

# The Fremantle Trust

# Fremantle Court

## Inspection report

Risborough Road  
Stoke Mandeville  
Aylesbury  
Buckinghamshire  
HP22 5XL

Tel: 01296615278  
Website: [www.fremantletrust.org](http://www.fremantletrust.org)

Date of inspection visit:  
25 July 2019

Date of publication:  
09 October 2019

## 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

Fremantle Court was a care home providing personal and nursing care to 85 people aged 65 and over at the time of the inspection. The service can support up to 90 people. The care home accommodated 85 people in six separate units, each of which had separate adapted facilities. Two units provided people with nursing care and two units accommodated people living with dementia. The service referred to the units as 'wings'.

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

Fremantle Court was made up of six wings, each overseen by a care manager. The entire service was overseen by a deputy manager and a registered manager. The registered manager had implemented a number of changes and new initiatives since the previous inspection and these had improved the service.

People and relatives spoke highly of the service they received at Fremantle Court although they raised some concerns about staffing numbers, staff seeming rushed and staff talking amongst themselves. This information was shared with the registered manager and the provider. They told us they were currently working on improving staffing issues and would investigate and respond to issues relating to staff behaviours.

The service had strong person-centred values and placed people's wellbeing at the heart of their work. People received personalised support which met their needs and preferences. Staff worked hard to provide people with varied activities and stimulation that met their interests.

Risks to people's health, safety and wellbeing were assessed and acted upon. We found a risk assessment for one person had not been completed to give staff clear direction on how to minimise the risks for this person. However, staff knew people's needs well and were taking action to protect people. Following our inspection, the registered manager sent us copies of the updated risk assessment they had put in place for this person.

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

Incidents and accidents were investigated, and actions were taken to prevent reoccurrence. Fremantle Court was clean, welcoming and pleasantly decorated. Staff received training to meet the needs of the people living in the service.

People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. There were two qualified nurses on duty in the service at all times to ensure people received the nursing care they needed.

People received their medicines as prescribed by their doctor and there were processes in place to manage the ordering, storing and disposal of medicines.

People were fully involved in the planning and delivery of their care and this was done in a way which encouraged independence. People's support plans contained personalised information which detailed how they wanted their care to be delivered.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was strong leadership at the service. People and staff spoke highly of the management team and there was a positive culture at the service with people and staff feeling their voices were listened to. There were effective quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was Requires Improvement (published June 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating. This inspection was carried out to also follow up on action we told the provider to take at the last inspection.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Fremantle Court

## **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 team consisted of one inspector, one assistant inspector, one nurse specialist advisor and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

Before the inspection we reviewed the information, we held about the service and the service provider. The registered 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our

inspection.

#### During the inspection

During the inspection we observed how staff interacted with people. We spoke with 15 people who used the service and three relatives about their experience of the care provided. We spoke with seven members of care staff, two nurses, the clinical lead, the registered manager and two visiting healthcare professionals. We reviewed a range of records. This included eight people's care records and medicine records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us.

#### After the inspection

We continued to seek further information from the provider to inform our judgements. We looked at training data and quality assurance records. We also received further information relating to specific people's care in response to our requests.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in Fremantle Court. Comments included; "Oh yes, I always feel safe here" and "I am perfectly safe here." Relatives made comments including; "I know that she is safe living here and looked after very well too."
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. We saw evidence of the staff and management having taken action in the past to ensure people were safe.
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported concerns promptly.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks had been identified and action had been taken to minimise these. During our inspection we identified staff did not have clear guidance on how to minimise risks relating to one person's behaviours. However, we found external healthcare professionals had been involved and staff were knowledgeable about people's needs and knew how to keep them safe. Following our inspection the registered manager sent us evidence that plans had been put in place to ensure staff had the information they needed.
- People were fully involved in their own risk management wherever possible. Plans to minimise risks had been drawn up with their input and agreement wherever possible.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary to minimise the risk of reoccurrence.

Staffing and recruitment

- Recruitment practices were safe and included pre-employment checks to ensure staff were suitable to work in a care setting before starting work.
- There were enough staff to ensure people had access to care that met their needs and protected them from risks. Some people we spoke with told us staff appeared rushed at times and that staffing numbers could be improved. The registered manager told us they were in the process of recruiting to the home in order to increase the staffing numbers.
- Where people required nursing care this was provided by qualified nurses who were overseen by a clinical lead. There were two nurses in the service at all times in order to provide this care.

