

# The Fremantle Trust

## Loriner Place

### Inspection report

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Date of inspection visit:  
06 November 2017

Date of publication:  
29 November 2017

### 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

This inspection took place on 6 November and was unannounced.

Loriner Place provides accommodation and personal care for up to seven people with learning disabilities.

At the time of our inspection the provider confirmed they were providing care to six people.

At the last inspection in October 2015, the service was rated Good. At this inspection we found that the service remained Good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and risk assessments were in place to manage risk within a person's life.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Adequate staffing levels were in place.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions.

People's consent was gained before any care was provided.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

People were involved in their own care planning and were able to contribute to the way in which they were supported.

The provider had systems in place to monitor the quality of the service as and when it developed and had a process in place which ensured people could raise any complaints or concerns.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Loriner Place

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 November 2017 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR prior to our visit and took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications. These detail events which happened at the service that the provider is required to tell us about. We also contacted the Local Authority for any information they held on the service.

We spoke with three people who used the service, one support worker, and the registered manager. We reviewed three peoples care records to ensure they were reflective of their needs, three staff files, and other documents relating to the management of the service.

# Is the service safe?

## Our findings

The people using the service continued to feel safe with the support they were receiving. One person told us, "Yes I feel safe here." The staff we spoke with felt that all the people using the service were in a safe environment, and the care planning in place kept people safe from avoidable harm. All the staff we spoke with were aware of safeguarding procedures and had relevant training in this area.

People had risk management plans in place to assess the risks in different areas of their lives. This included personal emergency evacuation plans, specific activity risk assessments, behavioural risks, and environmental risks. We saw that assessments were completed in a way which allowed people as much freedom as possible, and promoted people's independence.

Sufficient numbers of staff were on shift to provide people with the support they required. Rotas we looked at showed us that staffing was consistent, and people were given care and support by a dedicated staff team. Staff told us that staffing levels were good, and that the service could use staff members from other services that were run by the same provider to fill any staff shortages. We saw that the service carried out safe and robust recruitment procedures to ensure that all staff were suitable to be working at the service.

The service safely supported people with the administration of medicines. We saw that each person had their medicines kept securely in a locked tin within their room. Staff were suitably trained to administer medication, and records were accurately kept. Regular audits took place to make sure that medication stock was accurate, and robust systems were in place to ensure that medication could be taken out of the building with people as and when required.

People were well protected by the prevention and control of infection. The premises were kept clean by both staff and the people using the service, who were able to choose the household tasks they wanted to contribute towards. During our inspection we saw that staff were vacuuming and cleaning the communal areas, and a pictorial rota was in place that people could use to see what tasks they had chosen and would be doing around the home. Relevant staff training in infection control and food hygiene had taken place, and the service had a five star food hygiene rating from the local authority.

All staff understood their responsibilities to record and investigate any accidents and incidents that may occur. We saw that no incidents or accidents had occurred within the service, but that recording and reporting procedure and policy was in place should they be required. We saw that updates on people's care was regularly shared within the staff team to enable learning and improvement around people's safety. Records were updated to reflect any changes in people's behaviour to enable staff to support people in the safest manner possible.

## Is the service effective?

### Our findings

People's care was effectively assessed to identify the support they required. Each person received a pre-assessment of their needs before moving in, to enable the service to support them effectively. We saw that the service had identified one person's needs, and with the use of assistive technology, made sure that their needs were met. The person had hearing difficulties, so would not be able to hear and respond to any fire alarms whilst asleep in bed. They were supported to use a vibrating mat that would alert them that a fire alarm had been set off.

Staff had a good knowledge and understanding of the needs of the people they were supporting. One person said, "I like the staff, they are very good." Staff received training and supervision to enable them to confidently and competently support people with a wide range of needs. Training was tracked and monitored using an electronic system, and all staff were up to date with their training or booked on to refresher courses. All new staff completed the care certificate, which covers the fundamental standards expected from working in care.

People were supported to maintain a healthy and balanced diet. One person told us, "The food is very good, I like it. I'm having soup later." We saw that people were supported with pictorial menu plans, and that any special requirements people had were documented within files and supported by staff.

People were supported by staff to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people, and had good communication with the local authority professionals including social workers, reviewing officers and other healthcare professionals. We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

The environment was personalised to the tastes and requirements of the people living there. One person was able to show us their bedroom, and how they had the furniture and decoration of their choice. We also saw that a person had a dedicated space in the communal area to complete their art and craft projects as they wished.

