

The Fremantle Trust

The Fremantle Trust - Buckingham Road

Inspection report

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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

This inspection took place on 4 and 5 June 2018. It was an unannounced visit to the service.

We previously inspected the service on the 24 and 25 May 2017. The service was rated Requires Improvement at the time. We found two breaches of the Regulations of the Health and Social Care Act 2008 and one breach of the Care Quality Commission Regulations 2009. We found people were not always protected from fire as staff did not know how to support people in the event of a fire. Staff were not always supported in line with provider's expectations. We found the registered manager had not always informed us of events it was legally required to do so. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions, Safe, Effective and Well-Led to at least good. At this inspection we found improvements had been made.

The Fremantle Trust - Buckingham 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 Fremantle Trust - Buckingham Road can accommodate seven people in one bungalow. Five people with learning disabilities were living there when we visited. Each person had their own personalised bedroom and had access to a communal lounge, kitchen, dining room and bathroom facilities. People had access to a large private garden and outdoor space.

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 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.

We received positive feedback from people, their relatives and staff on how the service was led. Comments included "Staff are excellent," "I would say Buckingham Road definitely replicates a family home" and "I do feel very comfortable that he is there, well cared for and well looked after."

Staff were aware of the need to report any incidents and accidents. Systems were in place to monitor and identify any trends or learning to prevent a future similar event.

People were supported by staff that had developed a good working relationship with them. Staff were aware of people's likes and dislikes. It was clear from the interactions we observed people were relaxed in the

company of staff and welcomed their support.

People were supported to engage in meaningful activities and keep in contact with family and friends. People attended external social groups both during the day and in the evening. On day one of inspection one person was excited as they were going to a social club that evening.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff

Improvements had been made to the environment. Equipment used by people was serviced on a regular basis.

We received positive feedback about how the service was managed. One relative told us "(Name of registered manager) is driving improvements". The whole staff team worked together to provide a homely environment and support people to live a fulfilling life.

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.

People were supported by staff who had been recruited in a safe way to ensure they were fit to work with them

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

Is the service effective?

Good ●

The service was effective.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in accordance with the Mental Capacity Act 2005.

People were cared for by staff who were aware of their roles and responsibilities.

People were supported with attending healthcare appointments and any changes in health were responded to quickly.

Is the service caring?

Good ●

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

People were supported to attend meaningful activities, both within their accommodation and the local community.

Is the service well-led?

Good ●

The service was well-led.

Systems were in place to monitor the quality of the service provided to people.

People told us the registered manager and staff were approachable and managed feedback about the service in a timely manner.

The Fremantle Trust - Buckingham Road

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 4 and 5 June 2018 and it was an unannounced visit to the service.

The inspection was carried out by one inspector.

Prior to the inspection we asked the provider to complete a Provider Information Return (PIR). We used information the provider sent us in the PIR. 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. In addition, we gave the registered manager opportunities throughout the inspection to share their vision and hopes for the services' future. We reviewed notifications and any other information we had received. A notification is information about important events which the service is required to send us by law.

Whilst at the care home we spoke with two people who lived there. Some of the people who live at The Fremantle Trust - Buckingham Road did not use words to communicate. We 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 the registered manager and three care staff. We reviewed four staff recruitment files, three care plans and three medicine records within the service. We cross-referenced practice against the provider's own policies and procedures. We asked the provider to send further documents after the inspection. Which we received in a timely manner.

Following the site visits we contacted three relatives to seek feedback. We contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority and health or social care professionals responsible for people who were supported.

Is the service safe?

Our findings

At the previous inspection carried out on 24 and 26 May 2017, we found the provider had not ensured staff had the skills and experience to provide safe care and treatment to people. This was because fire drills did not take place regularly or involve all staff. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to ensure improvements were made. At this inspection we checked if fire drills were carried out. We found improvements had been made. Fire drills had taken place and had involved night staff. The registered manager told us staff had also completed a full walk around the building, to look at escape routes and to familiarise themselves with equipment to be used in the event of a fire. Remedial actions required to the environment as identified in a local authority fire officer report had been completed. For instance, an outside fire escape route had been widened and made level. We have been satisfied the provider is no longer in breach of this regulation.

At the previous inspection we made a recommendation about staffing levels at night. We discussed this with the registered manager. They informed us staff levels at night had not increased since our last inspection. The occupancy and dependency of people who lived at the care home had decreased since our last inspection. The registered manager felt that the fire drills carried out replicated the number of staff on duty overnight. The drills had demonstrated people could be supported safely. The registered manager agreed the staffing numbers would need to be reviewed if a new resident moved into the home.