Using medicines safely

At the last inspection the provider failed to ensure medicines were managed safely. This was a breach of

regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely, and people received their medicines as prescribed by their doctor.
- Only staff who had been trained in the safe management of medicines administered them to people. Staff competency was regularly assessed through tests and spot checks.
- Processes were in place for the timely ordering, storing and returns of medicines.
- Regular audits were conducted alongside reviews of people's medicines and medication administration records (MAR). Any issues identified were investigated and responded to appropriately.

#### Preventing and controlling infection

- On the day of our inspection we found one member of agency staff did not follow safe infection control processes when attending to a person. This was reported back to the registered manager and the clinical lead who took immediate action to ensure this error was not repeated.
- All staff received training in the prevention and control of infection and we observed staff using appropriate protective equipment when performing care tasks.
- People and relatives told us the service was always clean, fresh smelling and welcoming. Our observations during the inspection confirmed this.
- Housekeeping staff followed cleaning schedules to ensure all areas were systematically and regularly cleaned. They knew the action to take when a person had an infection to reduce the risk of it spreading to others.

#### Learning lessons when things go wrong

- The registered manager ensured they reflected on occurrences where lessons could be learnt. The team used this as an opportunity to improve the experience for people.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents at team meetings, handovers and on an individual basis.



# 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.

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

At the last inspection the provider failed to ensure they had oversight of people's fluid intake in order to prevent dehydration. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People were supported to eat a varied and nutritious diet. People were given choices which met their individual needs and preferences.
- Where people had specific needs relating to swallowing, staff had involved external healthcare professionals such as Speech and Language specialists to create personalised plans for people.
- Most people enjoyed their meals and made comments including; "We always eat healthily here" and "There is always some choice."
- The service had worked hard to increase people's fluid intake. They had introduced additional training for staff and drink stations throughout the service. These were well stocked and we observed people being offered drinks regularly throughout the day.

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

- People's care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs.
- People's needs were regularly reviewed and where changes had occurred their support plans were updated to reflect this.
- Staff used nationally recognised tools to assess risks of pressure ulcers, nutritional risk and falls risks. We observed information on best practice guidance was available for staff in the clinical rooms and staff bases.
- The staff and management at Fremantle Court were focused on achieving best outcomes for people and improving their independence. For example, people were supported to maintain their mobility by walking where possible with assistance.

Staff support: induction, training, skills and experience

- Staff undertook a thorough induction to the organisation and staff new to care work completed the Care

Certificate, which is a nationally recognised course in Induction for care workers. There was a comprehensive training programme to ensure staff had the necessary skills to meet people's individual needs.

- Staff knew people and their needs well and were skilled in caring for people. Some people told us the regular turnover of staff caused them some concern as they felt not all new staff knew them well but that this was improving.
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals. Staff felt supported and made comments including; "I feel very well supported. We all know what we're doing and the route to follow."

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

- Fremantle Court was adapted to meet the needs of people living in the service. Corridors were wide enough for easy wheelchair access and there was signage for people living with dementia.
- The communal areas were decorated to a high standard and were clean and welcoming. People's bedrooms were personalised and reflected people's interests and preferences.
- There were a number of comfortable areas for people to relax and socialise in the company of others, along with well-maintained outdoor areas.

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

- Staff sought guidance and support from external healthcare professionals where necessary to ensure people's health was maintained.
- Staff had good working relationships with other professionals who had contact with the service. The registered manager emphasised to us the importance of developing positive relationships to maximise the benefits for people using the service.
- People were supported to live healthier lives through regular access to healthcare professionals such as their GP, dentist or optician.
- Guidance and advice from healthcare professionals was incorporated into people's support plans and risk assessments and this was followed by staff.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions was evidenced. Where people had legally authorised decision makers this was also clear from the records.
- Staff and the registered manager had good knowledge of the MCA framework and encouraged people to make choices wherever possible. One member of staff said, "We try to promote independence here as well."

People do whatever they like. No set times of tasks."

- People told us they were in control of their lives and enabled to make as many decisions as possible. Comments included; "I'm not sure what I'm doing today. I'll see how I feel. I can do whatever I want."

# 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

- People were mostly supported by staff who knew their needs, personalities, likes and dislikes. People commented that some of the newer staff did not know them very well but this was improving.
- Most people told us they enjoyed staff's company with comments including; "I am very happy, they try their best, the staff are genuine." However, some people complained of staff being very task driven and rushed. Our observation confirmed these views. We observed staff providing care to people in a very kind and respectful way that was also rushed and task driven. This was discussed with the provider and the registered manager and they assured us they were in the processes of reviewing their staffing needs.
- Some people told us that although most staff were very good and kind, they felt staff sometimes talked amongst themselves which could at times make them feel uncomfortable. This was shared with the registered manager who assured us they would be taking action to investigate and respond to this.
- Records showed people's views and needs were considered. The diverse needs of people using the service were met. This included individual needs relating to disability, gender, ethnicity, sexuality and faith. During our inspection two people had an external person come into the service to perform their communion.

