

The Fremantle Trust

28 Stamford Avenue

Inspection report

28 Stamford Avenue
Royston
Hertfordshire
SG8 7DD

Tel: 01763236167

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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

The inspection took place on 12 November 2015 and was unannounced. At our last inspection on 11 April 2013, the service was found to be meeting the required standards in the areas we looked at. 28 Stamford Avenue is a residential care home for people who have a learning disability. At the time of our inspection seven people lived at the home.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had submitted DoLS applications to the local authority for people who needed these safeguards.

People told us they felt safe, happy and well looked after at the home. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced to carry out their duty safely. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies. The environment and equipment used were regularly checked and well maintained to keep people safe. People were helped by trained staff to take their medicines safely.

Relatives were positive about the skills, experience and abilities of staff who worked at the home. They received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with a healthy balanced diet that met their individual needs.

Staff had developed positive and caring relationships with the people they cared for and knew them very well. People were involved in the planning, delivery and reviews of the care and support provided. The confidentiality of information held about their medical and personal histories was securely maintained throughout the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

People were supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community. They felt that staff listened to them and responded to any concerns they had in a positive way. Complaints were recorded and investigated thoroughly with learning outcomes used to make improvements where necessary.

Relatives and staff very were complimentary about the manager and how the home was run and operated. Appropriate steps were taken to monitor the quality of services provided, reduce potential risks and drive improvement.

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 kept safe by staff that were trained and knew how to recognise and respond effectively to the risks of abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Is the service effective?

Good ●

The service was effective.

Staff established people's wishes and obtained their consent before care and support was provided.

Capacity assessments and best interest decisions were carried out in a way that met the requirements of the Mental Capacity Act (2005).

Staff were well trained and supported to help them meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

People had their day to day health needs met with access to health and social care professionals when necessary.

Is the service caring?

Good ●

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People's relatives were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People had access to independent advocacy services and the confidentiality of personal information had been maintained.

Is the service responsive?

Good ●

The service was responsive.

Detailed guidance made available to staff enabled them to provide person centred care and support.

Extensive opportunities were provided to help people pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

People received care adapted to their individual needs.

Is the service well-led?

Good ●

The service was well led.

Effective systems were in place to quality assure the services provided, to manage risks and drive improvement.

People, staff and relatives were all positive about the managers and how the home operated.

Staff understood their roles and responsibilities and felt well supported by the management team.

28 Stamford Avenue

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 12 November 2015 by one inspector and was unannounced. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with four people who lived at the home, two relatives, three staff members and the manager. We looked at care plans relating to three people and two staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Is the service safe?

Our findings

People who lived at the home were able to communicate told us they felt safe and protected from the risks of abuse and avoidable harm by staff who knew them well. One person said, "I feel safe here because I like the staff." One staff member said, "If I thought any one was being abused I would report it to my manager." Although information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, was not prominently displayed throughout the home, however all staff knew how to access the information that was kept in the office. We saw that they completed their safeguarding training and staff we spoke with were able to verbally demonstrate their understanding of how to report concerns. Staff were aware of reporting to outside agencies such as the police and the Care Quality Commission.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as: nutrition, medicines, mobility, health and welfare. The manager adopted a positive approach to risk management. This meant that staff were able to provide care and support safely but also in a way that promoted people's independence and lifestyle choices wherever possible. For example, we saw that staff observed a person had difficulty with swallowing. They arranged for the person to be assessed by the speech and language therapy team. The assessment concluded that the person needed a pureed diet to mitigate the risk of choking. This was reflected in their support plan and staff were knowledgeable about how to keep this person safe and meet their needs.

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed. Someone who lived at the home commented, "I get more help here than where I used to live." There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively in a calm and patient way. One staff member told us that staffing levels were generally good. Other staff members felt that sometimes they could do with more staff, although they all agreed that people's needs were met. The manager told us that they had been actively recruiting they recently employed new staff and completed two recent interviews.

There were suitable arrangements for the safe storage, management and disposal of medicines. People were helped to take their medicines by staff that were properly trained and had their competencies checked and assessed in the workplace. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. A staff member told us, that the shift leaders audit the medicines each day to ensure everything has been completed correctly. We saw people received their medication safely in the privacy of their own room. One person said, "[Staff] help me with my medicine, they are caring and nice."

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training. For example first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe. People and staff we spoke with were aware of what to do in the event of a fire.

Is the service effective?

Our findings

We saw that, wherever possible, staff sought to establish people's wishes and obtain their consent before providing care and support. One person told us, "[Staff] ask my permission and ask for my ideas." We were told that meetings are held each Sunday to gather people's views and opinions. One person, said, "We have meetings, we talk about what we want to do." One staff member told us, "We always ask for people's consent."

Some people who lived at the home had limited means of communication. Staff worked closely with them and their relatives to learn and understand how to communicate effectively in a way that best suited their individual needs. We saw that staff used a variety of appropriate and effective techniques, both verbal and non-verbal to communicate with people they knew well. For example. The use of pictures to help with understanding. People received weekly visits from an independent mental health advocate to ensure people had a voice and the care they received was in their best interest.

