

The Fremantle Trust

The Fremantle Trust - 3 The Glade

Inspection report

3 The Glade
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Date of inspection visit: 23 & 29 July 2015
Date of publication: 14/08/2015

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 

Overall summary

This inspection took place 23 & 29 July 2015 and was unannounced.

The inspection was carried out by one inspector.

The Fremantle Trust - 3 The Glade is a service registered to provide accommodation with personal care for up to eight people who have a learning disability. On the day of our inspection seven people were using the service.

There was a registered manager in post. 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.

Summary of findings

People felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and how to report them.

People had risk assessments in place to enable them to be as independent as they could be.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs.

Effective recruitment processes were in place and followed by the service.

Medicines were managed safely and the processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received a comprehensive induction process and ongoing training. They were very well supported by the registered manager and had regular one to one time for supervisions.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff always gained consent before supporting people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were very knowledgeable of this guidance and correct processes were in place to protect people.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were supported to access a variety of health professional when required, including dentist, opticians and doctors.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well.

People and relatives where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests.

A complaints procedure was in place and accessible to all. People knew how to complain.

Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Good



Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Good



Is the service caring?

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good



Is the service responsive?

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place. People and relatives were aware of this.

Good



Is the service well-led?

The service was well led.

People and their relatives knew the registered manager and were able to see her when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 23 & 29 July 2015 and was unannounced.

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 checked the information we held about this service and the service provider. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place on 02 October 2013.

During our inspection we observed how staff interacted with people who used the service.

Most people had limited verbal communication but we were able to interact with them and to observe their interactions with staff.

We spoke with two people and the relatives of two people who used the service. We also spoke with the registered manager and four staff.

We reviewed four care records, three medication records, three staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People told us they felt safe. One person said, “Yes I am safe.” A relative said, “I am quite sure [relatives name] is safe there, I have no worries about that”

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, “I know what to do to report it.” Another explained what they would do and who they would report it to. They also told us that they worked with the people who used the service to try to get them to understand what abuse was and how to tell someone. They told us about the safeguarding training they had received and how they put it into practice and were able to tell us what they would report and how they would do so. They were aware of the company’s policies and procedures and felt that they would be supported to follow them.

There were notices in the office giving information on how to raise a safeguarding concern with contact numbers for the provider, the local authority safeguarding team and the Care Quality Commission (CQC).

Staff also told us they were aware of the provider’s whistleblowing policy and would feel confident in using it.

Within people’s support plans were risk assessments to promote and protect people’s safety in a positive way. These included; accessing the community, finances and the use of bed rails. These had been developed with input from the individual, family and professionals where required and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed.

There was an emergency information file available to staff. It contained; contact numbers for staff, people’s relatives, emergency contacts for professional and a set of floor plans. People had their own emergency plans within their support plans.

Accidents and incidents were recorded and monitored. We saw records of these which were completed correctly in line with the provider’s policies.

One person said, “There is a lot of staff.” There were enough staff on duty to provide safe care and support to the people who used the service. People got enough time spent with them and staff did not appear rushed.

Staff told us that rotas were flexible if the needs of the person changed for any reason. One staff member said, “Sometimes if we are going on outings or doing different activities and we can have more staff on shift if we need it.” Rotas were planned in advance to enable the correct amount of hours to be allocated to each person using the service, and at the time they required the support. We saw the rotas for the past two weeks and the following week.

We found safe recruitment practices had been followed. One staff member said, “I had to give references and bring in proof of who I was.” We looked at staff files and found that they contained copies of appropriate documentation. These included copies of application form, minimum of two references, a Disclosure and Barring Services (DBS) check and an up to date photograph.

Staff told us they were only allowed to administer medicines if they had completed training and had their competency checked to do so. We observed some morning medication administration. Staff explained that one person did the medicines and another staff member checked them within an hour to ensure there were no errors. Medication Administration Record (MAR) sheets we looked at had been completed correctly. Medicines were stored correctly and audited daily.

Is the service effective?

Our findings

A relative told us they thought the staff were well trained. They said, “The staff always know what they are doing.”

