

# The Fremantle Trust







# Fishermead Boulevard

## Inspection report

104 Fishermead Boulevard  
Fishermead  
Milton Keynes  
MK6 2GA  
Tel: 01908 670234  
Website: [www.Fremantletrust.org](http://www.Fremantletrust.org)

Date of inspection visit: 01 & 03 December 2015  
Date of publication: 14/01/2016

## 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 on 01& 03 December 2015 and was unannounced.

The inspection was carried out by one inspector.

Fishermead Boulevard is registered to provide accommodation with personal care for up to six people who have a learning disability. It is part of the Fremantle Trust. On the day of our inspection six 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.

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.

# Summary of findings

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. 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 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 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 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 professionals when required, including dentist, opticians and specialists.

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 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



# Fishermead Boulevard

## 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 01& 03 December 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. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in January 2014.

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

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

We spoke with four people who used the service and one relative. We also spoke with the registered manager and four support workers.

We reviewed two people's care records, three medication records, four 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 when asked if they felt safe replied, “Yes.” Another said, “We are all safe here.” A relative said, “He is very 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. They told us about the safeguarding training they had received and how they put it into practice. They 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. Training files showed safeguarding training had been attended. There were notices displayed regarding abuse and how to report it, with contact numbers for the local authority safeguarding team and the Care Quality Commission (CQC). These were also in pictorial format to assist people.

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 we found risk assessments to promote and protect people’s safety in a positive way. These included; accessing the community, finances and crossing the road. 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 procedure file available to staff. It contained; information for contact numbers for staff, out of hours contacts for provider staff and housing association, floor plan and protocols for safeguarding, protection missing persons and unexpected death. There were copies of individuals Personal Emergency Evacuation Plans (PEEPS). People had copies of their own emergency plans within their support plans. This was to aid staff and emergency services in the event of evacuation of the service.

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

People told us there were enough staff on duty. One person went on to tell us which staff helped them with which activity and said, “The staff are always here.” The registered

manager told us they had their own relief staff and if required, they would call on staff from other of the provider’s services in the local area as they would know the people who used the service. She also said they never used agency staff as it would be too disruptive for people.

Staff told us that rotas were flexible if the needs of the person changed for any reason. The registered manager told us she always put more staff on duty if an activity required it, for example, on the evening of our inspection the people who used the service were going out and she had put in extra staff to enable them to be supported appropriately. We looked at the rota for the month and found it was planned around the dependency needs and planned activities of people who used the service. The correct amount of staff with differing skill levels were on duty at any time

We found safe recruitment practices had been followed. One staff member said, “I had to bring in my passport and things before I started.” We looked at staff files and found that they contained a check list stating what had been seen. There were signed copies of documentation along with copies of application forms, offer letters and health checks. The registered manager told us that people who used the service sat in on interview panels and asked their own questions and were fully included in any decisions made. She explained that they would be spending a lot of time with the staff and therefore needed to be comfortable with them.

Staff told us they were only allowed to administer medicines if they had completed training and competency checks to do so. We observed some lunchtime medication administration. This was completed correctly. Staff explained to each person what the medication was and what it was for before gaining consent. The staff member told us that two people carried out each medication administration; this reduced the possibility of any medication errors. People were given their medication in private and time was taken to ensure it had been taken and they were fine following this. The staff member administering the medication checked and completed the Medication Administration Record (MAR). We completed a stock check of medication which was boxed, this was correct. We checked three people’s medication records. These contained information and a photograph of the

## Is the service safe?

person and of the medication they had been prescribed. MAR sheets we looked at had been completed correctly. Medicines were stored correctly and audited at every administration.

# Is the service effective?

## Our findings

The provider had an induction programme which all new staff were required to complete. One staff member said, “I had a good induction.” The registered manager told us that new staff had an induction checklist which they needed to complete before being found competent. They also told us they had recently introduced the new care certificate and that all new staff were expected to complete it. Documentation we reviewed confirmed this.

Staff told us they were very much supported by the registered manager. One staff member said, “[registered manager’s name] is very supportive.” Another said, “She is on the rota and works shifts with us all.” We were told that staff had regular one to one supervision with the registered manager. We saw completed supervision forms within staff files. These showed a variety of subjects had been covered.

Staff told us they received a lot of training. One staff member said, “It is good training.” Another said, “We have mandatory training and we can ask for any specific training and it would be arranged for us.” 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 challenging behaviour. Some staff had completed nationally recognised qualifications at both level two and three. On the day of our inspection the registered manager had arranged a training session for the staff regarding oral care, this was well attended.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked

whether the service was working within the principles of the MCA. 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. One person who used the service was subject to DoLS and this was being followed.

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 medication, if ready to go out and to visit the hospital for an appointment.

