The Fremantle Trust

Icknield Court

Inspection report

Berryfield Road
Princes Risborough
Bucks HP27 0HE
Tel: 01844 275563
Website: www.fremantletrust.org

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Icknield Court is a 90 bedded care home without nursing, which provides support to older people and people with dementia. The home is divided into five groups, known as 'houses'. Each house has its own lounge, kitchen and dining area with people's bedrooms and shared bathrooms close by. Each bedroom has en-suite facilities. Eighty seven people were receiving support at the time of our visit.

The inspection took place on 18 and 28 November 2014 and was unannounced.

We previously inspected the service on 21 August 2013. The service was meeting the requirements of the regulations at that time.

The home had a registered manager in place. 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.

Several people's care plans indicated they had a court-appointed attorney in place. This was because they

Summary of findings

lacked capacity to make decisions and the court had granted permission for other people to act on their behalf. There were no records at the home to verify who people's attorneys were and what they could make decisions about. This meant that the right people may not be involved in making important decisions about people's care and welfare.

The provider responded appropriately to safeguarding concerns and reported these to the relevant agencies. Staff had received training on safeguarding, to be able to identify and respond appropriately to abuse.

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.

There were enough staff to meet people's needs. Appropriate checks were undertaken when recruiting staff, such as a check for criminal convictions and uptake of references.

We received positive feedback from healthcare professionals about how the home met people's health needs. We found staff followed safe practice in relation to management of medicines.

New staff received appropriate induction, training and support to provide them with the skills and knowledge to meet people's needs. Staff were clear about their roles and told us they felt supported.

People were supported to eat their meals in a gentle and unrushed manner. There was mixed feedback about standards of food. Some people said they enjoyed the meals and provided comments such as "Very good food. We have a choice of two options, I've nothing to grumble about" and "The food's quite good."

There was positive feedback about standards of care. Comments included "Everybody gets wonderful attention," "It's a marvellous place, friendship and kindness from everybody," "They (staff) are good, kind, I am well fed with good food and kept warm" and "Very good staff interactions, not just talk, they care."

Staff respected people's privacy and dignity; sensitive information was kept confidential and only shared with those who needed to know.

There were regular residents' meetings where people were asked for their views and kept up to date with developments.

Care plans had been written for each person, detailing the support they required and their preferences for their care. A social care professional provided positive feedback on the reviews they had conducted for 30 people this year.

There were varied and regular activities. People told us there were always activities available to them and we saw posters around the building informing people what was on offer.

People had access to the procedures for providing feedback and their complaints and concerns were handled appropriately.

There was regular monitoring and auditing of the service. Senior managers visited the home each month to assess the quality of care and there were also themed audits on topics such as medicines practice, infection control and care, treatment and support. Additionally, a comprehensive annual quality assurance audit had been carried out in July this year by the provider.

Records were well maintained at the home and those we asked to see were located promptly. Staff had access to general operating policies and procedures to provide up to date guidance.

The registered manager had made appropriate notifications to us about incidents and from these we were able to see what action had been taken.

We found a breach of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was in relation to gaining consent from people. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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.

The home had not always obtained confirmation from agencies who provided temporary staff that all required checks had been obtained for each agency worker. This had the potential to place people at risk of harm. The registered manager resolved this during the inspection. The home's general recruitment practices were safe and effective.

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

People were protected from the risk of harm because the home responded appropriately to safeguarding concerns. Staff had received training to identify and report abuse.

Is the service effective?

Requires Improvement

The service was not effective in one area of practice.

Some people had court-appointed attorneys but the home did not have information to verify who these were or what they could make decisions about. This meant that the right people may not be involved in making important decisions about people's care and welfare.

Staff received appropriate support and training to meet the needs of people living at the home.

People's healthcare needs were managed well to help them keep healthy and well.

Is the service caring?

Good

The service was caring.

Staff engaged with people well and their privacy and dignity were respected.

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

There were regular residents' meetings, where people had the opportunity to share their views and receive updates about events affecting the home.

Is the service responsive?

Good

The service was responsive.

Care plans had been written for each person. These were personalised and included people's preferences for how they wished to be looked after.

Regular and varied activities took place, providing people with stimulation.

Summary of findings

There were procedures for handling complaints and concerns and these were managed appropriately.

Is the service well-led?

Good

The service was well led.

Staff promoted the provider's values such as dignity, choice and respect in how they supported people.

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

The registered manager knew how to report any serious occurrences or incidents to the Care Quality Commission. This meant we could see what action they had taken in response to these events, to protect people from the risk of harm.

Icknield Court

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.

The inspection took place on 18 and 28 November 2014 and was unannounced.

On the first day, the inspection team consisted of two inspectors, a specialist advisor on the care of people with dementia, and an expert 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. Their area of expertise was care of older people with dementia. The second day of the inspection was carried out by one inspector.

