

The Fremantle Trust

The Gables

Inspection report

49 Moreland Drive
Gerrards Cross
Bucks SL9 8BD
Tel: 01753 890399
Website: www.fremantletrust.org

Date of inspection visit: 6 & 10 November 2014
Date of publication: 17/12/2014

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

The Gables is a care home which provides support for up to seven people with learning disabilities. The home is a detached property with accommodation on two floors. There is a stair lift to help people access the first floor. All of the bedrooms are single occupancy, without en-suite facilities. Bathrooms and toilets are close to people's rooms. The home was full at the time of our visit.

This was an unannounced inspection, carried out over two days on 6 and 10 November 2014. During the inspection, we met with all of the people who lived in the home, five staff and the registered manager. 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. We also contacted two people's relatives after the visit, to ask for their views about standards of care at the home.

We previously inspected the service on 3 June 2014. At that inspection, the home was not meeting all of the standards we assessed. We asked the provider to make improvements to the management of people's care and welfare, record keeping and how they assessed and

Summary of findings

monitored the quality of service provision. The provider sent us an action plan to tell us about the improvements they would make. They said these would be completed by 31 October 2014.

During this inspection, we looked to see if these improvements had been made. We found the provider had made some changes to improve the quality of people's care although they had not completed all the actions they told us they would. Risk assessments were being reviewed to update them with changes to people's circumstances. Some risk assessments still needed to be formally reviewed. We noted the current versions remained relevant to people's needs therefore the likelihood of harm until they were reviewed was minimal.

Record keeping had improved. This meant information was easier to find to support people appropriately.

The provider had improved the way it monitored and assessed care practice. We saw records which showed monthly visits had been carried out by the provider to monitor standards of care. The registered manager told us a full care audit had been carried out since our last inspection.

There were no safeguarding concerns about the service. Staff undertook training to help safeguard people from abuse and had procedures to follow if any incidents arose.

Appropriate checks and servicing took place to maintain the premises in good condition. Personal emergency evacuation plans were in place for all of the people living at the home, detailing the support they needed in the event of an emergency.

There were enough staff to support people and meet their needs. We found the home used thorough recruitment procedures which included a check for criminal convictions and written references.

Medication was stored and administered safely. Staff undertook training so that they knew how to handle medicines safely and in line with guidance.

Staff supported people to attend healthcare appointments and keep well. Two healthcare professionals provided feedback for this inspection. The consultant psychiatrist commented "I have no hesitation in recommending their service and have always viewed them in a very positive light. The service is very caring,

safe, well-led and fully meets the patients' needs. The staff are always contactable and they have no hesitation in seeking advice from me when it is necessary." The district nurse said The Gables was "An exceptional home. Communication is marvellous."

We observed how lunchtime was managed and the support people received. People were given a choice of where to eat their meal. People were offered choices wherever possible. For example, if they would like tea or coffee. Equipment was provided to help people manage their meals independently. Staff offered gentle encouragement for people to finish their meals without rushing them.

We received positive feedback about people's care. A relative told us their daughter "Always looks well looked after." They added "They (staff) contact me immediately if there are any concerns." The relative said "I feel very lucky to have found this place." Another relative said "I've got nothing but praise for the home. My daughter's very happy there. It's lovely. All the staff are caring."

We found staff engaged well with people and respected their privacy and dignity whilst supporting them. Relatives told us they could visit the home at any time and were made to feel welcome.

Care plans and health action plans recorded the support people needed. Any concerns about people's health were referred to the appropriate healthcare professionals. The district nurse told us "The slightest change (in people's health) and they always ring us. They were very quick to act when a new wound appeared." They added "I've no worries that if they noticed any concerns they would be straight on to the GP."

We received positive comments about management of the home from everyone who provided feedback. A relative told us "It's an open house - you can see the manager anytime." Another relative said "Everything's right, the manager and deputy are exceptional, they run it beautifully." We noticed staff were at ease when speaking with the registered manager. One member of staff described the manager as "brilliant" during the general course of conversation about the home.

