

Firstsmile Limited Framland

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

Framland is a residential care home providing accommodation and personal care to 26 people aged 65 and over at the time of the inspection. The service can support up to 31 people accommodated over two floors.

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

People received personalised care. There were enough experienced and qualified staff to safely meet people's needs. Staff knew people well and were kind and considerate when delivering care.

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.

Processes were in place to safely manage risks associated with people's care. Care plans and risk assessments were reflective of people's needs and staff knew people well. Where people's needs changed prompt action was taken to ensure their health and well-being were maintained.

People were protected from the risk of avoidable harm, and infection prevention and control procedures ensured as much as practicably possible they were protected from the risk of infectious diseases.

Medicines were administered safely, accidents and incidents were reported, and lessons learnt when things went wrong.

The registered manager and provider were open and transparent and systems and processes in place ensured people received quality care.

People, relatives and staff thought the service provided quality care. They felt supported and able to raise any concerns which were taken seriously.

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

Rating at last inspection

The last rating for this service was good (published 12 September 2018).

Why we inspected

The inspection was prompted in part due to concerns we received in relation to safe care. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Framland on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Framland

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 Care Act 2014.

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

The inspection was undertaken 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

Framland is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the

service. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and eleven relatives about their experience of the care provided. We spoke with eleven members of staff including a director, registered manager, senior care workers, care workers and the chef and domestic staff.

We also spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse. Records showed safeguarding concerns were reported to the local authority and CQC.
- All of the people and relatives we spoke with told us the service was safe. One relative told us, "Yes, it is absolutely safe." Another relative told us, "I have no doubts about their [named relative] safety. The environment is good, the staff are good."
- Staff had received safeguarding and whistleblowing training and knew how to identify potential signs of abuse and report their concerns. Staff said they were confident if they raised a concern they would be listened to.

Assessing risk, safety monitoring and management

- Risks to people's individual health and wellbeing were assessed, managed and regularly reviewed within people's care plans and staff understood where people needed support to reduce the risk of avoidable harm.
- Environmental and individual risk assessments were in place and fire risk assessments and Personal Emergency Evacuation Plans (PEEPs) were detailed and up to date. This meant people were protected from risks associated with the environment.
- Staff knew people's individual risks and told us how they supported people safely. For example, one person, identified as at risk from malnutrition and dehydration, was supported by staff who sensitively

encouraged the person to eat and drink regularly.

Staffing and recruitment

- Enough qualified and experienced staff were deployed to meet people's needs in a timely way. Rotas confirmed the level of staff deployed was consistent. One staff member said, "There are always enough staff on shift to support people."
- People and their relatives raised no concerns over staffing levels. One relative said, "I visited last week and there seems to be more staff now than ever."
- Staff were recruited safely. For example, a Disclosure and Barring Service (DBS) check and previous employer references were obtained. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults to help employers make safer recruitment decisions

Using medicines safely

- Medicines were managed safely. We observed a medicine round and the correct procedures were undertaken. For example, staff locked the medicine cupboard between administrations and completed records after people had received their medication, not before which could cause misadministration and recording issues.
- Medicine administration records (MAR) were in place, and people received their medicines as prescribed.
- When people were prescribed medicines 'as and when required' (PRN), the correct protocols were in place to inform staff when to administer these medicines. Records confirmed when and why staff had administered PRN medicines.
- Staff were trained in the safe handling of medication. One staff member told us, "I have attended medicines management and administration training, and have my competency assessed regularly."

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. For example, staff had administered a medicine but not recorded this on the MAR so it looked like it had not been administered. However, following a medicine audit, this was identified as a recording error. The registered manager mitigated the risk of recurrence by ensuring all medicines administration staff received refresher training on the new electronic medicine management system.
- Accidents and incidents were recorded, information collated, analysed and used to introduce measures to reduce the risk of recurrence.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture in the service and care delivery was person centred. There was a warm and welcoming atmosphere, and we observed kind and caring interactions between staff and people.
- Staff said the management team was approachable and they felt supported. One staff member told us, "The registered manager is supportive." Another staff member told us "The registered manager gets things done. It is a great staff team. We are like a family."
- Care plans were person-centred and included important information around people's needs, their likes and dislikes, their life history and family relationships. One relative told us, "They know [Name] 'inside-out'. I'm very happy. They can't do any better." A further relative told us, "The staff are amazing with [Name]. They know everything about them."
- The management team worked with people to establish their preferences and changed routines and practices to achieve this. For example, we saw several people had not liked a menu item at lunchtime, and staff asked them what they would prefer as an alternative. The menu was subsequently changed in line with people's preference.

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

- The registered manager understood their responsibilities to be open and honest with people when things went wrong. A complaints policy was in place and openly displayed throughout the service.
- All the people and relatives we spoke with confirmed they had never raised a complaint but were confident if they did it would be taken seriously and investigated.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a registered manager in place who was registered with the CQC. They ensured all legally required notifications were submitted to CQC as required, and CQC's rating of performance was displayed at the location and on the providers website.
- The provider and registered manager closely monitored the quality of the service. Regular audits were undertaken and included, but were not limited to, medicines, accidents and incidents and care plans. This ensured systems and processes were fit for purpose and where a shortfall was identified prompt action could be taken.
- The registered manager ensured staff had the right information to understand people's needs and provide

safe care.

- A new electronic monitoring system had recently been purchased to improve the quality of care recordings and reduce the risk of people not receiving their care as planned. Staff were now able to record support they provided in real time and were alerted to any planned care not yet provided according to people's individual care plan.

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

- Relatives told us they were consulted and felt involved in the service. One relative told us, "Communication is great. If I have any concerns, they [the staff] get straight on to it." Another relative told us, "The communication is excellent. If we need to know anything, they tell us straightaway."
- The management team worked with staff to identify improvements and address any concerns they had. Regular one-to-one meetings and supervision meetings took place and where staff raised issues these were resolved.
- The registered manager demonstrated a good knowledge of equality, diversity and human rights legislation. For example, one person's specific dietary needs related to their religion were considered and met.

Working in partnership with others

- The service had good working relationships with professionals such as, community nurses and GPs to improve people's outcomes to ensure they received holistic care. One relative told us how staff insisted on a GP visit. They told us, "Neither the staff, nor me, were satisfied with the assessment over the phone and we felt a visit was needed. The GP came out and antibiotics were needed. We got it sorted between us."