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 healthcare professionals, for example, GP surgeries, the community healthcare team and a care home matron, to seek their views about people's care. We also spoke with local authority commissioners of the service as part of the inspection process.

During the inspection we observed care in three different parts of the home and spoke with 20 people using the service and three visitors. We spoke with 18 staff including a care apprentice, the registered manager, deputy manager, duty seniors, care workers and the home's activity organiser. We checked a range of required records. These included three staff recruitment files, six staff development files, the current staffing rotas, training records for four staff, 11 care plans, medicines records in two parts of the home and records of building safety checks and property maintenance.

Good

Is the service safe?

Our findings

People we spoke with said they felt safe living at the home. One person told us they did not feel safe walking on their own but they did when staff supported them. Another person told us they had a recent fall and added "I felt safe before the accident, and I do now." They told us they felt reassured by having staff around to help them when they needed it. A third person told us "I feel safe, very happy here."

We observed staff supported people in a safe and reassuring manner when they assisted them to move. For example, when people transferred between chairs and back to their rooms after meals. We saw two staff were present when hoisting people. This followed safe moving and handling practice.

The registered manager was aware of the processes to follow should a safeguarding concern be identified, such as referral to the local authority safeguarding team and to the police, where necessary.

Staff told us they received training on safeguarding and we saw certificates which verified this. They knew how to report any concerns, to ensure people were protected from harm. We noted staff were required to sign to say whether they were aware of any abuse occurring at the home, as part of their annual performance reviews. Minutes of residents' meetings showed safeguarding was a regular agenda item, with encouragement given for people to talk to a member of staff they trusted if they had any concerns.

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. We saw 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.

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. Each shift was led by a senior member of staff who was the duty senior. This ensured the home was always staffed with workers who had the right skills and experience to meet people's needs. We saw the duty senior co-ordinated the shift and carried out tasks such as facilitating the doctor's round and liaising with other visiting healthcare professionals. Staff consulted with the duty senior for advice and information, as did visitors to the home.

We looked at the recruitment files for three new members of staff. These provided evidence of thorough recruitment procedures, such as checks for criminal convictions and uptake of written references. Recruitment documents had been received before staff started working at the home, which protected people from the risk of being supported by unsuitable workers. Photographs of the members of staff were needed to complete their personnel files; there were photocopies of personal identification documents to refer to in the meantime, such as passports and driving licenses.

Agency workers were used to cover gaps on the care staff rota. We found the home did not have any confirmation from the agency that satisfactory checks had been undertaken for five staff who had worked in November 2014 and a sixth worker who was due to cover a shift on the first day of our visit. Profiles of each agency worker had been obtained by the second day of our inspection, which confirmed they had been recruited appropriately and their training was up to date.

Staff who handled medicines had completed appropriate training and their competency was assessed to make sure they followed correct procedures. Medicine administration records were kept up to date and showed people received their medicines as prescribed by their GP. We found there was good practice in the administration of medicines prescribed for occasional use. Where people were prescribed this type of medicine, a note was highlighted on the record sheets that the duty senior member of staff needed to authorise administration. We checked the current medicine records for three people who were prescribed this type of medicine, and found it had not been used. This showed staff were aware of the instructions for its use as medicine to be given occasionally.

Risk assessments were contained on people's care plan files. These had been written, for example, to help reduce the likelihood of injury or harm when moving people, to assess whether people were at risk of developing pressure damage and the risk of becoming malnourished. A healthcare professional told us people's risk of developing pressure damage had not always been assessed in the

Good

Is the service safe?

past. They said there had been improvement at the home and every person now had a pressure risk assessment in place and these were being kept up to date. Other risk assessments had also been reviewed to reflect people's changing circumstances.

Accidents and incidents were recorded appropriately at the home. We read a sample of four recent accident/incident reports. These showed staff had taken appropriate action in response to accidents, such as calling for an ambulance. The registered manager had put an action plan in place in each case, to prevent further injury to people.

The registered manager 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.

Requires Improvement

Is the service effective?

Our findings

We received positive feedback from healthcare professionals about how the home managed people's healthcare needs. A healthcare professional told us they had no concerns about the home and felt staff did a good job.

Another healthcare professional said they had seen improvements at the home. They told us in the past people's weights had not always been recorded and malnutrition screening tools had not always been used. This meant weight loss was not always being identified or acted upon. They said each person now had a malnutrition screening tool score and these were kept up to date.

