The Fremantle Trust

Lent Rise House

Inspection report

Coulson Way
Burnham
Slough
Berkshire
SL1 7NL

Tel: 01628550750
Website: www.fremantletrust.org

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 25 and 26 July 2016. It was an unannounced visit to the service.

We previously inspected the service on 03 April 2014. The service was meeting the requirements of the regulations at that time.

Lent Rise House provides nursing care for up to 60 older people, including people with dementia. Fifty nine people were living at the service at the time of our visit.

The service did not had a registered manager in post. The registered manager left the service shorty before our inspection. 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. Arrangements were in place to make sure there was appropriate management cover at the service.

We received mixed feedback about the service. Comments from people included "Excellent end of life care…I cannot thank the home enough for all they did for not only my mother, but in supporting my sister and I," "We're very pleased with mum's care" and "They're a smashing crowd, I'm well looked after." Some people were critical of agency workers. For example, we were told "The agency staff don't engage with the residents and they don't even attempt to get to know them." Our observations of care provided by agency staff during the inspection did not support this view.

Some people were critical of the food provided for them. A new chef started working at the home on the first day of our inspection and improvement was seen.

There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns. Risk was managed well at the service so that people could be as independent as possible. Written risk assessments had been prepared to reduce the likelihood of injury or harm to people during the provision of their care. People's medicines were handled safely and given to them in accordance with their prescriptions. However, medicines were not always stored at safe temperatures. This could affect how effective they were.

We found there were sufficient staff to meet people's needs. They were recruited using robust procedures to make sure people were supported by staff with the right skills and attributes. Staff received appropriate support through a structured induction, regular supervision and an annual appraisal of their performance. There was an on-going training programme to provide and update staff on safe ways of working.

Care plans had been written, to document people's needs and their preferences for how they wished to be supported. These had mostly been kept up to date to reflect changes in people's needs. Staff supported

people to attend healthcare appointments to keep healthy and well.

People spoke positively about staff who provided activities. For example, one person told us "This place is beautiful thanks to the contribution of the activity co-ordinators. The flowers, the plants, the chickens and all activities are organised by the activity co-ordinators. They work tirelessly and when they are not here you notice it."

The building was well maintained and complied with gas and electrical safety standards. Equipment was serviced to make sure it was in safe working order. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

The provider regularly checked quality of care at the service through visits and audits. Records were maintained to a good standard and staff had access to policies and procedures to guide their practice.

We found a breach of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to medicines practice. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's medicines were not always stored at safe temperatures.

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

People lived in premises which were well maintained and free of hazards, to protect them from the risk of injury.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, regular supervision and training opportunities.

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 their best interests, in accordance with the Mental Capacity Act 2005.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Is the service caring?

Good

The service was caring.

People were supported to be independent.

People's wishes were documented in their care plans about how they wanted to be supported with end of life care.

People were treated with kindness, affection and compassion.

Is the service responsive?

Good

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

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

People were supported to take part in activities to increase their stimulation.

Is the service well-led?

Good

The service was well-led.

People were cared for in a service which had clear visions and values about how to support them.

The provider monitored the service to make sure it met people's needs safely and effectively.

People were cared for in a service which maintained records to an appropriate standard.

Lent Rise 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 inspection took place on 25 and 26 July 2016 and was unannounced.

The inspection was carried out by one inspector and a specialist advisor on the first day. The specialist advisor's area of expertise was the care of older people and people with dementia. One inspector carried out the inspection on the second day.

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 reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We contacted health and social care professionals and the local authority commissioners of the service, to seek their views about people's care.

We spoke with the provider's head of nursing services, the senior nurse on duty, two staff who provide activities, the assistant chef, housekeeping staff and the home's administrator. We also spoke with three care workers and seven relatives.

We checked a sample of records. These included eight people's care plans, 11 people's medicines records, four staff recruitment files and six staff training and development files. We also looked at records relating to the upkeep of the premises, audits and monitoring undertaken by the provider and complaints and compliments.

Some people were unable to tell us about their experiences of living at Lent Rise House because of their

dementia. We therefore 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.

Requires Improvement

Is the service safe?