We found there was no system for staff to lead shifts when the registered manager and deputy manager were

Summary of findings

not on duty. This meant there was a risk of important tasks or activities being missed if no one took responsibility for co-ordinating each shift. We have recommended the provider takes action to address this.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to supporting staff. Staff had not received appropriate

supervision and appraisal from their line managers. This meant staff performance and development was not appropriately assessed and monitored to make sure staff had the right skills and knowledge to meet people's needs.

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?

The service was safe.

There was improvement to people's risk assessments since our last inspection. Some risk assessments had not been formally reviewed yet but were still relevant to people's circumstances.

The premises were well maintained and free of hazards, to protect people from the risk of injury.

There had not been any safeguarding concerns. Staff had received training to identify and report abuse and had procedures to follow if any concerns arose.

Good



Is the service effective?

The service was not effective in some areas of practice.

People may have been at risk because staff had not received appropriate supervision and appraisal, to support their performance and development needs.

People were supported to keep healthy and well. There was good communication between staff to make sure people's needs were met.

There were no deprivations of people's liberty. Best interest decisions were recorded where people were unable to make their own decisions about their care. This followed the Mental Capacity Act 2005 code of practice and the Deprivation of Liberty Safeguards.

Requires Improvement



Is the service caring?

The service was caring.

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

People's relatives could visit the home anytime and were made to feel welcome.

Confidentiality was respected. Sensitive information was restricted to those who needed to know.

Good



Is the service responsive?

The service was responsive.

Improvements had been made to people's care plan files since our last inspection. Information had been reviewed and updated where necessary, to reflect changes in people's circumstances.

Staff referred any concerns about people's health and well-being to the appropriate professionals.

Good



Summary of findings

Complaints were responded to appropriately and resolved where possible.

Is the service well-led?

The service was well led.

Improvements had been made to monitoring of the service by the provider and to the standard of record keeping, since our last inspection.

We received positive comments about management of the home from everyone who provided feedback. However, we found there was no system for staff to lead shifts when the registered manager and deputy manager were not on duty. This meant there was a risk of important tasks or activities being missed if no one took responsibility for each shift.

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

Good



The Gables

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 10 November 2014 and was unannounced.

The inspection was carried out by one adult social care 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. We

contacted healthcare professionals, for example, the district nurse, the GP and consultant psychiatrist and the local authority commissioners of the service, to seek their views about people's care. We also contacted two people's relatives after the inspection to ask them about standards of care at The Gables.

People living at The Gables were unable to tell us about their experiences of living at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager and five staff members and observed the care of three people over the course of three hours in the lounge/dining area. We met and observed the care of the other people living at the home, when they returned from day services. We checked some of the required records. These included three people's care plans, four people's medication records, training records for all staff and four staff personnel files.

Is the service safe?

Our findings

At our inspection in June 2014, we asked the provider to make improvements to ensure risk assessments were up to date and reflected people's needs. During this inspection, we found the provider had made some changes although they had not completed all the actions they told us they would. Some risk assessments still needed to be formally reviewed. We noted the current versions remained relevant to people's needs therefore the likelihood of harm until they were reviewed was minimal. For example, one person still required the same number of staff and equipment to support them to move safely.

Providers and registered managers are required by the regulations to inform us of any safeguarding concerns about the people they provide care to. Our records showed there had not been any safeguarding concerns at The Gables since we last visited. During the inspection, the registered manager confirmed there had not been any concerns to report. None of the staff we spoke with or people we contacted had any concerns about people's care and welfare. One member of staff told us they felt the staffing levels, good communication and teamwork helped to protect people from harm.

Training records showed staff had undertaken courses in safeguarding people from abuse. There were contact numbers for the local authority's safeguarding team displayed in the entrance hall, for staff to refer to in the event of any concerns arising in the future.