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

- People were fully involved in all decisions about their care and support wherever possible.
- Where people had difficulties with verbal communication they were provided with alternative methods of communication in order to gain their views and involve them in decision making. For example, some people used pictures or signs.
- People attended regular meetings to share their views and the service listened to these and took action where appropriate.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. We observed staff knocking on people's bedroom doors before entering and giving people privacy.
- People's independence was encouraged and promoted. Support plans highlighted what people could do for themselves and how staff should assist with this. Specialised equipment was used to ensure people could be as independent as possible. For example, mobility aids.

# 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

- People received care and support in a way that was flexible and responsive to their needs.
- People's support plans contained detailed routines for staff to follow to ensure people had the personalised support they needed.
- Support plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences. Support plans were regularly reviewed with people and their relatives to ensure they remained current and provided accurate information.

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.

- People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The service was able to provide information in different formats for different people, such as large print and pictures.

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

- People were supported to take part in a wide range of activities to provide them with stimulation, entertainment, socialisation and ensure they were part of the local community.
- The service employed activity coordinators to plan and deliver a range of activities for people. One member of staff said; "I absolutely feel we meet people's needs here. There's a really social aspect here. Have started a dementia café -open for the public. We open our doors to the public a lot. Yesterday we had our knitting and sewing club. The other day we did a virtual reality session - people came in with equipment. People really enjoyed that. We don't just take people out, we bring people in. It helps people who don't want to go out join in."
- People spoke highly of the activities available at the service. Comments included; "We often go to functions here. We go walking and get some exercise. It is often very good fun, we have a laugh, we went to the pub once, quite a few of us went" and "I played bowls today. I'm quite good at that and enjoy it."

#### Improving care quality in response to complaints or concerns

- The management team took complaints seriously, investigated and provided a timely response. They also kept a record of any minor concerns or issues discussed with them and the action they had taken in response. This ensured potential reoccurrence was minimised.
- People told us they knew how to make a complaint. Relatives told us their views and concerns were taken seriously and acted upon.

#### End of life care and support

- People's care wishes at the end of their lives were recorded in their files wherever possible.
- Staff received training on how best to support people at the end of their lives. Staff respected people's religious beliefs and preferences.
- When people had approached the end of their life, staff had ensured appropriate pain relieving medicines had been obtained and external healthcare professionals had been involved.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. 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

- The service had a clear, positive and open culture that was shared amongst the management team, nursing and care staff. Staff told us how passionate they were about providing a high quality and personalised service to people. Comments included; "I would put my mum and dad in here, it's a good place to live. I feel this home is lovely and I am passionate about it being that way" and "People definitely get good care here. People are open and honest here."
- The registered manager, provider and all the staff we spoke with put people at the heart of everything they did. Staff talked about the satisfaction they gained from making a positive difference to people's lives.

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

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager and provider understood their responsibilities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Fremantle Court had a registered manager in post. The registered manager oversaw the running of the service and undertook audits to monitor the safety and quality of the care provided.
- The management team was made up of the registered manager, the deputy manager, the clinical lead and six care managers responsible for each "wing". There was a senior management team within the organisation which was involved in the oversight of the service and undertook regular visits.
- Staff spoke positively about the registered manager and the new systems being implemented. They confirmed the management structure and fully understood their roles and responsibilities. Comments included; "(Name of registered manager) has implemented lots of good changes. People seem a lot happier. We all know what we're doing. It's much more structured now."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was committed to involving people in the running of the service. They regularly

sought views from people, their relatives, staff and external healthcare professionals.

- Regular staff meetings and handovers took place in order to ensure information was shared and expected standards were clear.
- Staff told us they felt listened to, were supported by the management and had an input into the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager was continually working towards improvements and looking for new ideas. A new hydration project had recently been implemented to increase people's fluid intake. This project had been reviewed and a decrease in falls and urinary track infections had been identified which was very positive.
- We found an open and transparent culture, where constructive criticism was encouraged. The provider, registered manager and staff were enthusiastic and committed to further improving the service delivered for the benefit of people using it.
- The management team had action plans to take forward improvements to the service based on feedback they gained from a variety of sources and the findings from quality audits. There were a variety of action plans pertaining to relevant aspects of the service's governance.
- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development.