are communal areas, and some people live in flats with individual lounges and bathrooms.

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

We highlighted some gaps in medicines records to the provider. Additional information and assurances were given after the inspection with actions taken to meet all standards. Staff were trained to support people with medicines in a way that met their needs.

Governance processes were effective overall, although the most recent medicine audit had not highlighted all of the shortfalls we identified during the inspection. These were identified at the subsequent medicines audit and actions taken as necessary. Audits supported the service to identify, monitor and address performance and risks.

People we spoke with, and their relatives all told us they felt safe living at Frenchay House. People and their relatives spoke positively about the service and staff team. We observed others looking comfortable and relaxed around staff.

Staff received training and knew what they should do to safeguard people from abuse or harm. Specific risks to people were assessed before admission, monitored and reviewed regularly. Staff knew about risks for different individuals.

Staff managed the safety of the living environment and equipment in it through regular checks. Fire safety was monitored, and actions taken as required to manage risks.

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 enough appropriately skilled and experienced staff to meet people's needs. This was regularly reviewed. Staff were recruited safely by the provider, and there was a consistent staff team. The team worked with other health and social care services to promote good outcomes for people and keep them safe.

Staff were motivated and committed to providing high quality care to people and ensuring their needs

continued to be met. Staff told us they enjoyed working at the service and felt well supported by the management team and their colleagues.

The management team were experienced and played an active role in the service. Staff told us managers were visible and approachable. There was a culture of continuous improvement and staff at all levels were encouraged to follow interests and take up training and new opportunities.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 02 August 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service and the time since our last inspection. We only reviewed the safe and well led key questions at this inspection. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We 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.

The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Frenchay House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Frenchay House

## 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.

#### Inspection team

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Frenchay House 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. Frenchay House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included the

statutory notifications the provider had sent to CQC. A notification includes information about important events which the service is required to send us by law.

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 used all this information to plan our inspection.

During the inspection

We spoke with 9 people living at the service and 6 relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 9 members of staff, including the registered manager and group manager. We received feedback from 3 professionals who worked with the service. The views of everyone we spoke with have been incorporated into this report.

We viewed a range of records and documents. This included 4 people's care records and all medicine records. We looked at 4 staff files in relation to recruitment and staff supervision. We checked a variety of records relating to the management of the service. This included policies and procedures, quality assurance checks and health and safety documents.

We considered this information to help us to make a judgement about the service.

# 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 good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- We highlighted some gaps in medicines recording to the provider. Additional information and assurances were given after the inspection.
- Medicines which required additional security were stored safely. Some records, such as the running stock balance, were not always completed but this was identified in audits. The provider told us they had reminded staff were reminded about the importance of completing and documenting all checks.
- The provider had been using an online pharmacy service for several months. Staff told us there had initially been challenges in changing to the new system. Risks had been identified by staff and highlighted to the provider by the registered manager. Changes had been made to ensure risks were managed and reduced.
- Information was recorded to provide guidance to staff about how people preferred to take their medicines.
- The temperature of the medicines trolley and fridge were monitored and consistently recorded.
- Some people had been prescribed additional medicines on an 'as required' basis (PRN). PRN protocols were in place and gave staff guidance about giving people additional medicines.
- Medicines were administered by staff who had been trained and had their competencies assessed.

### Systems and processes to safeguard people from the risk of abuse

- People we spoke with, and their relatives all told us they felt the service was safe. One person said, "I enjoy being here. I do feel safe, and staff are there to be called if I need them".
- There were well embedded systems and procedures to keep people safe and safeguarded from abuse.
- Staff received training and were confident about the steps they would take to protect people from abuse or avoidable harm. One staff member said, "Absolutely, I would always report concerns. I would take it higher and would go to the council or CQC if needed".
- Managers liaised with other relevant organisations to investigate and manage safeguarding concerns.

### Assessing risk, safety monitoring and management

- Risks to people were assessed before admission, monitored on a day-to-day basis and reviewed regularly. Assessed risks included specific health conditions, mobility, falls and medicines.
- People or their families were involved in managing risks. One family told us about ways in which staff had supported their relative and had suggested changes to make them safer and improve their quality of life. For example, reducing falls and safer swallowing.
- Risk assessments were up to date and provided guidance to staff to ensure they were able to meet people's needs safely.
- Staff knew people well, which meant they were able to recognise and respond appropriately to changes. For example, when one person became distressed, staff knew the best way to reassure and distract them to help them feel calmer.

- Regular checks and monitoring were in place to ensure environmental risks were assessed and safety maintained. Records showed the buildings and equipment were monitored and servicing and repairs took place.
- Systems were in place to ensure people were protected from the risk of fire. This included internal checks and an assessment by an external company.
- Each person had a personal evacuation plan which detailed the support they would need in the event of an emergency.

#### 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, appropriate legal authorisations were in place to deprive a person of their liberty. This was proportionate and only where there was no less restrictive option available. Any conditions related to DoLS authorisations were being met.
- We saw staff asking people for their consent and treating people with respect and dignity. People were supported to make day to day decisions, for example about where they wanted to go, and choices about food and drink and activities.
- Capacity assessments were carried out and documented in care records. These related to specific decisions.

