

The Fremantle Trust

Fremantle Court

Inspection report

Risborough Road
Stoke Mandeville
Aylesbury
Buckinghamshire
HP22 5XL

Tel: 01296615278

Website: www.fremantletrust.org

Date of inspection visit:

12 January 2023

19 January 2023

Date of publication:

08 February 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Fremantle Court is a purpose-built residential care home providing personal and nursing care to up to 90 people. The home was divided into 6 separate units, each of which has separate adapted facilities spread across 2 floors. At the time of our inspection there were 79 people using the service.

People's experience of using this service and what we found

The provider had struggled to retain registered managers for some time. The inconsistency in leadership had impacted on people's outcomes and staff morale. There had been interim regional support managers who had filled in for the registered manager's post. There was a new experienced registered manager who had only been in post for 4 months and was working through an improvement plan. The provider's quality assurance processes were not always used effectively to drive improvement.

People's care plans were not always complete or up to date. We found a discrepancy of a controlled medicine stock which had not been logged in. Risks to people's safety and well-being were managed through a risk management process. However, we found some of the risk assessments were not always reviewed in line with the provider's policy.

Staff records of supervisions and support had not been completed in line with the provider's policy. However, staff told us they felt supported by the new registered manager and said they were approachable and available.

We found the home was using agency staff and their deployment and oversight could be improved.

People's dining experience varied between units. On some units, people experienced a positive dining experience. However, we saw staff support during meals could be improved on the other units.

People living at Fremantle Court told us they felt safe living in the home. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

People received their medicines as prescribed. Staff had the necessary skills to carry out their roles. Staff had regular training and opportunities and the new registered manager had started staff supervisions and we saw appraisals scheduled.

People had opportunities to participate in meaningful activities and we saw evidence people were involved in choosing activities and following their hobbies.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had a particularly good understanding of when the principles of the Mental Capacity Act

should be applied. People were supported to meet their nutritional needs and complimented the food at the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 11 October 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We have identified a breach in relation to record keeping and ineffective quality assurance processes at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Fremantle Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of 3 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Fremantle Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fremantle Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a new registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. We also looked at the provider's last inspection report. We used all this information to plan our inspection.

During the inspection

We spoke with 18 people who used the service and 6 relatives. Some people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We requested feedback from 3 healthcare professionals. We looked at 9 people's care records and 8 medicine administration records (MAR). We spoke with the registered manager, deputy manager, quality manager, area operations manager and 13 members of staff including nurses, carers, the chef, domestic staff and activities coordinator. We reviewed a range of records relating to people's care and the way the service was managed. These included staff training records, 5 staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- We received mixed feedback regarding staffing levels from people and relatives. People told us, "Can get help if I want, don't take that long usually, sometimes they don't have many staff but not often", "Enough staff around, quite good, like family. They will go around and help anybody" and "There is not enough staff really. They bring in agency staff, they could do with bringing in more permanent staff."
- Relatives commented, "Sometimes there are enough staff, sometimes there aren't", "Most of the time I can find staff but sometimes they are short staffed" and "I tend to visit on a Sunday when they don't have as many staff at a weekend. When I go in there is always somebody at the desk on reception."
- Staff told us staffing issue was more to do with the quality of staff rather than the numbers. They commented, "Staffing is very up and down, weekends are the worse, I dread weekends. I could work with 2 agency staff who have never worked on my wing before but have to constantly repeat yourself 'this is what (person) might need'. A lot of them can't speak good English", "Staffing could be improved as we have a fair few agency staff, but I know there is a national shortage on full time works. Agency makes life a little bit easier, but you've got to keep an eye on them as their standards aren't always the same" and "We are using a lot of agency staff and most of them we have to almost tell them what they need to do. That takes time away from giving care."
- On the day of the inspection, we saw staffing varied on each unit. On one unit there were a stable staff team and the atmosphere was calm with staff engaging with people in a meaningful way. On another unit there were 2 agency staff working with a regular member of staff. At one point one of the agency staff was observed dozing sitting next to a person. The 2 agency staff were task orientated and did not engage with people. During lunch we observed the 2 agency staff stood over people during support with meals. We brought these concerns to the registered manager who told us they would improve staff deployment and better oversight for non-regular staff.
- Records showed the provider followed safe staff recruitment processes. The provider were doing all they could to continue recruiting.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe. However, we saw some risk assessments had not been reviewed regularly in line with the provider's policies.
- People's risk assessments included areas such as malnutrition, falls, skin integrity and choking. Where people had been assessed as requiring regular checks, records seen indicated that these had been completed and we saw staff completing them.
- People's environmental safety was maintained through the maintenance and monitoring of systems and