The provider had an induction programme which all new staff were required to complete. One staff member said, “I had to do some training and shadow someone for a while.” The registered manager told us that new staff had an induction checklist which they needed to complete before being found competent. Documentation we reviewed confirmed this.

Staff told us they were very much supported by the registered manager. One staff member said, “She is very good.” Another said, “We all get on, [registered managers name] is very supportive. We can speak with her at any time.” We were told that staff had regular one to one supervision with the registered manager or senior. We saw completed supervision forms within staff files. These showed a variety of subjects were covered.

Staff told us they received a lot of training. One staff member said, “We have a lot of training.” We reviewed the training matrix and found this showed training which included; safeguarding, moving and handling and safe handling of medication along with more specialised such as epilepsy and Non-abusive Psychological and Physical Intervention (NAPPI). All staff were up to date with their required training. Some staff were registered on nationally recognised qualifications at both level two and three.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. Staff we spoke with told us they had attended training and showed a good understanding of MCA and DoLS.

We saw evidence within people’s support plans that mental capacity assessments had been carried out, along with best interest meetings, when required and some people were subject to DoLS.

Consent to care and support was gained at all times. Staff told us that even if people were unable to verbally communicate their agreement, they knew them well enough to understand if they did not agree. Where possible people had signed their support plans in agreement. We observed staff gaining consent throughout our inspection, for example, when asking if ready for lunch or wanting to go out.

People told us they had enough to eat and drink. One person said, “It is nice.” Staff told us that they devised the weekly menus with help from some people who used the service, but they were aware of people’s likes and dislikes and individual tastes. This was obvious at lunchtime; staff told us one person did not like what was for lunch so had prepared an alternative for them. We observed lunch time. This was a pleasant time, everyone sat in the dining room and staff assisted when required but in a discreet manner. A variety of drinks was also offered. Staff explained that one person who was on bed rest had a Percutaneous Endoscopic Gastrostomy (PEG) feed in situ. They explained how and why it was used and that all staff had attended training specifically to enable them to care for this.

People we spoke with told us they saw the doctor or dentist when needed. Staff told us that each person was supported to see or be seen by their GP, optician, dentist or other health care professionals. We saw evidence within people’s support plans that they had attended various appointments to enable continuity of health care. The registered manager had introduced a new form which staff used if a doctor or health care professional had been called. It contained the relevant details of the person, the reason for the call and the staff member who made the call. After the call back or visit, it was completed with the outcome. This enabled any member of staff to follow it up and the most up to date information was recorded.

Is the service caring?

Our findings

People told us that staff were very kind. People and relatives made comments regarding the kind and caring approach of the staff. One person said, "They are all nice, especially [staff members name]." A relative said, "You could not ask for better staff they all care so much for my relative."

We observed positive interactions between staff and people who used the service, for example, when they were helping people to mobilise or give general support, staff were chatty and there was a good atmosphere.

Staff demonstrated that they knew people's needs and preferences very well. We observed staff chatting with people about things of interest to them. One person was becoming unsettled and staff knew how to respond to help the person settle. They spoke to them for a while about a subject of interest. This settled the person and showed the staff member knew them well. One person who was non-verbal had a pictorial communications book which they used to enable positive communication. Staff were able to tell us about individuals and the contents of their care plan, and we observed this in practice.

People told us they were involved in their care and had choice in terms of their day to day routines. One person said, "I can go out if I want." We observed this in practice and also within people's support plan documentation.

The registered manager told us that there was access to an advocacy service if required. People were informed of this on admission, but staff would recommend it if they felt it was appropriate

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed. Staff spoke about offering choices when dressing, at meal times and when people got up or as well as keeping doors closed. Support was provided in a kind and calm manner. People appeared relaxed and at ease with staff and the registered manager.

There were several areas within the home and garden where people could go for some quiet time without having to go to their rooms. This included a soft sensory area where people could go to have quiet time. This showed that people could be as private and independent as they were able.

People told us they could have visitors when they wanted. A relative said, "I visit any time, we have family members visiting and seven of us turned up, but it was not a problem."

Is the service responsive?

Our findings

People told us they were involved in their care plan if they wanted to be. There was evidence in the care plans we saw that people and their families or representatives had been involved in writing their care plans.