#### Staffing and recruitment

- There were enough staff to meet people's needs, although several people told us the staff seemed busy. One person told us, "They do the best they can, and I try not to call them too much as they are very busy". Comments from relatives included, "The staff do so much. I don't know how they do it. They're stretched to the limit".
- The provider used a tool to help determine and review safe staffing levels and staff felt there were usually enough staff on shift to support people safely.
- Staff were recruited safely by the provider, and all relevant checks were carried out before new staff started working at the service. This included criminal record and employment checks to confirm staff were suitable to care for people.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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

- Visiting to the service was unrestricted and people were welcome at the service at any time. This would only be restricted if there was an increased risk from infections. This was in line with current government guidance.

#### Learning lessons when things go wrong

- All staff were open to feedback during the inspection and willing to make changes where needed.
- Staff told us they were confident in raising concerns and reporting incidents.
- Systems were in place to record and monitor accidents and incidents. Lessons learned were shared with staff and other organisations to ensure people were kept safe.
- When things went wrong, there was a review to ensure lessons were learned and changes made where necessary.

# 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 remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The most recent medicines audit had not highlighted all of the shortfalls we found, although previous versions of the audit had identified issues and actions taken as required.
- Other audits were effective and supported the service to identify, monitor and address performance and risks. This included regular audits of care records, health and safety and infection prevention and control.
- The registered manager understood and demonstrated compliance with the requirements of their role. This included submitting statutory notifications and communicating with other agencies. Statutory notifications are information about important events the service is legally obliged to send to CQC within required timescales.
- The management team were experienced and played an active role in the service. Staff told us managers were visible and approachable.
- Professionals were positive about the management of the service. Comments included, "Very responsive and communicative" and "We've always had a good relationship with them".
- Staff at different levels had been supported to undertake training and become involved in a range of developmental opportunities.
- All the staff we spoke with were positive about the service and motivated to provide good quality, personalised care.
- A professional told us, "The staff absolutely know what's going on. The team is friendly. They do a good job".

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

- The provider had clear, person-centred vision and values which placed people at the centre of everything they did and supported them to be informed, independent and healthy. We saw these values reflected in the actions of staff during our inspection.
- One relative told us, "This is the happiest we have seen [Name] for a long while, and that makes us very happy too".
- We asked another relative what they liked most about Frenchay House. They said, "100% the staff. They're so friendly. I like the feel of the place".
- During the inspection, we observed people were usually relaxed and comfortable. When staff approached them, people's faces showed recognition and affection, even if they did not communicate verbally.
- Staff felt respected, valued and supported by leaders. Staff, including those with protected characteristics

under the Equality Act, felt they were treated well. The provider was proactive in promoting opportunity and inclusion in the workforce.

- The management team valued staff and rewarded their efforts with small gifts and gestures. Staff at all levels had been nominated for and won regional and national awards. For example, the nominated individual won National Businesswoman of The Year, and the registered manager was a finalist in several categories in national awards. The provider was introducing an internal awards ceremony with a large event and high quality prizes.
- Staff at all levels were positive about the service. Comments from staff included, "I love working here. I wouldn't go anywhere else" and "There's a lovely sense of family".

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

- Concerns, accidents and incidents were investigated as necessary, and lessons were shared and acted on.
- If things went wrong, staff told us they apologised and took actions to prevent the same thing happening again.

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

- We saw staff listening to people, offering choice and giving them time to respond during the inspection.
- People's relatives told us they felt able to raise any concerns. One relative said, "If I have to mention little things, they're always sorted. I can't fault the place". Another told us, "I have no concerns. The staff always tell me what's going on".
- Staff were encouraged to share their views and shape the service through staff meetings, supervision and individually. One staff member told us, "There's a supportive staff meeting. We always have handover and staff meetings".
- There were good links to community resources to ensure people with protected equality characteristics were engaged and involved in the service.

Continuous learning and improving care

- The senior team were open and honest during our inspection.
- One professional told us, "They're improving all the time. They're open to suggestions. They're keen to learn".
- The provider strived to make a positive difference within the sector through its involvement with stakeholders, schools, research and development events.
- Innovations which enhanced care for people were encouraged by the provider. For example, staff had received training to improve the wellbeing and health of people living with dementia.
- Improvement plans were in place and shared with the staff team. This helped the service to develop and ensure standards continued to be achieved.
- Incident reports and complaints were reviewed by the management team, and the information was analysed and used to learn and make changes.
- The service received compliments about the care provided to people. Comments included, "You could not have done more for mum, and therefore all of us" and "You are almost like family. Absolutely wonderful".

Working in partnership with others

- The team worked with other health and social care professionals to meet people's needs. Staff made referrals to services such as district nurses, dementia specialist teams and GPs for advice and support to maintain people's health and wellbeing.
- Professionals were positive about the service. Comments included, "We were very happy when Frenchay House started working with us. We've always had a good relationship with them" and "The staff are very

good. They want the best for their residents".