People were encouraged to make decisions about their care and their day to day routines and preferences. Staff had a good understanding of service users' rights regarding choice, and appropriate assessments were carried out with people. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

## Is the service caring?

### Our findings

People were cared for in a warm and friendly manner, and staff treated people with compassion and respect. One person told us, "The staff are very kind." We saw that the staff and the registered manager all interacted with people in a kind and positive manner.

People's choices in relation to their daily routines and activities were listened to and respected by staff. We saw that staff asked people what they would like to do, and respected their choices. People were relaxed in the company of staff and clearly felt comfortable in their presence. We observed interactions between staff and people and saw that people were given the time they needed to express themselves and guide staff in providing care the way they wanted.

The privacy and dignity of each person was respected by all staff. The people we spoke with confirmed that their privacy was respected by staff. We saw that staff knocked on people's doors before entering, and that care plans outlined how people should receive care in a dignified manner. We saw one written compliment from a family member of a person using the service which said 'Staff have been brilliant in maintaining [person's name] dignity. I can't praise them enough.' People were able to be as independent as they were able to be, and staff encouraged each person to achieve as much as they could by themselves.

## Is the service responsive?

### Our findings

People received care that met their individual needs. One person told us, "I get to do whatever I want to do, I'm retired now so I don't go to day service anymore. I like to stay at home." Care plans that we looked at showed us people had involvement with specific decisions, and that their choices were clearly outlined for staff to follow. Staff were guided and prompted by care plans to respond to each person in a way that they understood. People had signed the different sections of their care plan to show that they agreed with its content. .

We saw that pre-assessments had been completed within people's care files. The care plans we looked at contained personalised information about people's specific likes, dislikes, personal history and preferences. We saw that one person's care plan outlined that they only wanted personal care from female staff, and that staff should respect this choice and make sure the person received care to their preference. Each person had a list of activities they enjoyed doing and how staff should support them to achieve this. This included day to day activities like art and craft, or less frequent plans such as outings and holidays. We saw photos that showed people enjoying the activities they had listed. Care plans enabled staff to learn about people and the specific things they liked. For example, we saw that one staff member had recorded how they had brought in some art materials they thought a person might make use of and enjoy.

People knew how to make a complaint if they needed and were confident that their concerns would be listened to and acted upon as required. The people we spoke with said they had not had to make any complaints but would do so if needed. We saw that some complaints had been recorded, and they were responded to promptly to the satisfaction of the person making the complaint.



# Is the service well-led?

## Our findings

The service was small and the registered manager had a good awareness of all aspects of the running of the service. The registered manager told us, "We are a bit like a family here." We saw that the atmosphere within the service was positive and friendly.

The staff we spoke with told us that they enjoyed working at the service and that the registered manager was always available for support. One staff member said, "I can always talk to the manager, it is very good here." We saw that the staff and the registered manager had the same values to provide a quality service for the people living there.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of the responsibility to submit notifications and other required information.

The people using the service and their family were able to feedback on quality. We saw that quality questionnaires were completed for people in an easy to read format which enabled them to record feedback. We saw that feedback was positive, and that action would be taken and recorded if any concerns were raised.

People, their families and staff were all engaged in the running of the service. We saw that the service had plans to change their registration with CQC and become a supported living service, instead of a residential service. We saw that they had consulted with people, their family and the local authority about this potential change and had been open and transparent about any potential impact on people. The service was regularly consulting with people and taking the appropriate steps to keep people informed and able to make choices themselves wherever possible. Everyone we spoke with was positive about the future of the service, and felt the quality of the care would remain high, and continue to improve.

Quality assurance systems were in place to help drive improvements and ensure sustainability. The registered manager had a good knowledge of all aspects of the service, and knew what areas needed updating and when. Audits took place to monitor areas of the service, and actions were created when any errors or faults were found. Staff felt able to voice any concerns or issues and said they were listened to by management. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. We saw minutes of meetings held, and staff we spoke with confirmed they took place.

The service worked in partnership with other agencies in an open honest and transparent way. We saw various records and monitoring visits had taken place from the local authority, where information had been exchanged. Safeguarding alerts were raised with the local authority when required. The provider is required to display their latest CQC inspection report so that people, visitors and those seeking information about the

service can be informed of our judgments. We found the provider had displayed their rating as required .