

The Fremantle Trust

28 Stamford Avenue

## Inspection report

28 Stamford Avenue  
Royston  
Hertfordshire  
SG8 7DD

Tel: 01763236167

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12 March 2019  
19 March 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?	Good ●

# Summary of findings

## Overall summary

About the service: • 28 Stamford Avenue provides accommodation and personal care to adults with learning disabilities or autism spectrum disorder. The care home accommodates nine people in one adapted building.

People's experience of using this service:

- Since our last inspection the service had made improvements.
- People liked living at the service and got on well with staff who knew them well.
- People were able to choose how to spend their time and were encouraged to make decisions about their care.
- People were supported to be more independent.
- People told us they had enough to do and enjoyed going out.
- People were supported by enough staff at the time of inspection, previously staffing had impacted on people's activities.
- Staff delivered care that was safe and met people's needs.
- The provider had systems in place to keep people safe, provide good quality care and ensure staff were trained.
- New systems had been implemented to ensure the service was meeting the standards.
- People's risks were assessed and mitigated in the least restrictive way as possible.
- The service met the characteristics for a rating of "good" in all key questions.
- More information about our inspection findings are in the full report.

Rating at last inspection: At our last inspection the service was rated as requires improvement.

Why we inspected:

- All services rated "requires improvement" are re-inspected within one year of our previously published inspection report.
- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure it provides safe and effective care. We will plan further inspections in the future.

## 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 well-led

Details are in our Well-Led findings below.

Good ●

# 28 Stamford Avenue

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- The inspection was carried out by one inspector.

Service and service type:

- 28 Stamford Road 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 provides accommodation and personal care to adults with learning disabilities or autism spectrum disorder. The care home accommodates nine people in one adapted building.

- The care service has been developed and designed in line with the values that underpin the "Registering the Right Support" and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

- 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. However, the registered manager was absent at the time of our inspection and the home was supported by another of the provider's managers.

#### Notice of inspection:

- The site visit took place on 12 March 2019. Following the inspection, we made calls to people's relatives.
- The inspection was unannounced.

#### What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities.
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with the manager who was covering for the registered manager and three care workers.
- We spoke with four people who used the service and two relatives.
- The registered manager was absent during our inspection site visit.
- We reviewed two people's care records, medicines administration records and other records about the management of the service.
- After our inspection, we asked the provider to send us further information that they were not able to access during the site visit. This evidence was included as part of our inspection.

# Is the service safe?

## Our findings

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

Good:  People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and knew who to speak to if they had any concerns. One person said, "I like it here." Relatives told us they felt people were safe.
- Staff had received training in regard to safeguarding people from abuse and there was information displayed around the home.
- The registered manager had reported any concerns appropriately. This information had been shared with the staff team.

Assessing risk, safety monitoring and management

- People had individual risk assessments that they were involved in developing. Staff were aware of these assessments and worked safely.
- People had individual fire evacuation plans and staff knew how to evacuate people in an emergency. Evacuation and fire drills were practised. Staff were able to describe how they would support people. One individual plan stated that staff were to give the person a role during an evacuation to reduce their anxiety.
- There had been a recent fire service inspection and no issues were found.
- There were regular health and safety audits and equipment servicing.
- There was a low number of accidents and incidents but these were reviewed and remedial action taken as needed. For example, one person was encouraged to increase their walking daily to help improve their stamina for when they went out and reduce tiredness which had resulted in a fall.

Staffing and recruitment

- People told us that there were enough staff to support them and ensured they received opportunities for social engagement. People told us they went out when they wanted to. Staffing had been increased to ensure that if a staff member was absent at short notice, the service was still able to meet people's needs.
- People received support when they requested it. There was a staff member available for each flat.
- Staff told us there was enough staff and shifts were only occasionally not covered. Agency staff used worked at the service regularly so knew people well. A relative told us that changes to staff made it difficult for their relative but staff supported them with this by spending time with them and the new staff member.
- We were unable to access the recruitment files during the inspection visit as these were held securely and the registered manager was not at work. Following the inspection, the acting manager sent us a copy of the recruitment process carried out by the provider prior to an employee starting work.