equipment.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. However, we found a discrepancy in stock of a controlled medicine. We brought this to the attention of the registered manager and an investigation showed this medicine had not been logged on receipt. A review of the logging system was quickly reviewed to ensure this would not happen again.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe from abuse living at Fremantle Court. Comments included, "Here I feel safe because of the carers, and I can get help" and "I think I do feel safe, they [staff] are friendly."
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff said, "I would be bringing it up to manager. I could go above her if she didn't do anything or take it further directly to CQC or the local authority." Records showed staff had received regular safeguarding training and updates.
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider supported people with safe visitation, and this aligned with government guidance. People and relatives told us visits had been facilitated and encouraged during the Covid pandemic. We evidenced that staff at Fremantle Court had taken many steps to ensure that people and visitors were kept safe during visiting, with outdoor garden meetings taking place in good weather.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, reflective staff supervisions had

been completed following shortfalls in records keeping where people had had accidents. Further training had been provided in record keeping.

- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented. For example, following equipment near miss incidents, staff were offered refresher training in equipment usage and manual handling.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dining experience varied with each unit. On some units' people had a positive dining experience with choices and support offered when needed. We saw people enjoyed their food and staff interacted with them throughout.
- However, on other units the dining experience could be improved especially where there were more non-regular staff. For example, we saw food was served to people with no communication; there was no interaction throughout the meal service. One person sat on their own and did not touch their meal. Staff offered no assistance or encouragement and halfway through, the person got up and left. No one went after them. This meant the person did not have their meal.
- On another unit, 2 non-regular staff stood over 2 people whilst supporting them with lunch. Staff were task orientated and there was no communication or engagement throughout. We brought these concerns to the attention of the registered manager. On our second day of the inspection, the registered manager told us they had completed a dining experience observation and reviewed and improved staff deployment and oversight during mealtimes.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction and did not work unsupervised until they and their line manager were confident, they could do so. The induction included the provider's own mandatory training which was linked to the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The induction also included shadowing an experienced member of staff. One member of staff told us, "Induction was comprehensive, and I was given enough time to grasp everything. I shadowed for 2 weeks and that was good enough time for me."
- Staff told us, and records showed they had not always had formal supervisions and appraisals mainly due to inconsistency in leadership. However, they told us they felt supported by the new registered manager and deputy manager who had initiated supervisions. Staff said, "I had not had supervisions in a while but just had one recently. I can go to the manager any time and they are supportive" and "Appraisals, not in the last two years." We saw supervisions and appraisals had been scheduled.
- Agency staff completed an induction before their first shift. They also received a detailed handover at the start of the shift. Following our feedback, the management team implemented direct manager supervision of agency staff as well as partnering them with regular staff.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support.
- Where referrals were needed, this was done in a timely manner. Arrangements were in place for professionals such as audiologists and opticians to visit people in the home.
- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received care and support that was centred around their assessed needs, choices and decisions. Care was planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and best use of technology. This was monitored to ensure consistency of practice.
- Assessments of people's needs were comprehensive, and people's records showed a streamlined process from first contact to admission benefitted both people and relatives. People and relatives told us they were involved in the assessment and care planning process.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.