We found the premises were well maintained and safe for the people who lived, worked at and visited The Gables. There were no visible hazards to people's safety around the building and staff knew how to report faults. The home complied with gas safety and electrical installation standards; hazardous waste was disposed of safely. Equipment was provided to ensure people were moved in a safe way. There were plans in place in the event of an emergency at the home. Fire notices were displayed around the building to inform people of the fire procedure and where they could safely assemble.

There had not been any accidents or incidents involving people who lived at the home. Two minor staff accidents

were recorded, which did not require any follow up action to be undertaken. The form included space for the health and safety representative and the registered manager to review what had happened and take action to prevent recurrence, where necessary.

The relatives we spoke with said they did not have concerns about staffing levels at The Gables. We observed there were sufficient staff to meet people's needs. They provided safe care. For example, two staff assisted one person to reposition, in line with their moving and handling requirements. We also noted two staff assisted another person who was cared for in bed. Staff carried out their duties calmly and in an unrushed manner. Staff told us there were usually three staff on duty during the daytime and evening. On the first day of our inspection, one of the staff had called in sick on the morning shift. It had not been possible to obtain cover for them at short notice. However, the two staff on duty managed the shift well and ensured people's needs were met.

We saw agency staff were used to cover vacant positions. The registered manager and staff told us the same agency workers were provided by the agency and these workers had got to know people's needs well. This provided continuity of care until the positions were filled by permanent members of staff.

We looked at the recruitment files of the last two staff to join the team. In both cases, all required checks and clearances had been obtained. Where temporary staff worked at the home, the registered manager obtained profiles from the agency to verify they had been appropriately recruited and trained.

Medicines were stored and administered safely. We looked at four people's medication administration records. These showed people received their medicines as intended by the GP, or other person who had prescribed them. Daily checks were made by staff to ensure the medication administration records had been completed. This meant any gaps or concerns could be dealt with promptly. Staff undertook training and their competency was assessed before they administered people's medicines. This followed safe medication practice.

Is the service effective?

Our findings

We received feedback from two healthcare professionals. The consultant psychiatrist commented “I have no hesitation in recommending their service and have always viewed them in a very positive light. The service is very caring, safe, well-led and fully meets the patients’ needs.

The staff are always contactable and they have no hesitation in seeking advice from me when it is necessary.” The district nurse said The Gables was “An exceptional home. Communication is marvellous.”

We observed how lunchtime was managed. People were asked where they would like to eat and most people sat at the dining table. Staff were aware of people’s food preferences and could tell us about these. We heard staff offering people choices wherever possible. For example, if they would like tea or coffee. Equipment was provided to help people manage their meals independently and non-slip mats were used to keep plates still. Staff offered gentle encouragement for people to finish their meals and no one was rushed. Staff wiped food spillages from people’s faces and hands where necessary, to preserve their dignity.

We noted one person required a pureed diet. We saw their lunch and evening meal were provided at this consistency, which followed guidance provided by the speech and language therapist. However, some of the staff who prepared meals did not know that pureed and liquidised food were two different consistencies. This was not currently presenting a risk to anyone, but could do if any of the people at the home needed their food liquidised in future.

We found staff had not received regular supervision from their line managers. The provider’s policy was for staff to receive a minimum of six supervision sessions each year. In one person’s file, there was no record of any supervision since December 2011 and in another, July 2012. In two other staff files, we found a record of just one supervision session taking place for each person this year. The registered manager was unable to provide any additional records to show supervision had taken place more frequently and said they had not been able to carry out supervision more frequently than the records showed. They

told us their own supervision had been infrequent until a recent change of line management at the home. This meant staff did not receive the support required for their roles.

We looked at records of staff appraisals. The registered manager told us these should take place each year. They told us they had not received an appraisal for the previous financial year and had not conducted any for the staff team. In two staff files we selected, there was no record of an appraisal since 2011. This meant staff performance and development was not properly assessed and monitored at the home.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

New staff completed an induction which covered the common induction standards. This included areas such as safeguarding, equality and diversity, the role of the health and social care worker and health and safety. We saw certificates confirming both new staff had completed their induction.

