

Mrs E Lambert

# Frintondene Care Home

## Inspection report

4 Third Avenue  
Frinton On Sea  
Essex  
CO13 9EG

Tel: 01255679635  
Website: [www.frintondene.com](http://www.frintondene.com)

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20 June 2019  
28 June 2019

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Frintondene Care Home is a residential care home providing accommodation and personal care for up to eight people. The large adapted property, located close to the sea front, was supporting six people aged 65 and over, some living with early dementia, at the time of the inspection.

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

The provider's systems to check on the safety and quality of the service people received needed improvement. We have recommended that the registered manager network with other services and keep updated with national good practice guidance.

Care plans showed people, were being consulted over their care, and had were encouraged to retain their independence. To prevent the risk of people becoming socially isolated, especially those living with early dementia, we have made a recommendation. This is to support staff in learning new ways they could encourage people to join in / identify stimulating activities to promote their wellbeing.

People were supported by management and staff who enjoyed their work, and were highly motivated, kind and compassionate.

People told us they felt safe living in the service and there were sufficient numbers of staff to support their needs.

Staff supported people to keep safe, and ensure they received their medicines as prescribed.

Staff involved healthcare professionals to ensure people's healthcare needs were met and supported.

Staff knew people well and understood people's preferred routines, likes and dislikes and what mattered to them. They supported people to maintain links with people that mattered to them, and ensured their visitors felt comfortable visiting.

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/ did not support this practice.

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 15 November 2016).

### Why we inspected

This was a planned inspection based on the previous rating.

### 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Frintondene Care 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Frintondene is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. They were also the provider and 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 carried out over three days: 19 June 2019 which was unannounced and 20 and 28 June 2019 which was announced.

#### What we did before the inspection

We reviewed information we held on the service, since the last inspection in September 2016. We reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about 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 with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with all six people using the service, and a person's relative about their experience of the care provided. We also spoke with the registered manager, who is also the provider, deputy manager four members of staff including senior carer and carers.

We spent time observing how staff interacted with people and monitored their welfare. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at staff training records, a staff member's recruitment file and a variety of records relating to the management of the service, including people's personal emergency evacuation plans, building inspection and maintenance reports.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with a social care professional. We emailed three professionals who were identified in the PIR as having regular contact with the service, inviting them to share their views of the service. Of which, one health professional was able to provide us with feedback. The provider also continued to keep us updated on the progress of work they had undertaken to drive continuous improvement.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse. People told us they felt safe and comfortable with staff. One person said if they, "Got a worry can share with them [staff] they listen to you," and act on the information given to ensure their well-being.
- Staff had received training in safeguarding people from abuse and told us they would not hesitate in reporting any concerns to the management, and if not acted on, would contact external agencies.
- One staff member said, "I would have no trouble reporting, [we have] a duty of care to the residents, not the manager, wouldn't hesitate." Another staff member said, "All the staff here are strong, if people can't speak up for themselves we are here to do it for them."
- The registered manager was aware of their responsibility to liaise with local authority about safeguarding issues. Where concerns had been raised we saw these were managed well.

Assessing risk, safety monitoring and management

- Staff knew people well and understood the need to enable people to retain as much freedom as possible, whilst managing risks to them. Risks assessments linked to people's individual daily activities had been completed, and regularly reviewed. This included risks associated with people going out on their own, 'falling or getting lost' linked to their mental and / or physical health.
- The registered manager contacted us following the inspection and confirmed they were signed up to The Herbert Protocol, which is a national scheme, used by police. The scheme encourages carers to complete a form compiled of useful information, which could be used in the event of a vulnerable person with impaired memory or dementia goes missing.
- Systems were in place to identify and minimise risks linked to people's environment. This included: fire detection equipment and mobility aids to ensure they were fit for purpose and testing the water system for legionella.
- At the time of the inspection routine water testing had identified legionella species which is non-pneumophila and is not commonly associated with Legionnaires disease. The provider had acted on the recommendations to carry further work on their water systems and was waiting the results of the follow up tests.
- People did not have personal emergency evacuation plans (PEEPS). These are used by staff and emergency services to know what level of support people required in the event of emergency evacuation. We brought this to the registered manager's attention who took action immediately and put these in place.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The registered manager told us the action they had taken to

address shortfalls in their fire risk assessment, identified following a recent visit from the local council's Fire Safety Officer.