Adapting service, design, decoration to meet people's needs

- Fremantle Court was a purpose-built home which had been decorated to a high standard. People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.
- Each unit had adapted facilities which included kitchenettes and cosy lounges. There were different sitting areas around the home where people could spend their time. These included quiet sun lounges and a hairdressing salon.
- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had beautiful landscaped gardens with several sitting areas.
- The home was well lit with dementia friendly effects which aided easy navigation around the home. There were a variety of themed corridors and destination points such as steam train and musical themes which were used as talking points. The home also had a cinema which was used to screen weekly films of people's choosing.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- People were supported in line with the principles of the Act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out. Where capacity was not evident to make specific decisions, best interest decisions had been made and management and staff followed the correct process to do so.
- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use photographs and documents were signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "With people who don't have capacity to make their own decisions, we do everything in their best interests."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with told us the care and support they received from Fremantle Court was of good quality. People said, "The staff are very caring, today [staff] came in to shower me, I like her to make my breakfast because I like my porridge done in a certain way and she always goes out of her way before she goes home", "The girls are ever so kind" and "Quality of care is very good. Quite nice carers, some are nicer than others, some do have attitude but that's life."
- Relatives were equally complimentary of the care people received. They commented, "The staff are very caring; doesn't matter what nationality they are all very caring", "The regular carers here are always very pleasant, not a problem" and "The use of agency staff is not ideal; they don't know the ropes. Mum doesn't recognise them. The regular staff are lovely."
- The service did all they could to ensure staff focused on building and maintaining open and honest relationships with people and their families, friends and other carers. The provider facilitated a keyworker programme. A key worker is a member of staff appointed to oversee care and be a point of reference for that person and their family. This allowed staff to develop relationships with people and their relatives.
- The provider had an equality, diversity and human rights approach to supporting staff as well as respecting people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain their cultural needs. Staff treated people as individuals and respected their choices.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. One relative said, "Yes I have been to meetings with one of the staff, a nurse to discuss what the plan is for [person]."
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.
- The management team and staff were proactive in ensuring people received good care. For example, the introduction of shower trolleys for people who were cared for in bed. This allowed people to have full showers in a lying position and this resulted in improved enhanced level care especially on the nursing units.
- The service made sure that staff had the information and support they needed to provide care and support in a compassionate and person-centred way. One person commented, "I would say that the staff know me pretty well. Get the help I need, and they know what they are doing. If I need anyone, I have the

bell."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times and were not discriminated against. One person told us, "They [staff] are good about privacy; they always knock on the door and don't come in until they are invited in. They are very respectful when I am showering."
- Staff knew how to support people to be independent. During the inspection we saw many good examples of people being supported to be independent. One relative commented, "Staff encourage [person] to go out in his powered wheelchair, independently to the goat farm up the road."
- The provider ensured people's confidentiality was respected. Staff were discreet and challenged behaviour and practices that fell short of this. Records containing people's personal information were kept in keypad locked offices and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect confidential information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support specific to their needs, preferences and routines. Care planning was focused on the person's whole life, including their goals, skills and abilities. People's care plans reflected individual needs with guidance for staff to follow to ensure person centred care.
- People had care plans in place. However, these were not always reviewed in line with the provider's policy. Some of the records contained duplicate information and when not updated appeared to have conflicting information. We raised this with the registered manager and suggested possible consolidation of some of the care plans to ensure they were up to date.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and daily 'stand up' update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to look out for facial expressions, observe body language and maintain eye contact to promote communication and minimise frustration.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities at Fremantle Court were facilitated by a dedicated activities team who supported people to undertake hobbies and activities that were meaningful to them.
- People had access to a variety of activities which included individual and group activities some of which were linked with public holidays such as Christmas and Halloween. Activities also included, cinema days, quizzes, baking and gardening which was very popular.
- People told us they were involved with the activities and said, "Quite a lot happening in the way of

activities. I look after the hanging baskets outside, I like gardening", "I have always liked flowers the flower arranging girl is very good. I love working in the garden all year round" and "I move around to do the different activities. Games, football kick about and quizzes. Do the exercises sometimes."