The manager told us that staff met with a psychotherapist who had been working with one person who lived at the home. This was done to support staff understanding of the person's needs. One of the changes made because of this had been the way staff communicated with the person to promote less anxiety. There were trigger points for the person's anxiety levels especially around choice and an action plan had been put in place to support the person's needs. For example, the person could become anxious when asked to choose what they would like to eat for the following week. Staff knew the person's likes and dislikes with food and would choose the food for them. This helped with the person's anxiety. The person would still choose what they wanted to eat on the day and staff would support them with daily choices.

Newly recruited staff were required to complete a structured induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. Staff received mandatory trainings and regular updates in a range of subjects designed to help them perform their roles effectively. This included areas such as moving and handling, food safety, medicines, and infection control. A staff member said, "I had an induction and it explained about the company's policies." Another staff member said, "When I started I had six days completing my training, I felt supported, they are very good at training." Staff told us they were also encouraged and supported to obtain nationally recognised vocational qualifications to develop further. One person said, "I have my learning disabilities level 2 training." Another said, "I feel I have the skills to do my job."

Staff received training about the Deprivation of Liberty Safeguards (DoLS) and how to obtain consent in line with the Mental Capacity Act (MCA) 2005. They were knowledgeable about how these principles applied in practice together with the circumstances in which DoLS authorizations would be necessary. At the time of the inspection we found that where people's freedoms had been restricted the manager had submitted DoLS applications to the local authority. We saw that where people may have lacked capacity to make their own decisions in certain areas, recent improvements had been made to ensure that assessments and best interest decisions were properly structured, formalised and documented.

Staff felt well supported by the manager and were actively encouraged to have their say about any concerns they had and how the service operated. They had the opportunity to attend regular meetings and discuss issues that were important to them. One staff member said, "I feel listened to, I am able to talk about my views and opinions." Staff had regular supervisions with the manager where their performance and development were reviewed. One staff member said, "I love it here, we have a good staff team. The manager is supportive and the staff are supportive."

People who lived at the home discussed what food they wanted and liked. They chose the menus a week in advance. One person said, "I like the food here, we get to choose what we want to eat. We saw that people's weights were regularly monitored and where required there were action plans in place to support people's healthy eating choices. For example, there were two people who were at risk of gaining weight, this was managed by providing healthy choices and all meals were freshly prepared and cooked by staff."

We observed lunch being served and saw that staff provided appropriate levels of support to help people eat and drink in a calm, patient and unhurried way. Staff made considerable efforts, and used a variety of effective communication techniques, to help people decide what they wanted to eat and drink. We saw that people chose where they sat, for example one person always chose to eat in their room. People enjoyed their meals in a pleasant environment with a relaxed, warm and homely atmosphere.

People received care, treatment and support that met their needs in a safe and effective way. Staff were very knowledgeable about people's health and care needs, many of which were both significant and complex. Identified needs were documented and reviewed on a regular basis to ensure that the care and support provided helped people to maintain good physical, mental and emotional health and well-being. One Relative told us, "Staff know [Relative] and look after them well."

People were supported to access additional healthcare services where appropriate and in accordance with their needs. We saw and records confirmed that people's health needs were monitored and discussed with them. When it was identified that additional support was required from other healthcare services this was arranged. One person told us, that their hearing aid had been arranged since coming to the home. This meant that people's health needs were met where required.

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff who knew them well and were familiar with their needs. One person told us, "I like the staff because they are nice to me." A relative said, "[Relative] has caring staff around them. " Another relative commented, "Excellent staff, very happy with everything."

We saw that staff helped and supported people with dignity and respected their privacy at all times. They had developed positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. We saw staff knocking on people's doors before entering. One person told us, "[Staff] are lovely; they are always available for a talk." We saw people who lived at the home were able to pop in and out of the office and chat with the manager and office staff. On arrival at the home we were greeted by a member of staff and a person who lived at the home and they both requested to see our identity badge for security before we were let in.

People were supported to maintain positive relationships with friends and family members who were welcome to visit them at any time. One person said, "I go to a club and see other people, I meet my friends down the pub." People who lived at 28 Stamford Avenue each had a keyworker to support them with care plan reviews. They ensured people had enough money, clothes and toiletries. They helped and supported people to keep their rooms tidy and clean. One staff member told us, "I already have a list of what [Person] wants for Christmas." Another staff member told us that one person who liked certain books was supported to buy these on line as they were hard to find in shops and the person was involved in the process.

We found that people and their relatives had been fully involved in the planning and reviews of the care and support provided, something that was reflected in the detailed guidance made available to staff about how people wanted to be cared for. One relative said, "We meet with the manager, the GP and Relative to discuss any issues and care needs. " Staff demonstrated they knew people well. For example, one staff member told us that they were making trifle with one person as they loved to do this and the music that was playing in the background was music they enjoyed from their iPod. We spoke to the person's family and they confirmed that staff knew their relative well and that they did love to make trifle.