We noted several people's care plans indicated they had a court-appointed attorney in place. This was because they lacked capacity to make decisions and the court had granted permission for other people to act on their behalf. There were no records at the home to verify who people's attorneys were and what they could make decisions about. This meant that the right people may not be involved in making important decisions about people's care and welfare.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We saw records were kept of visits by or appointments with healthcare professionals, for example, GPs, district nurses and community psychiatric nurses. These showed people had access to healthcare professionals to help keep them healthy and well. The records provided an account of any advice given, changes to medicines or follow up action required. We observed the duty senior contacted people's relatives after the doctor's round, to advise them of any changes or further treatment. This kept families up to date about people's health and wellbeing.

We checked the provider's compliance with the Mental Capacity Act (2005), (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. This includes decisions about depriving people of their liberty so that they get the care and treatment they need, where there is no less restrictive way of achieving this.

We found the home was complying with the principles of the MCA. There was one current DoLS authorisation in place. The registered manager had contacted the local DoLS team following a recent court ruling regarding people in care who are not free to leave the building (because the front door is kept locked). This meant further applications would need to be submitted for approximately 50 people. These applications were in the process of being completed.

New staff completed a structured induction in line with the nationally-recognised common induction standards. It included all the training the provider considered mandatory, such as moving and handling and safeguarding people from abuse. There was also input on the care of people with dementia. This provided new staff with the skills and knowledge to meet people's needs.

Staff received appropriate support from their line managers. Staff development files contained records of supervision meetings to discuss their practice and training needs. There were also records of annual appraisals, to assess staff performance and their development needs.

Staff had completed training appropriate to their roles. We looked at training records for four members of staff. They had completed training the provider considered mandatory, including infection control, fire safety, moving and handling and safeguarding. Medicines training had been completed where it was part of the member of staff's role. All senior staff were trained in first aid. Staff had completed basic awareness training on the Mental Capacity Act (2005) and DoLS. The registered manager had recently completed a trainers course on MCA and DoLS and was rolling this out to the staff team, to provide more in-depth training in this area of practice.

Staff we spoke with were clear about their roles. Comments included "People who use the service come first and we do our very best to meet their needs" and "They (managers) keep us up to date." Staff told us they felt supported and received regular supervision, an annual appraisal and kept up to date with their training.

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

Dining tables were attractively set and had a menu displaying the day's meal options. We saw staff sat with people at the table and offered them encouragement and support to eat. People were provided with soft or pureed diets where they required them.

Requires Improvement

Is the service effective?

We received mixed feedback about meals. Some people said they enjoyed the meals and provided comments such as “Very good food. We have a choice of two options, I’ve nothing to grumble about” and “The food’s quite good.” One person felt they were served too large a portion for someone with a small appetite and another commented “It’s not what you’d have at home.”

Staff were reminded of the need for people to receive good nutrition and hydration in staff meetings. Minutes of recent meetings showed they were instructed to provide extra calories where people were at risk of malnutrition, such as adding cheese and butter to potatoes and cream and honey to porridge. This helped to ensure people received sufficient calories to keep healthy and well. Staff had also been reminded to ensure people had enough fluids during periods of warmer weather in the summer, to make sure people kept adequately hydrated.

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 and bathrooms and bedrooms had enough space for manoeuvring hoists and other equipment. There was a passenger lift between the ground and first floor. 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.

Good

Is the service caring?

Our findings

We received positive feedback from people. Comments included “Everybody gets wonderful attention,” “It’s a marvellous place, friendship and kindness from everybody,” “They (staff) are good, kind, I am well fed with good food and kept warm” and “They’re nice, they’re lovely people.” One person added when staff supported them they were “Gentle and respectful.” Another told us there were “Very good staff interactions, not just talk, they care.” A social care professional told us staff were “Very attentive and caring.” A visitor said they were pleased with the standard of their relative’s care. They added “It has been a life saver for me” and “He is very well cared for.”

People’s wishes were documented in their care plans about how they wanted to be supported with end of life care. A healthcare professional told us the home now had more end of life care plans in place for people and information had been updated in ones that had not been wholly reflective of people’s needs or wishes. They added this had led to an increase in the records outlining people’s wishes about resuscitation.

We observed staff engaged well with people. For example, supporting people at meal times and when assisting people to move. People had a choice of meals. They chose which option they wanted the day before. Staff referred to these choices before serving food and checked with people this was what they still wanted. Other options were provided where people wanted something lighter or just a snack. For example, someone who had a late breakfast asked for and was served cheese and biscuits. There was also appropriate use of humour and light-heartedness in conversations, which we saw people enjoyed.

Staff respected people’s confidentiality. There was a policy on confidentiality to provide staff with guidance. We saw from minutes of a staff meeting that staff were also made aware not to make comments on social media about the home or people who lived there. We observed the duty office door was closed when private conversations took place, such as discussions with the GP and during staff handover.

People’s visitors were free to see them as they wished. One visitor commented the home had a friendly atmosphere and they were made to feel welcome.

The registered manager told us one person had support from an advocate. They said they would refer other people who may need an advocate to the same service.