- On the day of the inspection we saw people took part in a baking activity. We saw evidence people participated in Pen pal club to make friends, chat and continue the art of letter writing between homes. People were involved and won the best decorated Christmas cake at the annual Christmas cake bake off competition.
- Some people chose not to attend activities and staff respected their wishes. They told us they that they were not put under pressure to attend activities if they did not wish too. They were supported with 'in room' entertainment as they wished.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support and could do so in a range of accessible ways, including how to raise any concerns or issues. The provider had systems in place to manage complaints. Since the last inspection, the provider had received 5 formal complaints which had been investigated and addressed in line with their policy. We saw improvements had been made following complaints. For example, hydration stations had been introduced following a complaint.
- People and their relatives told us they knew how to make a complaint. One person told us, "If I have any complaints I speak to the manager. I like my bed made properly not just the cover thrown back over, so I have spoken about that, better usually. One of the things that I have mentioned is about the use of agency staff, they don't know enough."
- There were many compliments received regarding good care.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. This included funeral arrangements and preferences relating to their support at the end of their lives. The staff ensured these preferences took account of people's cultural and spiritual needs.
- The registered manager informed us no one was receiving end of life support at the time of our inspection. The team often worked closely with other professionals to ensure people a had dignified and pain free death. Staff had received training in end of life care and records showed people had anticipatory management plans in place.
- People were supported by staff who understand their needs, were competent and had the skills to assess their needs. Staff involved family and friends in decisions about the care provided, to make sure that the views of the people receiving the care were known, respected and acted on.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service needed to improve their overview of effectiveness of systems to ensure people received safe and high quality care.
- The provider had quality assurance processes in place, however, these were not always used effectively. We found some similar shortfalls on recording had been identified during records auditing 3 times in a row and there was not a clear process in place flag this and review the process. This meant there were no improvements or changes resulting from these audits.
- We have also reported inconsistency in medicine stock records as well as records not up to date in other parts of this report.
- We also found inconsistency in staff oversight of especially non-regular staff which led to poor quality of care.
- The registered manager had been in post for only 4 months. They were supported by a long-standing deputy manager as well as an operations manager. There were creating a staff structure including appointing a clinical lead to ensure effective staff support.

Systems had not been established to assess, monitor and improve the quality and safety of care. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had struggled to retain registered managers in the last couple of years. We found inconsistency in leadership had impacted the quality of care and general staff morale. The provider had brought in the area operations manager to fill the gaps in management at the time. There was a new experienced registered manager who was working through an improvement plan. They had already made some significant improvements including staff support and culture.
- People told us there had been several changes in management and there were times when they did not always know who the manager was. They acknowledged they knew the new registered manager and said, "The new one came in and spoke to me today. I can speak to her, do quite like that" and "I'm getting to know the new managers. They are all friendly and come and chat."
- Relatives equally commented about the management of the home and said, "The new manager is approachable, and her appointment means that things are moving forward, an improving picture. We had

an opportunity to meet her, so we went to the meeting" and "Deputy manager is an absolute asset to Freemantle Court, very approachable, any issues are addressed and sorted out immediately. Getting to know the new manager, quite approachable."

- Staff were critical of the constant changes in leadership. They said, "We've had 9 managers, in 2 and half years, they come and go. They didn't use to speak to us, she's [registered manager] the only one that comes around. I think she's a good manager, I think she believes she can make this place better", "In the last 5 years there been loads of changes even with the top people [management team]" and "I feel that she [registered manager] is trying to turn it around, we haven't been well led for 2 years, and she's doing her best. With managers in and out, who do you go to, but we can see that she's turning it around."
- Staff were however positive about the leadership provided by the interim managers, deputy manager and the new registered manager. They said, "Manager is now seeing how things are running and is putting her stamp on it, she's a lot better than the ones we've had before, she's more approachable and visible", "Since manager started, staff morale is much better, it's a much happier place to work, there's been a lot of changes" and "Manager is very supportive and her door is always open. She listens to us and allow us to improve our practices. She also does training such as record keeping."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives had opportunities to raise any comments via an open-door policy at any time. One person told us, "They have very good communication with my family, they contact my family if anything was wrong, I had a few falls and they called my family straightaway." Relatives commented about the communication with the home. One relative said, "The communication is good, anything then they ring me."
- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through meetings. The information gathered was used to improve the service. For example, environment had been identified as a bit cold. The registered manager had asked staff to ensure all radiators were set at maximum to allow heat to level out within the home whilst allowing aeration. During the inspection we saw the home was warm and well aerated.
- Records showed staff attended meetings which included agenda items of updates on staffing and recruitment, manager changes and current challenges the home was facing. Staff told us they felt listened to.

Working in partnership with others

- The service was transparent and collaborative with relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals and the commissioners to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective

practices which aimed at improving care outcomes for people.

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 | Regulation 17 HSCA RA Regulations 2014 Good governance People's records were not always complete or up to date. The provider's quality assurance systems were not always used effectively. |