The provider had a programme of on-going staff training. Records showed there had been several courses since our last inspection. These included epilepsy awareness, infection control, fire safety, medication practice and moving and handling. There had also been recent input from the local authority’s Quality in Care Team on stroke awareness and record keeping. Staff spoke positively about both of these courses and felt they had got a lot out of them.

Health action plans had been written for each person. These outlined people’s healthcare needs and medication and the support they needed to keep healthy and well. Records were kept of appointments people had with healthcare professionals. These showed staff supported people to attend appointments and noted the outcome and any follow up required. We saw staff had noted a new health concern for one of the people living at the home and requested a visit from the GP. We heard a member of staff talking with the GP on the telephone. They were proactive in encouraging the GP to visit that day instead of the next one, because of their concerns.

There was good communication between staff. Staff shared concerns about people’s health and any action they had taken, during staff handover. These concerns were also noted in the staff communications book. Throughout the

Is the service effective?

two days of the inspection, we heard staff checked with each other whether tasks had been completed. For example, if someone had been offered a drink, another person assisted to the toilet and whether someone who was cared for in bed had been repositioned. If staff found something had not been addressed, we observed they attended to it straight away.

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.

There were no current DoLS authorisations in place. We saw an example in one person's file where the registered

manager had made an application to the local authority. The application was not authorised, as the local authority did not consider any deprivation of liberty was taking place. There were mental capacity assessments in people's files which staff had completed. For example, where people could not consent to receiving personal care and where they could not manage their finances. These followed best practice guidance.

The registered manager had recently completed a trainers course on the MCA and DoLS. Staff told us they had covered some elements of the MCA and DoLS as part of recent training on safeguarding. The registered manager told us they would be rolling out the training they had recently completed to the staff team, to increase their knowledge. The registered manager knew how to contact the DoLS team at the local authority for advice and had a referrals flow chart on the office wall, for guidance.

Is the service caring?

Our findings

We received positive feedback about people's care. A relative told us their daughter "Always looks well looked after." They added "They (staff) contact me immediately if there are any concerns." The relative said "I feel very lucky to have found this place." Another relative said "I've got nothing but praise for the home. My daughter's very happy there. It's lovely. All the staff are caring."

We saw staff engaged with people well. They were patient with one person who used repetitive speech and answered them appropriately. There was good regard for people's privacy and dignity. For example, bedroom and bathrooms doors were closed when staff assisted people with personal care. People had been supported to dress smartly and their clothes were clean and ironed. Staff supported people to have their hair cut, to keep it looking tidy.

All of the people living at the home had relatives who were in contact with them. The relatives we spoke with said they could visit the home any time and were made to feel welcome. Some of the relatives joined the home for lunch

at the weekend and on Christmas Day, to share these occasions with their family members. There were no current situations where people required support from an advocate.

Staff respected confidentiality. During a staff handover, a member of staff told their colleague there were concerns about one person's health. They referred them to the communications book as there were people around who could have overheard the conversation. We noted staff returned care plan files to the cupboards when they were not using them, so that any sensitive information was not left lying around.

We received feedback from the district nurse who told us about a former resident at the home. They said "Staff did a wonderful job in providing end of life care." One of the files we read contained an end of life care plan. The views of the person's next of kin had been incorporated into this so their wishes could be taken into account. The provider had an end of life specialist advisor that the home could access for advice, when needed. We found staff viewed The Gables as "people's home" and hoped people would remain with them when they needed support at end of life.

Is the service responsive?

Our findings

At our inspection in June 2014, we asked the provider to take action to make improvements to people's care plans. At this inspection, we found improvements had been made. There was evidence of information being reviewed and updated where necessary to reflect changes in people's circumstances.