- Measures taken included arranging an external company, which was happening during our inspection, to carry out their fire risk assessment. Once the registered manager had received the report, they confirmed that any recommendations would be acted on.

#### Staffing and recruitment

- Staff told us the staffing levels were sufficient in supporting them in being responsive in meeting people's needs. One staff member commented that, "Buzzer answered within seconds." Another said people were, "Not rushed during their care."

- This reflected the feedback we received from people living in the service. One person said there was, "Usually someone around," when they needed them, "I got a buzzer and I press it if I want attention," and staff responded in a timely manner.

- Where people's needs fluctuated, requiring more support, staff said the registered manager would increase staffing levels to accommodate. A staff member told us, "If needed [extra staff] would have been brought in."

- The service had safe recruitment procedures in place to ensure people were supported by staff of good character.

#### Using medicines safely

- People's medicines support needs were assessed in consultation with them and they told us they received their medicines as prescribed. Staff had received training in the safe administration of medicines.

- One person said that the staff, "Always bring them [medicines] to you." A person's relative told us they had, "No worries about medication, always bring them on time."

- The provider had systems in place for the receipt, safe storage, administration and disposal of medicines.

- However, we found the instructions given by the dispensing pharmacy, for the use of one person's medicines did not reflect the provider's guidance given to staff. The registered manager confirmed they were following the verbal guidance given by the person's GP. They said they would contact the GP and clarify the situation and take any appropriate action. This would reduce any risk of the medicines not being administered safely.

#### Preventing and controlling infection

- People were protected against the risk of infection.

- Staff understood the importance of infection prevention. Staff wore personal protective equipment (PPE) such as disposable aprons and gloves were needed.

- People told us their bedrooms were kept clean, which was our observation.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- Assessments of people's individual and diverse needs were in place prior to them moving into the service. This enabled staff to confirm that they were able to provide the level of support and environment the person needed / looking for.
- Where people's social workers were involved in the placement, staff worked with them to ensure the best outcomes for people.
- A health professional told us they have never had any, "Concerns whatsoever about the care provided to the residents." They described the staff as, "Very helpful and efficient."
- There was a supportive team culture and staff were supported to carry out their role effectively through ongoing training, supervision and support.
- Where records showed staff were behind in some of their refresher training; the registered manager was aware. They told us following the retirement of their previous trainer, they were currently trying to source another trainer to address this. We saw emails to training provider's which confirmed this. This would ensure staff were being kept updated with best practice.
- A staff member said the one to one supervision provided protected time where they could discuss any issues and resolve them. They stated, "Any problem or concern, can talk about it."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced, healthy diet and make choices about the kind of foods they enjoyed. One person told us, "I eat well, I like the food," A person's relative commented, "You can't fault the food."
- Staff were aware of people's individual dietary needs, likes and dislikes. One person told us, "They know what I can't eat." Another said, "When they offer me something they always give a choice."
- A staff member told us, "Nothing is too much trouble...If there is something they like we will go out and get it," from the local shops.
- People told us staff provided them with hot drinks at regular intervals and could ask for any additional drinks when they wanted. Staff ensured people had access to cold drinks in their bedroom, which they encouraged them to drink. One person pointed to their water jug and told us staff, "Always fill it up for you."
- Staff monitored people's weight, and if they had any concerns, contacted relevant health professionals for advice; and acted on their recommendations.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported to maintain good health and had access to a range of health care professionals including community matron, GP, podiatrist and dieticians.
- Referrals to health care professionals were made in a timely manner and recommendations they made were followed by staff. Care plans held a monthly summary which contained information about any interaction and outcomes with healthcare professionals.
- Staff knew people well and ensured that any changes in a person's condition were noted and acted upon. Information about the changes to a person's condition were discussed during the staff handover periods.
- A relative told us staff kept them updated on any changes they needed to be aware of in their family members health, "Very good if [family member] has got a health issue, straight on the phone."

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 Act 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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- The registered manager confirmed at the time of the inspection, no people in the service required a DoLS application to be made. However, if needed, they were aware of the process they must use, to ensure any restrictions on a person's liberty, were in the person's best interest and lawful.
- One person told us they never felt restricted in what they wanted to do. That often they went for a walk independently. However, they liked to inform staff when they were going in and out of the home, as a safety measure.
- Staff had received training in MCA and DoLS and were able to relate to practice. This included how they supported people living with early stages of dementia to make choices and be involved in day to day decisions about their care. Including when they wanted to get up, eat, drink, wear, bath / shower.