Our findings

People's medicines were managed safely. There were medicines procedures to provide guidance for staff on best practice. Staff handling medicines had received training on safe practice and had been assessed before they were permitted to administer medicines alone. People told us they received their medicines when they needed them. For example, one person told us "The staff always give me my medicine on time."

We saw staff maintained appropriate records to show when medicines had been given to people, which provided a proper audit trail. Staff said there were regular audits conducted by the pharmacist, with action plans. We observed staff followed the home's procedures when they handled medicines. There was written guidance on the use of medicines prescribed for occasional use. This helped ensure staff were consistent in when they offered people these medicines.

We noted some occasions recently where rooms which stored medicines had exceeded recommended safe temperatures. Records showed some room temperatures had reached between 26 and 29 degrees Celsius. We were told staff had been advised to transfer medicines trolleys to an air conditioned room on hot days, to ensure they were kept at appropriate temperatures. The head of nursing services also said the landlords had been made aware of the problem.

We saw the medicines fridge in one part of the home sometimes recorded temperatures in excess of the upper maximum limit of 8 degrees Celsius. For example, readings had been noted of 10, 12 and 14 degrees Celsius on current temperature charts. The fridge was at a safe temperature on the day of our visit. In another part of the home, we noticed the medicines fridge temperature had not been checked for six days. No action had been taken to ensure the medicines stored inside was still safe to use.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe at the home. They said they trusted the permanent and regular staff entirely. However, they felt there was not always the quality of staff to meet their needs and to support their health and welfare needs. They said this was particularly the case at weekends when agency staff had been on duty. For example, one relative described to us inconsistency in how a person's medicine was given to them by agency staff. This meant the effectiveness of their medicine may have been reduced. We mentioned this to the head of nursing services for their attention.

Staffing levels had been determined from carrying out dependency level assessments for each person. We observed people's needs were met in a timely way with call bells answered promptly. We saw staff managed busy times of the day well to ensure people's needs were met, for example, at meal times.

Staffing rotas were maintained and showed shifts were covered by a mix of care workers, nurses and senior staff. Staff were allocated named people to support on each shift. This helped to ensure everyone received the support they needed.

People were protected from the risk of abuse. There were safeguarding procedures for staff to follow if they suspected or were aware of any incidents of abuse. Training was undertaken to help staff recognise signs of abuse. We saw information was displayed in the office and by nurse stations about how to report abuse to the local authority. Staff told us they would report any concerns about people's well-being to the nurse in charge or their managers. We saw staff were asked whether they were aware of any abuse, as part of their performance reviews. This ensured appropriate measures were in place to safeguard people from harm.

People were protected from the risk of unsafe premises. The building was well maintained. There were certificates to confirm it complied with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire. For example, regular fire tests were carried out and checks were made to ensure the means of escape were clear. Emergency evacuation plans had been written for each person, which outlined the support they would need to leave the premises. Equipment to assist people with moving had been serviced and was safe to use. There were emergency procedures for staff to follow. These covered areas such as obtaining assistance out of hours, the fire emergency plan, dealing with sudden death and arrangements for managing adverse weather conditions.

Risk assessments had been written, to reduce the likelihood of injury or harm to people. Care plans contained assessments about, for example, people's likelihood of developing pressure damage, supporting people with moving and handling, use of bed rails and the likelihood of falls. Where assessments identified risk, support plans were put in place to help ensure people were supported safely.

People were protected by the home's recruitment practice. We saw robust processes were used. The personnel files we checked contained all required documents, such as a check for criminal convictions and written references. Staff only started work after all checks and clearances had been received back and were satisfactory.

The service took action where staff had not provided safe care for people. For example, where errors had occurred. Records were kept of meetings held with staff following incidents of this nature, to determine what had happened and to prevent recurrence. Disciplinary proceedings were used where necessary.

Good

Is the service effective?

Our findings

People received their care from staff who had been appropriately supported. New staff undertook an induction to their work. Staff were also enrolled onto the nationally-recognised Care Certificate. The Care Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way.