Each person had a care plan which outlined the support they required. These included information about people's preferences, for example, how they liked to be addressed and their preferred daily routines. Information was included about how people communicated. For example, one care plan said the person was unable to communicate verbally but they could communicate their needs clearly by helping themselves or taking staff to the thing they would like. We saw this was how the person expressed their wishes when we spent time observing care.

Records showed people's healthcare needs were monitored by staff and any concerns were referred to the appropriate professionals. We saw in one person's care plan, a photograph had been taken of a mole. Staff were advised to report any changes to the registered manager or deputy manager. The district nurse told us "The slightest change (in people's health) and they always ring us. They were very quick to act when a new wound appeared." They added "I've no worries that if they noticed any concerns they would be straight on to the GP."

During our visit to the home, we observed staff were responsive to people's needs and made sure they were comfortable. For example, by offering them drinks and participation in activities. We also heard a member of staff tell people they were about to test the fire alarm so they would not be startled by the sudden noise.

The complaints procedure was displayed in the entrance hall. A relative told us "I've never had any concerns." Another relative said the home was responsive to any issues they raised: "Any concerns - they're sorted out there and then." We saw one complaint had been received since our last visit, about noise in the garden. The registered manager told us they had referred the person who made the noise to the appropriate professionals, for advice. This showed they had tried to resolve the complaint.

Five people had day service placements during the week with transport provided. People were given choices of what they liked to do and activities they wished to take part in when they were at the home. This included accessing local shops and facilities. The home had its own sensory room which people could use, with a ball pool and soothing lighting. We saw one person enjoyed going in this room and heard them laughing as they played with the balls. The registered manager told us staff needed to improve the recording of activities people had taken part in, to provide an accurate picture of what they had done. We were shown a new recording tool to prompt staff to provide this information when they wrote up people's daily notes.

Is the service well-led?

Our findings

At our inspection in June 2014, we asked the provider to take action to improve how it assessed and monitored the service and to record keeping.

At this inspection we found improvements had been made. There had been a change of line management at the service. The registered manager told us regular monitoring visits were now being made. We read reports of three visits carried out since the last inspection which showed the provider had assessed care provision each month. The registered manager told us a full care audit had been carried out during October 2014, in addition to the visits. They had not received the audit report at the time of our visit but were able to give us verbal feedback on areas requiring action. This included improving supervision of staff. We contacted the provider after our inspection to ask for their feedback on the audit but did not receive a response.

There were improvements to the standard of record keeping at the home. For example, care plan files were much easier to read and out of date documents had been archived. The staff training matrix had been updated to reflect an accurate picture of when staff received training. All the records we requested were located promptly and confidential documents were stored securely.

We received positive comments about management of the home from everyone who provided feedback. A relative told us "It's an open house - you can see the manager anytime." Another relative said "Everything's right, the manager and deputy are exceptional, they run it

beautifully." We noticed staff were at ease when speaking with the registered manager. One member of staff described the manager as "brilliant" during the general course of conversation about the home.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. There had not been any incidents to inform us of but the registered manager was aware of the types of occurrences which we would need to know about. For example, death of a person using the service and safeguarding concerns.

The provider's philosophy of care was displayed in the entrance hall. It included values for people's care, for example, independence, privacy, fulfilment, personal choice and social interaction. We found staff were promoting these values in the way they supported people at The Gables.

The registered manager had identified areas for improving the service in the Provider Information Return. These included more regular staff supervision, increasing staff knowledge and awareness around the Mental Capacity Act 2005 and increasing activity provision.

We found there was no system for staff to lead shifts when the registered manager or deputy manager were not on duty. Whilst no concerns came to light about this during the inspection or through the feedback we received, there was a risk of important tasks or activities being missed if no one took responsibility for co-ordinating the shift.

We recommend the provider ensures the home operates safely and effectively in the absence of the registered manager.

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	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>Staff did not receive appropriate supervision and appraisals to ensure they were appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard.</p>