

Without Exceptions Ltd

# Fredrick's House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

# Summary of findings

## Overall summary

### Care service description

Fredrick's House provides supported living for people with a learning disability. Supported living is where people are provided with their own home via a tenancy agreement and personal support is provided by a separate service, Fredrick House. At the time of the inspection the service provided support for five people, living in two shared houses which were situated next door to each other. Each person had their own room and shared the communal areas and garden.

### Rating at last inspection

At the last inspection, on 28 September 2015, the service was rated Good overall and Requires Improvement in the 'Safe' domain.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 28 September 2015. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of Regulation 19 of the Health and Social Care Act Regulated Activities Regulations 2014, Fit and proper persons employed. We undertook this announced focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fredrick's House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

At this inspection we found the service remained Good overall and is now rated Good in the Safe domain.

### Why the service is rated Good

The service has a registered manager who was available and supported us during 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.

Comprehensive checks were carried out on potential staff to ensure they were suitable for their role. The service was very flexible in making sure that there were sufficient numbers of staff available to provide each person with support as needed. Staffing levels were based on people's needs and choices. .

Assessments of potential risks had been undertaken of people's personal care needs and their home

environment. This included risks involved in mobilising and supporting people with daily household tasks and when going out. Guidance was in place for staff to follow to make sure that any risks were minimised.

Staff had received training in medicines management and their practical skills in giving medicines had been checked to ensure they were doing so safely and in line with the agencies policy.

## 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 ●

We found that action had been taken to improve safety.

Staffing was flexible to ensure it met people's individual needs. Checks on potential staff were robust to make sure they were suitable for their role.

Assessments of potential risks to people were undertaken and action taken to minimise any risks occurring.

Staff were trained in how to safeguard people and any concerns were reported to the local authority.

There were safe procedures to ensure the safe management of medicines.

# Fredrick's House

## 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 checked 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 focused inspection took place on 13 February 2017. We gave short notice of our inspection visit. We contacted the service on the day of the inspection because we needed access to some confidential records to which only specific staff had access. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our inspection on 28 September 2015 inspection had been made. The inspection was carried out by one inspector.

The provider had not completed a Provider Information Return (PIR), because we carried out this inspection before the required return date, therefore the registered manger was in the process of completing the form. 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. Before the inspection we reviewed all the information we held about the service, looked at the previous inspection report and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we spent our time at Fredrick House, one of the supported living houses. We spoke to the two people who lived there and they introduced us to the people who lived in the other supported living house. We spoke to the registered manager; looked at two care plans and associated risk assessments; the files of the last three staff employed at the service and the management of medicines.

# Is the service safe?

## Our findings

Staff were available to ensure people were safely supported in their daily lives. This support consisted of physical support, guidance, emotional support or keeping a discreet eye on people to ensure their well-being and safety. One person told us they had been on the interview panel when recruiting new members of staff. They said they had put on smart clothes and asked the applicants some questions.

At our last inspection on 28 September 2015, recruitment practices in operation were not sufficiently robust to ensure people's safety. At this inspection improvements had been made.

Potential applicants completed an application form and attended an interview, where their suitability for the role was assessed. A number of checks were carried out to ensure that staff recruited to the service were suitable for their role. This included obtaining a person's work and/or character references, their employment history, including the reasons for any gaps in their employment, and Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received staff support which was flexible and based on their individual needs. Staffing levels had been increased on a temporary basis due to the behaviours of one person to ensure people and staff were safe. The number of staff available each day varied to enable people to receive one to one support and to engage in activities they chose. For example, during the inspection a member of staff supported one person to go out whilst the registered manager remained with another person. When this person returned, the member of staff supported the other person to go out. This meant both people were able to receive one to one support to participate in an activity of their choice.

People were supported by staff who had received training in how to recognise and respond to any sign of abuse. An assessment of risk had been undertaken in relation to people's vulnerability to financial abuse. A member of the local authority had also provided safeguarding training, using a selection of different scenarios. The service had contacted other professionals when people presented behaviours that challenged themselves or others to help keep people and staff safe. They had updated people's risk assessments and care plans to ensure staff followed this advice and guidance. For each person a behavioural support plan was in place. This set out what the behaviours were; what techniques staff should immediately deploy to appropriately respond to the behaviour; and post incident strategies, such as discussing the incident with the people involved to ensure that relationships were not strained within people's home.

Risks to people's personal safety and in their home environment were thoroughly assessed. Each potential risk was identified, rated according to its potential impact on people and included the appropriate action that staff needed to take to minimise the risk of any reoccurrence. Pictures and photographs were included in assessments of risk to involve people to help them understand any potential dangers. For example, there were photographs of people cooking, doing their laundry and going out of their home. All areas of the person's daily needs had been assessed. A summary was made of the risks to each person, so staff could see at a glance, the main risks to a person's well-being. Regular assessments were made of risks to each

person and the risks in the environment, to ensure that the actions staff were taking were effective in keeping people safe.

Detailed records were made of any accidents and incidents. For people who exhibited behaviours a record had been made of any triggers to the behaviour, what the behaviours were and any staff intervention. A daily review was undertaken of any incidents between people living at the service to monitor their compatibility. Incidents were regularly reviewed to ensure that the correct action had been taken, and to identify if there were any patterns or trends that required attention. This had resulted in people's behaviour management plans being updated to ensure they reflected people's needs.

Guidance was available to staff about how to store, administer and dispose of medicines. Staff had received medicines training and their competency was assessed on a regular basis. The service had an individual approach to supporting people to manage their medicines. Staff were responsible for the management of some people's medicines, but other people were supported to take responsibility for their own medicines. For example, when two people moved to the service, staff administered their medicines. Now, one person told staff when it was time to take their medicines and counted how many they required under the observation of a staff member. Another person took and signed for their own medicines, with staff observing they had done so correctly. People's medicines were stored separately and securely and a record made on a medication administration sheet when people took their medicines. Information was available to people and staff about what each medicine was for, any side effects and how the person liked to take their medicines.