At the previous inspection we made a recommendation about safe recruitment of new staff. One staff member had not received a criminal records check known as Disclosure and Barring Service (DBS). We checked what processes were in place to ensure this did not happen again. We looked at recruitment files for staff who had been employed following our last inspection. We found all the required checks had been carried out. The registered manager told us they received a weekly update from the providers HR department on the progress of new staff and what checks had been carried out.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. People we spoke with stated they knew who to speak with if they had any concerns. Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority and CQC.

People who required support with managing and taking their prescribed medicine had this detailed in their care plan. Medicine administration records (MAR's) detailed what the medicine was and when it was required. We found MAR's to be completed appropriately. We observed medicine administration, this was carried out in a calm and professional manner. One person was initially resistant to take their medicine. The staff member managed the situation well and gave the person time and space. Later the person was offered the medicine again and quickly took it from the staff. Staff told us medicines were managed well within the service. Some people were prescribed medicines for occasional use. We found these were also recorded on the MAR's. Staff demonstrated a good level of knowledge of the medicines. A senior care worker told us the provider had introduced new medicine profiles. The senior informed us they were in the process of updating

each person profile. The service had received an external pharmacy audit in October 2017. The registered manager had ensured all the required identified actions had been completed.

Medicines which required additional storage and recording due to the potential of abuse were stored safely. Records maintained were accurate and up to date.

Risks posed to people because of their medical condition or level of support required were assessed. Risk assessments were written for a variety of elements of providing care and support to a person. For instance, risk assessments were written for the use of bedrails and assistance people needed with moving position as examples. The provider had identified more detailed information was required within risk assessments. The registered manager advised staff had been working on updating risk assessments.

One person had an epilepsy risk assessment which referred to recovery medicine. It detailed which medicine should be given and when. Staff we spoke with were knowledgeable about what and how to support them if they did have a seizure.

Incident and accidents were recorded. Staff were aware of the need to report accidents, incidents and near misses. One person had been supported in the shower the day before we visited. The shower chair had fallen on their leg. We noted an incident form had been completed and information about the incident was recorded in a communication book. It was discussed at a staff handover meeting. We overheard staff tell their colleagues that no bruise had been noted, but asked them to check again later that day.

The environment was clean and tidy. Staff quickly cleaned and spillages. There was a programme of deep cleans for each person's room. Staff had access to personal protective equipment. For instance, gloves and aprons. Staff who supported people with food preparation had completed appropriate training.

The provider rented the property. All major repairs and maintenance were referred to the landlord. A member of staff from The Fremantle Trust - Buckingham Road carried out monthly water temperatures to ensure people were not at risk of scolding. However, monthly, quarterly, six monthly and yearly checks to control the risk of Legionella were carried out by an external company arranged by the landlord. Recent checks carried out identified some issues with hot water temperatures. The provider had arranged for the external company to re-test the water to ensure people were safe. The landlord advised the registered manager both the Legionella and Fire risk assessment would be reviewed on a five-year cycle.

Gas and electricity certificates were in date. Processes were in place to ensure equipment used was serviced regularly. For instance, on day two of our inspection all lifting equipment was being checked.

The provider had systems in place to ensure lessons were learnt when the service fell short of the expected standard. The registered manager advised that Medical Device Alerts (MDA) were shared with them. MDA are alerts of identified failures in equipment. The provider cascaded learning from other locations with registered managers for them to share with their staff.

The registered manager advised they used team meetings to share learning within the care home. For instance, when managing behaviour that had the potential to challenge and cause harm to a person or staff. Staff were keen to be involved in reflecting on what went well and areas of improvement. One member of staff told us "I have been asked my opinion in lots of cases."

Is the service effective?

Our findings

At the previous inspection carried out on 24 and 26 May 2017, we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations because staff had not received appropriate support, training, supervision and appraisal required to enable them to carry out the duties they are employed to perform. We asked the provider to ensure improvements were made. At this inspection we checked if action had been taken to improve the support for staff. We found improvements had been made. The registered manager had recorded when staff had received training and when refresher training was due. Records seen by us reflected what staff told us about when training had been received. The registered manager had a system in place to ensure staff received one to one meetings and an annual appraisal of their performance. A new recording system had been introduced. We observed senior staff had admin days on the rota to allow them to meet with staff. Staff told us they felt supported.

New staff were subject to a four day induction at head office. Essential training was provided, this included how to safeguard people from abuse, assisting people move position and health and safety. Following this staff who did not hold a qualification in care were supported to undertake the Care Certificate. The Care Certificate is a set of nationally recognised standards all care staff need to meet. The standards include communication, privacy and dignity; equality and diversity and working in a person-centred way as examples.

