

Mrs Julie A Atkins

71 The Fremnells

Inspection report

71 The Fremnells
Basildon
Essex
SS14 2QZ

Tel: 01268526692

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

71 The Fremnells is registered to provide accommodation with personal care for one person who has physical and learning disabilities. The person has lived as part of the providers family for many years and was living at the service on the day of our inspection. The provider was also the registered manager of the service and the premises was their own family home.

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

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Improvements had been made to the provider's knowledge of the Mental Capacity Act 2005. A capacity assessment had been completed with the person's involvement and agreement. The person was supported to have maximum choice and control of their lives and the registered manager supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager knew about safeguarding people from harm. Family members provided care as and when needed. No staff were employed so there were no recruitment procedures for us to review. Risk assessments were completed to ensure the person was kept safe whilst maintaining their independence. The premises were adequate for the person's needs.

Effective infection control measures were in place to enable the person to remain well. The person's medicines were well managed and administered correctly and in line with good practice.

Lessons had been learnt and changes made to improve the quality of the service for the person. The provider followed best practice guidance from professionals and undertook training relevant to their role and responsibilities. There was good communication and liaison with a range of health and social care professionals.

The care provided was person centred, responsive, respectful, inclusive, warm and caring. Information about the person's needs was comprehensive, clear and reviewed as and when needed. The person was fully involved and made choices and decisions about their life. They enjoyed an active social life, utilising the local community and a wide range of opportunities.

The service was well led by a caring and knowledgeable registered manager. Quality assurance systems

were in place. Checks such as health and safety of the premises, medicines, equipment and supplies were monitored regularly relevant to the needs of the service.

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

The last rating for this service was Good (published 3 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our safe findings below.

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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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

71 The Fremnells is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

We gave the provider 72 hours' notice to ensure that they would be available to provide access to the records and information that we needed to gather.

What we did before the inspection

We looked at all the information we hold about the service including statutory notifications (information the provider is required to send us by law). The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spent time with the person using the service and discussed their care with them and the registered manager. We reviewed the person's care plan and information relating to their care. We looked at the training records for the registered manager, the arrangements for the management of medicines, and how the registered manager checked the quality of the care provided.

After the inspection

We continued to seek clarification from people who knew the service including the person's relative and a healthcare professional regularly involved in supporting the person's care and treatment.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person's safety was maintained in all areas of their life. Their relative told us, "[Name of person] is very safe living with [name of registered manager] and couldn't have a better life."
- The registered manager knew how to protect the person and what constituted abuse. They had undertaken training and were knowledgeable about how to raise a safeguarding concern should they need to.

Assessing risk, safety monitoring and management

- Risks to the person's safety, health and wellbeing were identified, assessed and information recorded. This ensured people would know their needs and wishes and the action to take to keep them safe.
- Specialist equipment to provide comfort and safety to the person was in place and was checked and maintained in line with good practice guidance.

Staffing and recruitment

- The registered manager was the main care giver alongside one member of their family. The person also spent time with the registered manager's family members who provided support as part of the person's day to day life.
- All relevant checks had been undertaken to ensure family members were able to support the person safely. No other staff were employed.

Using medicines safely

- The registered manager had systems in place that ensured the safe ordering, receipt, storage, administration and recording of medicines.
- Medicine records were completed correctly and signed. The registered manager checked to ensure all medicines tallied with the right amount prescribed.
- Effective liaison and communication with the pharmacy and GP enabled the person's medicines to be monitored. Any changes needed were done in a timely way to keep them well.

Preventing and controlling infection

- There were clear, consistent and safe infection control procedures in place. Gloves, wipes, hand washes and other equipment were used to protect the person and limit the risk of infection.
- The registered manager was very knowledgeable about the prevention of infection. One healthcare professional told us, "[Person's name] has kept so well over the years because of the care and attention to detail they provide."

Learning lessons when things go wrong

- The registered manager was able to provide us with examples of the lessons they had learnt when things had gone wrong. The learning had meant improvements to the support, care and treatment for the person and an increased quality of life for them to enjoy.

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 the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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).

- The registered manager had updated their knowledge and understanding about the MCA and DoLS to protect the person's rights and freedom.
- An assessment of the person's needs, based on the principles of the MCA, had been put in place. This had been explained and discussed with the person and capacity to make their own choices and decisions had been established and recorded.
- The person's consent was sought in relation to everyday decisions about their care, support, medical treatments and social and leisure time.