The provider had a programme of on-going training to refresh and update staff skills. This included moving and handling, safeguarding people from abuse and care of people with dementia. Staff told us there were good training opportunities at the service and they were encouraged to attend courses. One care worker told us "Nurses teach us a lot and are very helpful when we are not sure about things." They added the manager sent them reminders when they required updates to their training. We saw dates of forthcoming training were displayed in the duty office for staff to sign up to.

Staff received supervision from their line managers. The staff development files we checked showed staff had met regularly with their managers to discuss their work and any training needs. In one file, there was no record the member of night staff received support throughout 2015; we mentioned this to the head of nursing services, for their attention. Appraisals were undertaken annually to assess and monitor staff performance and development needs.

We observed staff communicated effectively about people's needs. Relevant information was documented in communications books and handed over to the next shift. Daily notes were maintained to log any significant events or issues so that other staff would be aware of these.

People were supported with their healthcare needs. Care plans identified any support people needed to keep them healthy and well. Staff maintained records of when they had supported people to attend healthcare appointments and the outcome of these. The records showed people were routinely seen by their GP. People were referred to specialists where necessary, for example speech and language therapists, physiotherapists and nurses who specialised in enteral feeding (this is where nutrients are delivered into the stomach via a tube). Staff told us the home kept in regular contact with the palliative care nurse, the hospice and dementia care specialist.

Staff demonstrated effective knowledge and skills in the management of pressure area care. This included referral to other professions when required, such as the tissue viability nurse.
People at risk of pressure damage were nursed on air mattresses and repositioned regularly.

Fluid balance charts were in use to manage fluid intake and output. We noted the amount each person required was not specified. Care plans did not always indicate how fluids should be encouraged. However, we did not see any signs this had a detrimental affect on people.

We saw lunchtime was a relaxed occasion and gave people time to enjoy their food at their own pace.

People who required assistance were supported appropriately by staff. For example, we heard a nurse spoke gently and offered encouragement to the person they assisted. They sat close to the person and gave them full attention. Other people who required support were served first, thirty minutes before the main meal time. This helped to ensure staff could support everyone who needed it.

Care plans documented people's needs in relation to eating and drinking. In one file, we saw staff followed guidance from the speech and language therapist regarding appropriate consistency of food and the correct position in which to support people. This reduced the risk of the person choking.

We received mixed feedback about the quality of food. One person said "I enjoy everything I'm given." We noticed on one day people left sausages which had been prepared for lunch. People were heard commenting to each other "They are hard" and "They would be better with the skin off." One visitor who assisted their relative had returned with the sausages and mashed potatoes untouched. They said "People eat with their eyes. The food was unattractive, there was gravy dripping on the side and mum pushed it away. The sausages were hard. Mum prefers fish or something soft like mince meat…Last time she had fish here it was hard, dry and grey in colour. At the weekend there was an agency staff who prepared an excellent roast lamb."

We saw a new cook started at the home on the first day of our inspection. One relative commented they could already see improvement in meals.

The design of the building took into account the needs of people with a range of disabilities. This ensured the layout and equipment provided supported people to remain independent. For example, doorways and corridors were wide enough to accommodate wheelchairs. Bathrooms and bedrooms had enough space for manoeuvring hoists and other equipment. There was a passenger lift between the ground and first floors. Sensory nodules had been fitted to grab rails in corridors, to assist people with visual impairments. There was level flooring throughout the building and around the garden, to enable people to move around safely.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We were able to see the home was complying with conditions applied to authorisations, to ensure any deprivations of liberty were lawful.

Staff we spoke with had a good understanding of the MCA. For example, one member of staff said "Sometimes people's capacity can change and they may lack capacity. If we have to restrict their freedom for their safety, they would require a MCA assessment and their freedom can only be restricted if it is in their best interest. And where their liberty is restricted, we have to apply for a DoLS." We saw staff sought consent from people during the provision of their care. For example, when administering medicines, they asked questions such as "Which tablet would you like to take first?" At meal times staff asked people about their choice of food and drink and also whether they would like help.

Good

Is the service caring?

Our findings

We received positive feedback from people about their regular care staff. People used words such as "excellent" and "caring" when they spoke about staff. For example, a relative told us "The permanent staff are excellent." One person commented "They're a smashing crowd, I'm well looked after."