Prior to people moving into the care home, systems were in place to ensure essential information was gathered about them. The home had not admitted anyone new for some time. Where changes in people's conditions were noted reassessments of need were made. Where people required assistive technology, this was provided. For instance, one person had an epilepsy sensor to alert staff if they were having a seizure.

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. We found mental capacity assessments had been carried out where staff had identified the person may not be able to make a specific decision. Some best interest processes were recorded. However, we spoke with the registered manager about ensuring the records were clear about who had been involved in the best interest process.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. The staff received training on the MCA and had a good understanding on how to support people. Applications had been made to the local authority in the past. DoLS were authorised and had been in place. However, these had expired. The registered manager had referred people to the local authority for a renewal and was waiting for applications to be processed.

Where people required support with eating and drinking this was detailed in their care plan. People's

preferences of food were highlighted. Staff met with people each week to discuss their menu choices for the week. Where people had to follow specific dietary regimes, staff were knowledgeable about how to support people. One person had fluids limited due to their medical condition. The person spent time away from the service during the day. A staff member told us "We have to check what (Name of the person) has already had." We then overheard the staff communicating with each other about the number of drinks the person could have for the rest of the day. Another person required fluids to be thickened. Staff knew how thick fluid was required and prepared drinks as per instructions to prevent choking.

The management team and staff worked together and with external healthcare professionals to promote effective care to people. The team had worked very closely with hospital staff and the Learning Disability nurses to support a person who required routine medical treatment. Two staff supported the person to attend hospital. Other healthcare appointments were facilitated. One person was supported to attend a specialist dental appointment. The visit required specialist planning and required an overnight stay. The registered manager told us they were very proud of the staff who had supported the person. Staff made appropriate referrals to external healthcare when required. For instance, one person had been seen by physiotherapist.

Staff had handover meetings each day to ensure important information was shared. Relatives we spoke with told us the staff were always up to date with how a person was and what they had been up to. Staff told us that they felt communication was good within the team. Where people moved between the care home and other services such as hospital the staff ensured important information was shared to make sure people were kept safe.

Is the service caring?

Our findings

One person told us how they liked living at The Fremantle Trust - Buckingham Road. They said, "It is good, I like living here, the staff are really nice." This was supported by what relatives told us. Comments from relatives included. "Staff are excellent, very very caring and always let me know how he has been," "She is very well looked after" and "I do feel very comfortable that he is there, well cared for and well looked after." A member of staff told us "We put care and kindness by understanding everyone's uniqueness by paying attention to detail and make sure the time we spend with them makes a big difference in their day to day life."

Staff had developed good working relationships with the people. Staff were knowledgeable about people and their complex needs. It was clear when staff were talking about people, they liked working with them. We found staff enthusiastic and keen to provide a good service. We observed staff were kind and caring in their approach to working with people. People looked relaxed in the company of staff and we observed lots of smiling and laughing.

Each person had an identified member of staff to co-ordinate their care (Keyworker). The keyworker met with the person on a regular basis to ensure they were involved in decisions about their care. We received positive feedback from relatives about the knowledge the keyworkers held about their family member. One relative told us "From the word go, she was very very good." Another relative told us "Her keyworker always keeps me updated, in fact I was visiting the other week and the keyworker rang me to tell me that they were not going to be on duty and gave me an update on how (Name of person) was doing." A third relative told us "She keeps in touch with me to provide updates on current health and treatment."

Staff were aware of how to provide a dignified service to people. We observed staff knocked on people's doors prior to entering. One member of staff told us "People's dignity is protected by treating everybody like we would like to be treated with respect. Closing doors when personal care takes place, speak to them not above them, knocking the door and wait for some sort answer."

People were encouraged to be independent. We observed people being supported to carry out a task rather than performed for them. One person was encouraged to support with making a cup of tea. Another person was observed to take their breakfast dishes into the kitchen and placed them in the dishwasher.

People were supported with their communication needs. People's method of communication was detailed in their care plan. For instance, the use of Intensive interaction. This is a method of communicating with people who do not use words. Staff demonstrated they could adapt their style of communication to meet people's needs. One member of staff told us "By using different communication methods of preference such as makaton (Sign language), body language, eye contacts and sign language." Where people became distressed and the situation had the potential to escalate. Staff calmly and professionally supported the person. We observed people to be smiling and relaxed following staff intervention.

People were supported to maintain important relationships with family and friends. Two of the people who

lived in the home had lived together most of their adult life. Staff were aware of the importance of maintaining this friendship. Another person had been supported to attend a family members funeral. The registered manager told us this had been a huge achievement as the person had behaviours that had the potential to challenge.