## Using medicines safely

- People's medicines were administered, stored and recorded safely. People had regular reviews of their medicines to ensure they were still appropriate. When medicines were prescribed on an as needed basis, people were asked if they needed them and protocols were in place. For example, one person had medicine to help them if they suffered prolonged periods of anxiety but the protocol stated the person must be in agreement to take the tablet after it was explained to them.
- Staff had received training to ensure they could support people safely with their medicines.
- Regular checks and audits were completed. Medicines checked during the inspection were accurate. However good practice states that all boxes should be dated when opened and this was not done consistently. We discussed this with the team leader responsible for medicines on the day of inspection.

## Preventing and controlling infection

- At the last inspection we found that infection control was not always promoted.
- At this inspection we found that systems had been put into place to address those shortfalls and infection control was sufficiently managed.
- People were protected from the risk of infections, staff received training and followed guidance. There was thorough cleaning ongoing during the day and night staff cleaned large areas while people were in bed.
- People and staff were reminded about what good infection control practice was during meetings.

## Learning lessons when things go wrong

- Where an issue had arisen or an event had taken place, this was shared with staff at team meetings and any actions needed explained.

# 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

Good: 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

- People were involved in planning care and their needs and any limitations were discussed with them. One person said, "I talk about it (care) with them (staff)."
- People's choices were reflected in the support plans and we observed staff giving people choices throughout the day. For example, one person was given the choice if they wanted to go out in the staff member's car or to use a taxi.

Staff support: induction, training, skills and experience

- Staff received a robust induction when starting at the service to ensure they got to know the people they would be supporting. One staff member told us that the induction process gave them time to get to know about people's preferences, how people communicated and things that were important to them.
- Regular training, specific to their role, was delivered and refreshed when needed. Staff felt they had enough training.
- Staff received regular one to one supervision and felt supported.

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

- People were involved in the menu planning and shopping for their flats. They told us they decided what they wanted to eat. Menus recorded a variety of foods which had been served.
- People told us they were able to be involved in cooking when they wanted to. One person told us, "I like cooking." Staff told us they were trying to encourage people's independence in this area. People were encouraged to make drinks when they wanted and staff supported people to make them with supervision. We observed people make staff members drinks. One staff member said, "It might be cold but they have made it." Healthy diets were discussed at resident meetings.
- People were able to eat and drink when they wanted. People's daily notes recorded when someone had wanted some tea and toast late at night and staff had made this for them.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff who knew them well and this helped to ensure care delivered met people's needs consistently in a way they liked.
- People told us that staff supported them when they wanted to be supported and staff were good.

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

- The service was set up in a way to promote people's relationships with other people living at the home and people were able to move around freely. People lived in flats within the home which they shared with other people. They visited each other in their flats but also spent time in the communal lounge area and also used the garden.
- There were plans to replace an old carpet in one area. Some areas of the home were tired and need to be redecorated. Bedrooms in the flats were personalised.

## Supporting people to live healthier lives, access healthcare services and support

- People were supported by different health and social care settings. Staff supported people with this as needed. This included hospital appointments, day centres and opticians.
- The management team were in the process of logging all health intervention more clearly to give a better overview.