Some people expressed different views about the caring nature of agency workers. A relative told us "The agency staff don't engage with the residents and they don't even attempt to get to know them," whilst another said "I don't believe they care" and went on to describe an incident which involved their family member. However, we observed an agency nurse on their first day interact in a very caring way when they assisted someone at lunchtime. In another example, we noted an agency nurse had worked at the home for around two years, knew people well and responded to people in a gentle and caring manner.

People's dignity was respected by staff. We saw people had been supported to look clean and tidy and care was taken of their laundry. Staff offered people clothes protectors at mealtimes, to prevent spills on their clothing. We saw staff knocked on people's doors and waited for a response before they went in. One member of staff told us "The way I respect a person's dignity during feeding and changing them is first to put myself in the person's place. It must be difficult for a person to rely on somebody else for food and to be changed. So I always give them a lot of privacy and explain to them what I am about to do and I try to get them to participate. Sometimes I give them the flannel in their hands and allow them to do as much as they can. I always give them encouragement by telling them how well they are doing."

People appeared happy and contented. We saw people made a fuss of the home's cat and smiled as they talked to us about her. Staff were attentive to people's needs. The atmosphere within the home was calm and unrushed on both days of our inspection.

People's bedrooms were personalised. People had been encouraged to make their rooms look homely and added items such as pictures, ornaments, small pieces of furniture and plants. People we spoke with said their rooms were comfortable and they liked having their own en-suite shower and toilet.

People's wishes were documented in their care plans about how they wanted to be supported with end of life care. This included their wishes about resuscitation. One relative who contacted us before the inspection said "Excellent end of life care…I cannot thank the home enough for all they did for not only my mother, but in supporting my sister and I."

When we spoke with staff they were knowledgeable about people's histories and what was important to them, such as family members, and any interests they had. Staff spoke with us about people in a professional manner throughout the course of our visit.

People's visitors were free to see them as they wished. There was a coffee bar where they could help themselves to drinks and cake or fruit. Visitors said they were kept informed of their relative or friend's well-being. However, one relative told us "I approached an agency member of staff at the weekend about the

care of my mother and she said that she is agency and did not know. She referred me to another member of staff who was also agency and did not know."

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People's views were sought through care reviews, quality assurance surveys and during residents' meetings.

People could spend time in shared areas of the home or quiet spaces. The home was well-designed with a range of areas where people could sit. There was also a lounge area in the entrance hall with access to an enclosed garden.

Staff showed concern for people's well-being in a caring and meaningful way, and they responded to their needs quickly. For example, reassurance was give to someone who felt unwell and staff checked on them several times to ask how they were.

Staff involved people with making decisions about their everyday care. For example, in choices of meals and drinks and whether they wished to participate in the activities.

Good

Is the service responsive?

Our findings

The home was responsive to people's needs. A relative told us "We're very pleased with mum's care. She settled really well. There's always staff around to speak with if any query. She always used to be in her room in the other home. Here, they get her up and bring her to the lounge. She's always up. They're meeting her needs here really well, nothing here we're not happy with."

People had their needs assessed before they received support from the service. Information had been sought from the person, their relatives and other professionals involved in their care. Information from the assessment had informed the plan of care.

Care plans were personalised and detailed daily routines specific to each person. This included people's preferred routines and likes and dislikes. There was an 'It's my life' document, which was used to note important information to assist staff in providing person centred care to people with dementia. It included space to record special memories, childhood and early years. In some cases, information was quite brief or one or two sections had been left blank. Staff did not appear to add information to this document as they got to know people. We mentioned this to the head of nursing services to consider developing this tool.

People's preferred form of address was noted and referred to by staff. Staff were able to describe to us the support needed for the people they cared for. There were sections in care plans which outlined how to support people with their personal care. For example, dressing, washing and bathing and mobility. The care plans we read showed evidence of regular review. In one case, the care plan did not wholly reflect the person's changing needs. We mentioned this to the head of nursing services and arrangements were made to remedy this.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. Staff who provided activities did so with liveliness and enthusiasm. We heard a karaoke sing-a-long took place. Staff, residents and visitors joined in and used percussion instruments to accompany the music. A game of carpet bowls was also enjoyed.