We found that confidentiality was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure. Information about local advocacy services and how to access independent advice was made available to people and their relatives.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took full account of their background history and personal circumstances. Staff had access to detailed information and guidance about how to look after people in a person centred way. This included detailed information about people's preferred routines and how they liked to be supported with personal care. For example, one staff member told us that when supporting one particular person with their personal care, it was important to follow a set routine. They explained that if this was not followed the person refused to shave. Their support plan was detailed and reflected this.

We saw that people's rooms were individualised with their own furniture and colour schemes. Some people had plastered their walls with posters of their favourite bands. One person who loved to write had their desk and plenty of books and pens to support their interest. One staff member said, "People can have what they want in their rooms, it is their home."

Staff also received specific training about the complex health conditions that people lived with to help them do their jobs more effectively in a way that was responsive to people's individual needs. For example, staff were trained and had access to information and guidance about how to care for people who lived with Autism. Staff also attended training to be able to support people they cared for in case they behaved in a way which could have been challenging.

People were supported to take part in meaningful activities and social interests relevant to their individual needs and requirements, both at the home and in the community. One person told us, "I go to the gym once a week, I go shopping and I go to my clubs." We found that people were supported to go to day centres. On the day of our inspection, one person had gone to a day care centre and two others had gone out to buy a suit for the Christmas ball. Another person told us they liked going shopping in town. The manager told us that they left the home's contact details with the staff from the shops the person liked to shop at to ensure that the person had the independence to go there on their own, however in case it was a need they could be contacted., The person told us, "I like shopping, I go shopping by myself. Today I went to my day care centre and we were singing I like singing."

One resident who loved to bake asked staff when discussing their hobbies if they could hold a cake sale. With help from staff they purchased the required ingredients and made the cakes and cookies. They designed invitations and posters on the computer and compiled a list of people they wanted to invite. People and staff celebrated together the success of the cake sale which made people feel appreciated and happy. We spoke with the person and they were happy that the cake sale was such a success.

People and their relatives told us they were consulted and updated about the services provided and were encouraged to have their say about how the home operated. They felt listened to and told us that staff and the management responded to any complaints or concerns raised in a prompt and positive way. Relatives we spoke with knew how to complain. One relative told us, "We have a good relationship with [Manager] We feel we can voice any concerns." They went on to explain that where they had raised concerns these had

been listened to and dealt with appropriately.

Is the service well-led?

Our findings

People, who lived at the home, relatives, were all very positive about how the home was run. They were complimentary about the manager who they described as being approachable and supportive. One relative told us, "We can visit the home anytime and the manager will always inform us if there are any changes to [Relatives] needs." One staff member said, "I can approach the manager any time they are very supportive."

Staff told us, and our observations confirmed that managers led by example and demonstrated strong and visible leadership. The manager was very knowledgeable about the people who lived in the home, their complex needs, personal circumstances and relationships. Staff understood their roles and were clear about their responsibilities. There were regular handovers with the shift leaders at the start of each shift and staff were given their duties and responsibilities they had to carry out.

As part of their personal and professional development, staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively. This included specific awareness about the complex needs of the people they supported. Staff received regular supervisions and were supported to develop in other areas such as: Learning disabilities.

The manager carried out a daily "walkabouts" where they toured the home and spoke with people and staff about their views and experiences. We saw that the manager also conducted environmental checks at the same time to ensure standards were maintained and people kept safe. The manager told us that they have an open door policy and made themselves available to residents, relatives and staff. We saw throughout the day people who lived at the home, were going into the office to talk and be with the manager.

The manager told us that they felt supported and they received supervision by their line manager every other month. They attended regular meetings with other managers from homes owned by the same provider to improve learning and share ideas. The manager said, "I can just pick up the phone for support."

Information gathered in relation to accidents and incidents that had occurred was personally reviewed by the manager who ensured that learning outcomes were identified and shared with staff. We saw a number of examples where this approach had been used to good effect. For example, one person was having more falls in the evening when attending a club that supported them with losing weight. After reviewing the information, the manager attributed the falls to poor lighting in the evening and uneven pathways. It was arranged for the person to attend the club earlier in the day when the light was better and this reduced the falls.

We found that the views, experiences and feedback obtained from people who lived at the home, their relatives, had been actively sought and responded to in a positive way. Questionnaires seeking feedback about all aspects of the service were sent out and the responses used to improve the home. We saw that a system of audits had been completed regularly. These were used to monitor performance, manage risks and keep people safe. These included areas such as infection control, medicines, staffing and care records. We saw that where areas for improvement had been identified action plans were put in place to improve these

areas. For example, there had been improvements made to one person's flat, an extension had just been completed to incorporate a kitchen. The manager explained that this would be beneficial in reducing the person's anxiety levels as the person would no longer have to share the kitchen facilities. We saw the manager had an improvement plan for the home.