Relatives told us they were fully involved in decisions about their family members care. Where people required they were supported by external advocacy services. Advocacy gives a person independent support to express their views and represent their interests.

Is the service responsive?

Our findings

People received a personalised service. Each person had care plans in place which reflected their individual needs. Their likes and dislikes were well known by staff. Where changes to people's needs were noted a review of their support was held.

Where people attended external day services, the service ensured that a member of staff attended review meetings. On day two of the inspection a senior was attending a local day opportunity centre for a review meeting. Relatives told us they were invited to review meetings. One relative told us "Communication is very good, I asked for a new bed and this was sorted out."

People were encouraged to participate in meaningful activities. We observed people regularly went out from the home. Each person had a home day. This was a day when they could choose what they wanted to do. The registered manager told us one person liked to go to the local restaurant. One person told us they had been to a local public house for lunch with family. They said, "I went to (Name of pub)] I had chicken it was very nice."

People attended social groups. We received positive comments about the groups, it was clear people enjoyed going. The registered manager advised us that people were invited to social events across the providers locations. We could see from the many photographs around the home people were encouraged to enjoy events and have fun.

Staff had a good understanding on ensuring people's cultural and religious beliefs were supported. One person who was no longer living at the home was supported to practise their religion while they were in hospital. Staff had recognised the importance the person placed on their religion and arranged for the person's bible to be taken to the hospital.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager advised that easy read versions of Important documents were available to people. The provider had identified they needed to ensure people received information about healthcare appointment and treatment in an accessible format. We noted the service had created a pictorial booklet about regular treatment one person received. This was used to talk to the person prior to attending the healthcare appointment. A member of staff told us "Service user's in our home are mostly non-verbal but still now how to communicate their wishes we use object of reference, pictures, gestures, smile, tone of voice and we observe them closely."

At the time of the inspection the service was not supporting anyone with end of life care needs. However, the registered manager discussed their plans for an end of life champion with us. They went onto tell us how end of life had been discussed at a recent team meeting and it had invoked a thought-provoking

conversation. It demonstrated a commitment to ensure people received a dignified and comfortable death. End of life wishes had been discussed with people. One person had a funeral plan in place. Another person had chosen what music they had wanted to be played at their funeral.

The provider had systems in place for people and their relatives to provide negative and positive feedback. Complaints made to the registered manager were used as opportunities to develop the service. Relatives told us they would not hesitate to contact the registered manager. It was clear from the interactions we observed people felt the registered manager was approachable.

Is the service well-led?

Our findings

At the previous inspection carried out on 24 and 26 May 2017, we found the provider did not always inform CQC of certain events it was legally required to. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to ensure improvements were made. At this inspection we checked if we had been notified of events when required. We checked our records against the provider's records. We found improvements had been made and we had been notified when required. We spoke with the registered manager and they had a good understanding of what they needed to tell us about. We have been satisfied the provider is no longer in breach of this regulation.

People, their relatives and staff gave us positive feedback about how the service was run. The registered manager and senior staff supported the wider staff group to create homely environment. One relative told us "I would say Buckingham Road certainly replicates a family home. His (Family member's) quality of life definitely improved when he moved into full-time care." Another relative told us "It is doing a lot better. (Name of registered manager) is driving improvements. They have new sofa now, which has made such a difference."

Staff told us they felt supported and valued. It was clear staff were asked about their views on what improvements could be made to the service. Team meetings were used to develop the service and ensure staff were engaged and involved in changes.

The service worked in partnership with external parties including, the Learning Disability nurses, local NHS hospital, Social Services and GP. The provider had system in place to share learning across the organisation. This included registered managers meetings, regional meetings and regular communication with staff.

There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers must undertake a number of actions. We checked if the service was meeting the requirements of this regulation. There had not been any incidents which met the DOC threshold. However, the registered manager was aware of what action was required should an event occur.

Processes were in place to monitor the quality of the service provided to people. This included a programme of audits. The registered manager was expected to provide monthly updates to the provider on safeguarding concerns, environmental issues, incidents and accidents as examples. A regional manager carried out a regular themed audit and a yearly audit was carried out. The audits had shown a continued improvement in the service since our last inspection.

The provider and registered manager had policies and procedures in place to help them manage the service. These were kept under review to ensure they reflected current practise. There was a clear managerial structure within the organisation. Senior staff from the provider visited the service on a regular basis. Staff were aware of the values of the organisation.

Throughout the inspection we found the registered manager and staff approachable and helpful. Quickly providing information requested. The registered manager demonstrated they were open to develop the service and had forged links with support groups including the Skills for Care registered managers forum and the local authority quality team.