Adapting service, design, decoration to meet people's needs

- People were supported to personalise their bedrooms. One person told us, "I am very comfortable here."
- On our first visit to the service, the front door was kept unlocked during the day. People told us they liked the freedom of having an unlocked door. Although we saw visitors ring the door bell and wait to be admitted, there was still the potential risk of unauthorised people entering.
- Our observations coincided with the service being contacted by the local police alerting them to a spate of burglaries in the area. The management acted on the same day, by locking the front door and arranged for a 'digital' pad to be fitted; so, it didn't restrict people's freedom.
- Systems were in place to keep the service maintained and replace furnishings and fittings as needed, or make adaptations to meet people's changing needs.
- One person pointed out the new shower room, "I have a lovely shower really do appreciate that they have put it in." They could operate the shower themselves, as part of maintaining their independence, "Simple enough for me to do."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Staff ensured people were treated with kindness and this was reflected in people's feedback. One person told us, "Staff are very good, and very helpful."
- Staff recognised people as individuals and treated them as such. Staff understood people's histories and individual preferences about the provision of their care.
- Care records showed that people had been consulted and had signed to show they agreed to the contents.
- We saw staff speaking with people in a respectful manner, engaging in meaningful conversations. Staff provided reassurance to a person who was worried about their partner.
- Staff were happy to recommend the service to their own relatives, providing examples where this had happened. One staff member said this was because people, "Are generally looked after very well, very spoilt, very pampered."
- People or where applicable their relative, had signed the service's contract. This ensured people were aware of what they were paying for.

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported in a dignified and respectful manner and supported to maintain their independence.
- One person showed us how they adjusted their window blinds in their bedroom to ensure their privacy, "Gives me a feeling I am not being looked at."
- The new shower/wet room had been fitted without a lock to ensure privacy. The registered manager acted straight away to get one fitted.
- Care records provided staff with details on how to ensure people's dignity and privacy. Also, what a person was able to do themselves, and where they required support. This promoted people to retain their independence.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continue to receive care and support in a way that was flexible and responsive to their needs. One person told us they were, "Well cared for." One relative told us they were, "Happy with general care."
- Care plans provided staff with information about people's abilities and how they should provide support in line with people's preferences. This included their preferred personal hygiene routines, the level of support they needed and hygiene products they liked to use.
- One person told us during their life they had been used to, "Keeping myself to myself, which might seem unsociable, but that is how," they preferred to be. They said their needs and preferences were reflected in their care plan.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff understood the importance of people's relationships with people who were important to them and encouraged contact. This included supporting one person's long-term friendship, by providing transport for their visitor. People told us their families and friends visited as they wish; which we observed during the inspection.
- We saw good interaction from staff, where staff were spending one to one time with people in their bedroom, looking through memory books, and instigating meaningful interactions. Pointing, smiling, reminiscing which through the smiles and alertness of the people, promoted their well-being and reduced the risk of isolation.
- One person spoke about the enjoyment they got from their walks along the sea front and pointed out the bench they liked to sit on, "Can look at the sea, a bit grey today...area gets busy in the summer." Another person told us they occupied their time going out to the local shops and town, reading and researching information on the internet.
- People's care records provided information on people's interests and how they liked to occupy their time. The records also showed where these interests were limited, how staff had tried different attempts to encourage people to take up/join in with different activities but had met with resistance.
- Discussions with people living with early stages of dementia, identified where people could be at risk of becoming isolated in their bedrooms as their dementia journey progressed. One person told us, "Just loneliness biggest problem, care no problem...just a little walk along the front would be good," but they required assistance to do this. Staff said they had offered to take the person out, but they had declined.

We recommend, to prevent the risk of people living with dementia becoming isolated, staff use a reputable source to assist them in identifying and finding ways they can encourage people to access to a range of

stimulating activities to enhance physical and mental wellbeing; in keeping with the person's stage in their dementia journey.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Pre-assessment and care records showed that people's communication needs were assessed prior to moving in and were being accommodated.
- Staff provided an example, how through spending time with a person living with dementia, getting to know their verbal and nonverbal communication, had improved understanding of the person and preferences. We observed staff effectively communicating with people.