Staff respected people’s privacy and dignity. Personal care was carried out in private, behind closed doors. We heard staff knocked on bedroom and bathroom doors before entering. All the bedrooms were single occupancy and had en-suite bathrooms. This helped to promote people’s privacy.

Residents’ meetings were held at the home. We read the minutes of the four most recent meetings held in 2014. These showed people were kept informed of significant events, such as the appointment of the new chief executive, updates on staff recruitment and action the provider had taken to deal with any incidents that had occurred at the home.

Good

Is the service responsive?

Our findings

We received positive feedback from a healthcare professional about the way the home responded to changes in people's health and wellbeing. They told us staff were proactive and gave an example of a member of staff coming in on their day off to be shown how to use a screening tool and get all the care plans on their house up to date. They told us staff had expressed concern about one person which resulted in tests being undertaken. These showed the person had developed a further health condition. The healthcare professional told us the home responded appropriately where people had lost weight. For example, by fortifying their food, offering them an alternative to the menu or assisting the person to eat their meals. Another healthcare professional told us the registered manager was receptive to meeting with them regarding any concerns and addressing these concerns.

Each person had a care plan which outlined the support they needed. These were personalised and included people's preferences for how they wished to be looked after. People's needs had initially been assessed by a senior member of staff before they moved into the home. These assessments were then built upon and updated as they got to know and understand the best way to support people. The care plans we read showed evidence of regular review of the changes to people's circumstances, such as their mobility. This helped ensure staff provided appropriate support to people.

There were periodic review meetings which people's families and any relevant health and social care professionals were invited to. A social care professional told us they had conducted over 30 people's reviews at the home this year. They said all the reviews were positive and there was positive feedback from people's relatives about their care. They added the senior staff and registered manager were very helpful with the review process and people's keyworkers were involved.

We received positive feedback about the activities at the home. A healthcare professional said "There appear to be lots of activities happening at the home." A social care professional told us they had seen activities taking place each time they visited. One person said there were "Activities every day, always something on." Another said there were "Always activities" at the home. We saw examples of this, such as knitting and craft. There were weekly timetables displayed around the home to advise people what activities were on offer. This included armchair dancing, bowling, entertainment from local school musicians, a Christmas bazaar, a holy communion service and card making. We also heard an Elvis impersonator was popular at the home. A volunteer visited regularly with their "pets as therapy" dog, which we saw people enjoyed. We also noted one person had brought their cat with them when they moved in to the home.

There were procedures for providing feedback about the service; copies of this were available in the entrance hall. We saw records were kept of feedback the home received. We looked at the nine most recent entries. Five of these were compliments about standards of care and four were complaints. Each complaint had been responded to appropriately. For example, a complaint about meals resulted in the home asking the agency not to send that chef to them again. Minutes of residents' meetings showed people were asked for their views and feedback. For example, on the quality of meals and activity provision.

Good

Is the service well-led?

Our findings

The feedback we received from healthcare professionals showed the home had made improvements to the way it managed people's care and welfare. One told us "The improvement I have seen in Icknield Court is outstanding (previously not acceptable)." We saw staff were comfortable in approaching the registered manager and other senior staff for advice or information when they needed it.

The home's statement of purpose and vision and values were displayed in the entrance hall. Both referred to promoting values such as choice, fulfilment, autonomy, privacy and social interaction. Throughout our inspection, we found staff were promoting these values in the way they provided care to people.

The home had links with the local community, for example, local schools and churches. We saw staff supported one person who wanted to go out to the local shops. Icknield Court also offered placements to people who were considering a career in social care, under an apprenticeship scheme. This scheme worked well and led to apprentices joining the team as care workers, where successful. One member of staff said the apprentices were "A great asset" to 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 whistle blowing concerns during their training on safeguarding people from abuse. 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 a registered manager, who had been in post since the home opened. They were assisted by a senior staff team who took it in turn to provide duty cover.

Regular monitoring and auditing took place at the home. Senior managers visited the home each month to assess the quality of care. There were also themed audits on topics such as medicines practice, infection control and care, treatment and support. Additionally, a comprehensive annual quality assurance audit had been carried out in July this year by the provider. This included obtaining feedback from relatives, other visitors, staff and people who lived at the home. The registered manager said she was taking action to address areas highlighted for improvement, for example, completing the further DoLS applications and rolling out further training for staff on mental capacity and DoLS.

Records were well maintained at the home and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, restraint, whistle blowing, the Deprivation of Liberty Standards 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. Our records showed the registered manager had informed us about significant events in the past year. From these, we were able to see what action had been taken and any follow up information we requested was provided promptly.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users, or the consent of another person who is able lawfully to consent to care and treatment on that service user's behalf. This meant that the right people may not be involved in making important decisions about people's care and welfare. Regulation 18 (1).