People spoke positively about staff who provided activities. For example, one person told us "This place is beautiful thanks to the contribution of the activity co-ordinators. The flowers, the plants, the chickens and all activities are organised by the activity co-ordinators. They work tirelessly and when they are not here you notice it." The activity co-ordinators actively involved people in maintaining the garden. We observed many people enjoyed looking out at the flower display in the garden. We heard people comment on how beautiful the flowers were. Many commented on who did what. One person told us "I do a lot in the garden and I love it." One person told us the garden had won an award in the 'Fremantle in bloom' competition.

There were notices around the home to inform people of the activities on offer. These included baking, a knitting circle, movies, exercises and coffee mornings. Holy communion was held once a month. Trips out were also organised. For example, to Bournemouth, a river cruise on the Thames and a picnic at Cliveden. A hairdresser also visited the home regularly to attend to people's haircare needs.

We observed a multi-sensory activity. This involved a small group of people who were encouraged to sing, use percussion instruments, smell some rosemary and taste ginger cake. We saw people responded and took an interest in what was going on. There was one to one interaction between people and the facilitator. Residents also interacted with each other, for example they made eye contact, shared song sheets and tapped instruments together. Afterwards, people told us they had enjoyed the activity.

There were procedures for making compliments and complaints about the service. We looked at how two complaints had been handled. In each case a response had been sent to the person promptly and appropriate action was taken to resolve matters. Information about providing feedback about the service was available in the entrance area.

Staff took appropriate action when people had accidents. For example, records showed people were checked for injury, given first aid if necessary and emergency services were called if more serious injury was apparent. Treatment plans were put in place where required. For example, one person had fractured a bone. We saw their care plan contained a treatment plan to manage the situation. This had been put in place within 24 hours of the accident.

Good

Is the service well-led?

Our findings

The service did not have a registered manager at the time of our visit. The position had recently become vacant. We saw arrangements were in place to manage the service, with support from the head of nursing services and a registered manager from another of the provider's homes. We saw the position was advertised, for example, on the provider's website.

We received mixed feedback about how the service had been managed. Most of the relatives and people we spoke with acknowledged there had been changes to management but they did not have particular concerns about this or feel the quality of care had been affected. Two people expressed more negative experiences. Comments included "We have residents' meetings and we have expressed our concerns to management but no response so far. If their communication and their meetings are so effective, why is it that nothing has been done for six months?" Another person said "I am talking to you about the same things I have been telling the management. If they had responded, I would not be talking to you." Further comments included "They should tell us about what they are doing about the food and agency staff" and "They did not inform us about the (registered) manager's departure until very late." Staff expressed more positive views. They described the manager as very understanding and supportive. They told us the manager was very caring and ensured staff were equipped to meet the needs of people at the home.

Staff were open about reporting any mistakes that had occurred, such as medicine errors. We saw these were dealt with constructively, to look at what had happened and to prevent recurrence. Staff were advised of how to raise whistleblowing concerns during their training on safeguarding people from abuse. Whistleblowing is raising concerns about wrong-doing in the workplace. This showed the home had created an atmosphere where staff could report issues they were concerned about, to protect people from harm.

The home had links with the local community. People were supported to go out into the community on trips and places of interest. Lent Rise House had taken part in National Care Home Open Day this year. This involved inviting the public in to see what a care home is like and to meet staff and residents.

The home's philosophy of care was displayed in the entrance area. It outlined the visions and values for the service. These included fulfilment and treating people with dignity and respect. We found staff promoted these values in the way they supported people at Lent Rise House.

The records we looked at were well maintained. All were located promptly. Records which contained sensitive information were kept securely. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, restraint, whistleblowing and safe handling of medicines. These provided staff with up to date guidance.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. We had been appropriately informed about incidents and from these we were able to see appropriate actions had been taken.

The provider regularly monitored quality of care at the service. We read a sample of audits and reports of monitoring visits. These showed effective systems were in place to ensure people's needs were met.

Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings. There was appropriate support for staff to help them meet the needs of the people they cared for, such as supervision meetings and regular training.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service did not ensure the proper and safe management of medicines as they were not always stored at safe temperatures. Regulation 12 (2) g.