#### Improving care quality in response to complaints or concerns

- The registered manager said no one had used their complaints procedures. They gave reassurance if any were received, they would be listened to and be acted on. Learning from shortfalls would be shared with staff, as part of using feedback to continually develop the service.
- People were aware of how to raise any complaints, but said they had not needed to, as any concerns had been acted on at the time.
- One person told us they felt comfortable in raising any concerns with staff, as they knew it would be fed back to the registered manager. They said any issues, "Gets straight back to the owner," and dealt with.
- Where a person said they had raised a concern about the soft furnishing in their bedroom looking, "Tired," they were replaced.

#### End of life care and support

- Completed preferred priorities of care, showed that people were given an opportunity to think about, talk about and write down their preferences and priorities for care at end of life. Including any cultural and spiritual needs.
- The registered manager said their aim was to respect people's choices to remain 'at home' and be supported to have a good death. Linking up with the local hospice where applicable for support and advice, as well as the community nurse.
- At the time of our inspection, no one was receiving end of life care. However, a thank you card displayed from a recently bereaved family, praised the care the person had received during, and at their end of their life, 'Everyone who cared for [family member] especially as their needs increased was caring, tolerant and patient.'

# 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 now deteriorated to requires improvement. The management and leadership was inconsistent. The leadership, governance and culture did not always support the delivery of high-quality, person-centred care based on current best practice.

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

- The family run service of 30 years, was owned and run by the registered manager, with other family members providing management support.
- We found the leadership had not consistently kept themselves updated in current best practice and service related publications/guidance. This had impacted on them not always pre-empting risks, taking appropriate action, and reviewing their own care practices, as part of identifying and driving continuous improvement.
- This was further evidenced by their standard responses in the March 2019 Provider Information Return (PIR). When asked what improvements they were making to build upon and retain their rating, 'We have no plans at this point to introduce any changes...'
- Systems were in place, to monitor the quality and safety of the service. However, this report and the fire safety officer's report, showed that the service's quality monitoring systems had not been robust enough in pre-empting risk.

We recommend the registered manager reviews government and practice related publications and guidance to support them in keeping their knowledge updated.

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

- People, and staff told us the registered manager was approachable and had a good presence in the service. One person described the registered manager as, "An exceptionally nice person."
- Staff felt the positive culture of the service, was underpinned because staff enjoyed their work, and were committed to providing quality care. One staff member said, "Staff just seem to stay," and shared the same values. Another said, "It's the loveliest job I've ever had ... very friendly, relaxing, most of all it's the residents who always come first."
- Where staff were not related to the owner, they said they were treated equally. One staff member told us, "It's just like one big family...not treated any different to the family members, treated very well." Another said, "Never worry about going to work," as they enjoyed it so much.

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; Continuous learning and improving care

- Prior and during the inspection the registered manager demonstrated their commitment to learn from feedback given, whilst taking action to address it straight away.
- Improvements included following the local fire safety officer's feedback, a fire risk assessment of the premises was completed and the registered manager acted on the recommendations. The environmental risk assessment was added to and new wardrobe fixings was put to in place, to ensure they remained fit for purpose.
- The registered manager acknowledged, because they were so involved in the day to day running of the service, they did not have the benefit of viewing the service through 'fresh eyes'.

We recommend that the registered manager considered joining/making contact with the local organised management peer groups meetings, facilitated by the local council quality improvement team. This would support them in engaging with others and sharing of good practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Care reviews, complaints policy, annual survey questionnaires, staff meetings and supervision, provided different forums for people, their relatives and staff to express their views and influence change.
- People told us the registered manager had a good visible presence in the service, knew people well, and was very approachable. This enabled people to share their views directly with them, as they arose.
- Staff felt able to raise any issues or suggestions with the management team and had confidence that they would be listened to. One staff member said, "They do listen to our suggestions...no worries about approaching them." Another told us the registered manager was, "Very good, any issues [registered manager] does sort it out."
- The service worked in partnership with other health professionals, such as the hospice, occupational therapists, dietitian and speech therapists, as needed to support people's individual health needs.
- Staff were aware of the local facilities, clubs and organisations in the area, and encouraged people to shop locally, and use the local library to support them in building links with the local community.