A relative we spoke with told us they thought the staff and the registered manager were wonderful. They explained their relative had been unable to walk when they first moved in, but with staff support and encouragement they moved from a wheelchair to a walking frame and now they walked independently. Another said, “[relative’s name] stopped talking and would nod or point, but staff gradually made them use words and now they are able to talk.”

Staff told us they knew the people in their care but used the written care plan to confirm there had been no changes.

Staff confirmed that before admission to the service people had a thorough assessment. This was to ensure that the service was able to meet the person’s needs at that time and in anticipation of expected future needs. This information would be used to start to write a care plan for when the person moved in. Care plans we looked at showed this had taken place.

During our inspection we observed positive interactions between staff and people, who used the service, and that choices were offered and decisions respected. For example, where people wanted to eat, where they wanted to sit and what they wanted to do. A relative told us that their relative was able to make choices about their everyday life. This demonstrated that people were able to make decisions about their day to day life.

People had an individual plan of activities for each day. This had been developed with their key worker. A variety of

activities were available including; aromatherapy, indoor games, spa time and visits from a music workshop. On the day of our inspection two people went out to different places and one person took the dog for a walk with staff. It was also the provider’s summer ball. All staff and people who used the service had been invited. Throughout the day outfits were being prepared and the ladies had hair and nails done in preparation. Two ladies showed us their outfits and photographs of the previous year’s ball.

The garden had raised beds to enable people to grow their own flowers or vegetable’s. And a flat area with a barbeque. The registered manager told us that it was well used in the warm weather. There was a large garden room which staff told us some people used to sit in for some quiet time.

There was a complaints policy and procedure in place. This was also available in an easy read pictorial format to assist people with making a complaint. We saw documentation which showed complaints had been dealt with in the correct way and had been concluded in a way which was satisfactory to both parties.

The registered manager told us that an annual survey is sent out to people and their relative’s. The results were available for the 2014 survey. There was also a staff annual survey. These were carried out by an independent company who then sent the results to the registered manager. An action plan was developed if required. We saw the results for both surveys which were positive. There was also a comments tree in the hall. This was a small tree with note pads alongside. People were encouraged to write comments and hang them from the tree. Comments included; ‘I love being here’ ‘being at home boring, being here fun fun fun’, and ‘thank you.’

Is the service well-led?

Our findings

Staff said that there was an open culture, they could speak with the registered manager about anything and they would be listened to.

Staff told us that they received support from the registered manager. One staff member told us, “[registered manager’s name] is great. She is always here.” Another said, “We are all involved in what happens in the home.” They also told us that if they needed to they could also speak to more senior managers. They knew who they were and how to contact them.

The registered manager told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

There was a registered manager in post. People we spoke with knew who she was and told us that they saw her on a daily basis. During our inspection we observed the registered manager chatting with staff, and people who used the service. It was obvious from our observations that the relationship between the registered manager and the staff was open and respectful.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The manager was able to tell us which events needed to be notified, and copies of these records had been kept.

The registered manager told us there were processes in place to monitor the quality of the service. This included fire equipment testing, water temperatures, medication audits, infection control and care plans. These audits were evaluated and, if required, action plans would be put in place to drive improvements. Documentation we saw confirmed this.

The registered manager told us that all accidents and incidents were reviewed by them and the provider. This was to see if any patterns arose and what could have been done, if anything to have prevented it happening. We looked at the accident forms and these had been completed with the correct information.

The registered manager held joint meetings between staff and people who used the service. They explained that they were all one team and it was people’s home and all decisions should be made jointly. Minutes of these meetings were seen.

The registered manager told us that they were heavily involved in the national ‘driving up quality’ programme. The Driving Up Quality Code is a code for providers and commissioners to drive up quality in services for people with learning disabilities. This would benefit the people who used the service by making sure staff were working to best practice and more in depth quality monitoring would take place. They had recently had a driving up quality day which was attended by people who used the service, staff, relatives and professionals. We saw documentation from the day giving statements of what they did well and what they needed to improve. The registered manager told us they were in the process of developing an action plan from this to enable them to improve.