People told us they had enough to eat and drink. One person said, “We have nice things.” People had their lunch boxes ready to take with them to their activities. One person said, “I made my lunch myself.” Two people went on to tell us what they had packed. Staff we spoke with were aware of individual’s tastes. They told us that if anyone had a problem with nutrition they would seek advice and support from professionals. One person needed a special diet and staff told us they prepared the same meal for them as everyone else but using special ingredients. Staff explained that the menu was developed weekly with the people who used the service and shopping was then done. The menu was displayed on the fridge door for all to see. There was a plentiful supply of food in the kitchen, including fresh fruit and vegetables. Staff explained that one person had a Percutaneous Endoscopic Gastrostomy (PEG) feed in situ. This is a way of introducing food, fluid and medicines directly into the stomach. They explained how and why it was used and that all staff had attended training specifically to enable them to care for this.

Staff told us that each person was supported to see or be seen by their GP, chiropodist, optician, dentist or other health care professionals, including well men clinics. We observed one person attend a hospital appointment and another a doctors appointment. Both were supported by staff to attend. People who used the service had health passports. Staff explained that these contained all documentation regarding the person’s health with contact numbers and information. The person took this with them

## Is the service effective?

to every health appointment and if they had to go into hospital. Evidence showed people had been involved in the

development of these and they were used effectively. We saw evidence within people's support plans that they had attended various appointments to enable continuity of health care.

# Is the service caring?

## Our findings

People told us that staff were very kind. They made comments regarding the kind and caring approach of the staff. One person said, “They are kind.” Others answered, “yes,” and nodded when asked if staff were kind and caring and looked after them. A relative said, “You could not improve it. It is brilliant.”

We observed positive interactions between staff and people who used the service, for example, when they were helping people or giving general support, staff were chatty and there was a good atmosphere. There was an obvious rapport between staff and people, and there was laughter and light hearted banter.

Staff demonstrated that they knew people’s needs and preferences very well. A relative told us, “The staff know [person’s name] very well, as well as me.” We observed staff chatting with people about things of interest to them. Staff were able to tell us about individuals and the contents of their care plan, and we observed this in practice.

We observed people being involved in their care and support and given choices in their routines. A relative told us, “They keep me informed about anything and everything.”

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. She told us that everyone who used the service had families who were very much involved in their care, so an advocate was not required by anyone at this time.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. Staff spoke about offering choices when people got up or what to eat as well as going out. Support was provided in a kind and calm manner. People appeared relaxed and at ease with staff.

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

People told us they could have visitors when they wanted. The registered manager and staff told us that visitors were welcomed and people are encouraged to visit although most people went on weekend visits to family members.

# Is the service responsive?

## Our findings

People told us they were involved in their support plan and they met on a weekly basis with their key worker. One person said, “We sit down and talk about things.” There was evidence in the support plans we reviewed that people, and their families if appropriate, had been involved in writing them.

Staff told us they knew the people in their care but used their written support plan to confirm there had been no changes. They also had a handover between shifts to pass on information to ensure continuity of care and support.

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 support plan for when the person moved in. Support plans we looked at showed this had taken place. However, the last admission to the service had been over ten years ago. Everyone had been living at the service for many years.

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, what people wanted to eat, where they wanted to be and what they wanted to do. 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 relative we spoke with commented that their son was always out doing activities. On the day of our visit we observed people going to different activities. We saw documentation that people had met with support staff to decide what activities they wanted to do as a group over the Christmas holiday period.

People showed us their activity goals which were displayed in the dining room. They were in a pictorial format and when a particular goal had been achieved the date had been added below the picture. Goals included; going on holiday, painting a canvas and seeing the lights at Blackpool. Staff told us that as they had missed the Blackpool lights in the autumn, everyone had decided to go to see them at Christmas and stay overnight.

There was a complaints policy and procedure in place. The policy was also available in an easy read pictorial format to assist people with making a complaint. There was also a copy in each person’s support plan. 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.

# 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. They also said they were fully involved in what happened in the service and at provider level. They were kept informed of any changes and knew who they could contact.

Staff told us that they received support from the registered manager and other senior staff. One staff member told us, “[registered manager’s name] is really good.” Another said, “[registered managers name] works on the rota, we are like a family here.”

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 they saw her on a daily basis. A relative said, “She, (the registered manager) is fantastic, her and the staff do a brilliant job.” During our inspection we observed the registered manager chatting with staff and people who used the service and assisting people with their support. It was obvious from our observations that the relationship between the registered manager, people who used the service 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. Copies of these records had been kept.

The registered manager told us there were processes in place to monitor the quality of the service.

The provider had a variety of quality monitoring processes including; service managers audit, trustee visits and service managers self-audits. Along with these were internal checks including; infection control, medication and fire audits. There were also weekly and quarterly checks of fire alarms, escape routes and extinguishers. There had been no actions raised from these but the registered manager informed us that if there were then an action plan would be produced and worked through to ensure compliance.

The registered manager told us that all accidents and incidents were recorded and reviewed by them. This was to see if any patterns arose and what could have been done, if anything to have prevented it happening or to stop it happening in the future. Documentation we saw confirmed this.

A variety of meetings had been held on a regular basis, including; residents and staff meetings. Staff told us they attended staff meetings as they were useful to keep up to date with things. We saw minutes of all of these meetings which showed suggestions were acted on.