## 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The service was working in accordance with the MCA.
- People had their capacity assessed in relation to important decisions about their care. As needed best interest decisions were recorded and DoLS applications were made to ensure people's rights were respected while promoting their welfare.
- People told us that they got to do what they wanted to do. One person said, "I like to go shopping." Staff supported them so that they always had money when they went out but also discussed with the person the need to be careful with the amount they spent and personal safety while they were out.
- Staff knew that if people had capacity to make decisions it was their choice how they lived their lives. This included making unwise decisions and staff were aware of the process that would need to be followed to ensure people understood. For example, if taking a personal relationship to a more intimate level

# 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

Good:  People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on doors and did not enter rooms if people were getting dressed. Staff were respectful of people's relationships and supported them to ensure they were comfortable.
- However, people were not always given the choice between a male or female staff member. A member of staff told us that this may be due to there only being male staff on duty. A relative confirmed this. This meant that at times a female living at the service may receive personal care by two male staff members. One relative told us, "It took [person] time to get used to this." This was an area that needed to be reviewed to ensure that people's wishes were reflected in supported plans and upheld when planning for staffing.
- People were encouraged to be more independent by getting involved in household tasks and encouraged to do more for themselves during personal care if they were able.
- One person was worried about soiling a chair and had placed a bin liner on the chair. Staff replaced this with an appropriate chair protector.

Ensuring people are well treated and supported

- People were treated with respect and kindness. Staff observed spoke with people in a way that demonstrated they saw people as equals. They took time to talk about the little things and engage in conversations. Relatives told us that they felt people's welfare was promoted.
- Staff listened to what people had to say.

Supporting people to express their views and be involved in making decisions about their care

- People were asked each month about their views and the care they had received. This included the benefits they had experienced following health appointments and enjoyment of an outing or activity.
- Staff were heard asking people for their choices throughout the inspection.
- People told us that they felt involved in planning their care and it was delivered how they wanted it to be.

# Is the service responsive?

## Our findings

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

Good:  People's needs were met through good organisation and delivery.

### Personalised care

- People received care that was tailored to their needs and wishes. This included physical care needs, emotional support and building relationships.
- People's support plans were very detailed and person centred and covered all elements of a person's needs, wishes, and lives. Staff had read these plans and were able to tell us about people.
- People told us that they got to do what they enjoyed. Some people liked to go out, others went to day centres, some enjoyed doing crafts or writing at home. People told us that they had enough to do and were happy living at the service. A relative told us that they would like to see more opportunities for things being offered when people were at home.

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

- There had been very few complaints or concerns. Those received were responded to appropriately. People told us they were asked if things were ok.
- People told us that they had no concerns or complaints.

### End of life care and support

- Staff were working with people to develop end of life care plans. Some people did not want to fully complete them. As it caused some people distress, staff stopped the process to conclude at another time. The plan template gave opportunity for all important information to be captured. One person had been happy to fully complete their plan at the time of inspection.

# 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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The management team and key workers met with people on a one to one basis to review positive outcomes to review if anything different needs to be done to achieve these outcomes.
  - People were told about the concerns at the last inspection so that they knew why some changes were being implemented. For example, cleaning schedules.
- Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements
- At the last inspection on 4 April 2018 shortfalls were found in relation to the governance of the service and some areas around safe. They sent us an action plan setting out how they would address these areas.
  - At this inspection we found that they had done what they said they would and there were no outstanding concerns.
  - The registered manager was absent on the day of inspection and the service was being led by a manager from another of the provider's locations and a senior care assistant. This had no impact on the service and people told us they liked the management team. The management team were working on improving records in the home to ensure everything was of the same standard. A member of the management team told us, "We have worked so hard since the last inspection, we just want to get it right."

Engaging and involving people using the service, the public and staff

- People had meetings each month to discuss the service and anything they wanted to change or plan for the future.
- The registered manager kept people informed about what was going on in the service. For example, anything relating to staffing and about inspections.

Continuous learning and improving care

- There was a range of audits completed and any actions from these were added to a quality improvement plan. We saw that these actions had been completed.
- There was a monthly provider visit to ensure the service was working in accordance with their policies and processes. They checked the standard of service provided and gave actions if anything was identified.

Working in partnership with others

- The registered manager ensured that other agencies were informed of any issues arising. This included safeguarding concerns or events in the home. There was contact with social workers to ensure people received the right support.