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

- The person's needs and choices had been fully assessed and support was given so that the person could live their life to the fullest.

Staff support: induction, training, skills and experience

- The registered manager had undertaken training in topics such as moving and handling and safeguarding people from harm. The knowledge, skills and experience they had gained provided good high quality care.

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

- The person's nutrition and hydration needs had been assessed and were being met effectively. Checks were in place to monitor their health, for example, their weight, skin care and general well-being. One health care professional told us, "[Persons' name] is being very well looked after, they keep well and healthy and that's down to [registered manager's] care."
- Training and support was available from specialist professionals and the registered manager and family member were competent in managing the person's nutritional needs.

- There were agreed recorded systems for the management and safety of the person's nutrition while they attended day services so that there was consistency with their care.

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

- Advice and support were sought when needed from a range of professionals including the dietician, physiotherapist as well as the GP. The registered managers' ongoing communication skills and effective organisation provided consistent high-quality care keeping the person well and healthy.
- The person was supported to attend visits and appointments and support was given to follow the advice given from professionals.

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

- The person lived within the registered manager's family home. They had their own adapted bedroom and access to the living room and garden.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The person had lived with the registered manager for many years and was part of their family. We saw photographs which gave evidence to this at family and social gatherings.
- There was an extremely caring and positive relationship between the registered manager and the person living in the service. There was laughter and banter and an easy-going familiarity which filled the service with a warm atmosphere.
- The person's needs were attended to quickly as they were well known to the registered manager. The day to day routine worked well, was organised and provided the person with the structure and opportunities to do what they wanted.

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

- The person's ways of communicating were well known to the registered manager and others close to them. They had a range of different communication tools to use to express their views, make their feelings known and to participate in their family and social life.
- The person was involved in their care planning, decisions, choices and able to have independence and control in their day to day life. This was because information was provided in a way the person understood. The registered manager said, "I want [person's name] to have the best life possible, in every way and I shall make sure it happens."

Respecting and promoting people's privacy, dignity and independence

- The registered manager told us of many examples where the person was given privacy and their dignity was maintained in relation to personal care and, when out in the community.
- Our observation of time spent with the person showed us they were dressed well and liked the routine that they had. They gave us positive feedback when we asked them about the care given by the registered manager.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The person's care plan was extremely person centred. It covered all aspects of their needs and was written in a caring and respectful way. The information showed the person's preferences and wishes, ways they preferred tasks completed, and things they did not like.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The person received information in a way which met their communication and sensory needs.

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

- The person participated in a whole range of social and leisure activities and opportunities. They had a very active social life. They were supported to enjoy educational classes, hobbies, volunteering, visits, trips out, access the local and wider community to pursue their wishes and dreams.
- Important relationships with family and friends were maintained and gave a great deal of pleasure. Regular times were spent with a relative and the photographs illustrated the degree of involvement and mutual enjoyment.

Improving care quality in response to complaints or concerns

- There were no complaints about the service. While a formal written complaints procedure and policy was not in place a relative told us, "I have no complaints only compliments for what [registered manager] does for [person's name]. I am very fortunate and lucky, they care so much."

End of life care and support

- The registered manager told us that information about making health choices had been discussed over the years and when appropriate. They would continue to support the person with any decisions or choices as and when needed.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The culture of the service centred around the person, their wishes, needs and aspirations. The person was part of a embracing family network, which provided a caring and supportive environment where they could be themselves.
- The registered manager was honest and open about how they managed the service and the care they provided. They were always aware of their duty and actively sought guidance and support to ensure best practice about the care they provided. One health care professional told us, "The care provided is excellent. [Registered manager's] is very aware of their responsibilities and will call us when needed."
- Whilst formal quality assurance processes were not in place, the quality of the person's care and health was well monitored to keep them safe and well. A daily diary was used to maintain communication between people who supported the person including any day service they attended or activities they undertook with the family. This information acted as a way of looking at any trends to the person's health and the actions taken.

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

- The person was fully engaged and involved in the development and delivery of their care and support. The registered manager told us, "It's all about what [person's name] want and needs. There is nothing that [person's name] is not involved in at all, at any time. His happiness is all I care about."
- The person's care was monitored and reviewed with their input and cooperation. The registered manager explained to us ways in which the outcomes for the person were being improved all the time. The relative of the person told us, "[Name of registered manager] is on the ball around [person's name]. Anything they want, need, want to do or, if there is something not right, they will sort it out and always consult me, but I trust them to know what's right for [person's name]."