

Mrs Julie A Atkins

71 The Fremnells

Inspection report

71 The Fremnells
Basildon
Essex
SS14 2QZ

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18 January 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 18 January 2017.

A registered manager was 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.

71 The Fremnells is registered to provide accommodation with personal care for one person who has physical and learning disabilities. The provider applied to register the service so as to allow them to continue to offer care to one specific person to whom they had provided care services in the past. The person was living at the service on the day of our inspection. The provider is also the registered manager of the service and the premises is the registered manager's own family home.

Improvements were needed to the registered manager's knowledge of and to records relating to the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Written assessments had not been completed to demonstrate that decisions taken were in the person's best interests to ensure that their human rights were protected.

The registered manager was knowledgeable about identifying abuse and how to report it to safeguard the person they cared for. No staff were employed so there were no recruitment procedures for us to review. Risk management plans were in place to support the person and to keep them safe. There were also processes in place to manage any risks in relation to cross infection.

Medicines were safely stored, recorded and administered in line with current guidance to ensure the person received their prescribed medicines to meet their needs. Effective support for the person's nutritional and healthcare needs was in place.

The registered manager was the main carer and they were supported by a family member. They ensured that the person was always accompanied and observed in line with their care needs. The registered manager had maintained their training to ensure they were skilled in supporting the person's specific care needs. Care records included the person's individual needs and reflected changes so that there was clear information on how to provide the care and support they required.

Dignity and privacy was respected. The person lived in a friendly and caring environment and their relationships were encouraged and supported. The person was supported to participate in social activities including community based events and to follow their own interests.

The registered manager monitored the quality of the service through their daily involvement in the person's care and through effective communications with others involved in supporting the person.

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.

Systems were in place to identify and manage risks in the service. The provider had systems in place to manage safeguarding concerns.

There were enough staff to meet the person's needs safely and medicines were safely managed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Improvements were needed to records to show that guidance was being followed and the person was being supported appropriately in regards to their ability to make decisions and to respect their rights.

Support was provided by the registered manager who had received training in meeting the person's specific needs. Effective support was in place to ensure good nutrition, hydration and access to healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

Kind and caring support was provided in a family type setting. Care was personalised and individual. The registered manager knew the person well and what their preferred routines were.

People's privacy, dignity and independence were respected and they were supported to maintain relationships.

Is the service responsive?

Good ●

The service was responsive.

The registered manager understood the person's care needs and responded appropriately. Opportunities were provided for

activities of the person's choice and which met their needs.

People were confident that they could raise any concerns and that they would be listened to.

Is the service well-led?

Good ●

The service was well-led.

The registered manager monitored the service to ensure that standards of quality and safety were maintained.

The culture in the service was open and approachable and people's views and advice was positively received to ensure continuous improvement to the care provided.

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Detailed findings

Background to this inspection

This inspection took place on 18 January 2017 and was completed by one inspector. We gave the provider notice to ensure that they would be available to provide access to the records and information that we needed to gather.

We spent time in the company of the person using the service. We spoke with the registered manager, the person's relative and a healthcare professional regularly involved in supporting the person's care and treatment.

We reviewed the person's care plan and medicines records. We looked at the training records for the registered manager and the family member who supported them. We also looked at the service's arrangements for the management of medicines, safeguarding information and how the registered manager checked the quality of the care provided.

Is the service safe?

Our findings

The person was cared for in a safe service. A relative of the person told us, "[Person] is safe there without a doubt." A healthcare professional said, "The person is definitely safe there. In the five years I have been involved, I have never had any concerns at all."

The registered manager had procedures in place to maintain the person's safety. Risks were identified and assessed with actions put in place to limit these. This included the specialist equipment used to help the person to transfer, for example, from bed to chair. We noted that a risk assessment record was not in place relating to the person's new bed and bedrail. The registered manager reassured us this was an oversight and would be implemented without delay. Equipment used to support the person was routinely serviced to ensure it was in safe working order. The registered manager had completed training on managing safe infection control procedures and was able to tell us about the good practice and personal protective equipment they used to limit risk and protect the person.

The registered manager had been trained in safeguarding people. They knew how to recognise different forms of abuse and were clear on how to report any concerns. The registered manager told us they would take any steps necessary to protect the person using the service and would report directly to external agencies as necessary.

The service was provided solely by the registered manager and one member of their family. No staff had been employed to work in the service so there were no recruitment procedures to assess. The registered manager told us that both they and the supporting family member had had appropriate checks, such as criminal history records, completed in the past when they began supporting the person. We also saw confirmation that, though another employment role, the registered manager's criminal history check was routinely updated.

The registered manager had systems in place that ensured the safe ordering, receipt, storage, administration and recording of medicines. Medication administration records were consistently completed and tallied with the medicines available. The registered manager told us that they maintained a 'month ahead' medicines supply. This allowed them to ensure that the pharmacy was able to supply a specific brand type of one of the medicines which was agreed with the GP as the most soluble form. This meant the person received their medicines in the way safest for their individual needs.

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 and found that improvements were needed.

The registered manager told us they had not completed relevant training and so were not fully aware of their responsibilities under MCA and DoLS. Records were not in place to show that the person's capacity to make some decisions was assessed and that other decisions, such as the use of bedrails or to receive care or treatment, had been made in their best interests where needed. This meant that the person's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests, had not been recorded. The registered manager and the person's relative confirmed there were no formal legal authorisations in place in relation to making decisions on the person's behalf. An application had not been made to the local authority for an assessment in relation to DoLS. However, we saw that the registered manager sought the person's consent in relation to everyday decisions as well as in relation to their care and treatment. This was confirmed by a healthcare professional. The registered manager reassured us they would take action to update their knowledge and complete the required records without delay.

The registered manager had completed training to enable them to meet the person's care needs. Written confirmation of the registered manager's training and updates was available. This included specialist regimes to support nutrition, safe moving and repositioning and safeguarding people as well as training on subjects that supported the person's individual health needs and well-being.

Effective nutritional monitoring was in place to ensure the person's nutritional and hydration needs were suitably met. This included agreed recorded systems for the management and safety of the person's nutrition while they attended day services. The person's weight was routinely checked at their day care facility and recorded by the registered manager. A healthcare professional told us that both the registered manager and the supporting family member had completed specialist training and were competent in supporting this area of the person's needs. The healthcare professional also told us that the registered manager took an active role in monitoring this and always called in healthcare professionals for advice if there were any concerns.

Care records demonstrated that the registered manager sought advice and support for the person from relevant professionals. This included the dietician, specialist physiotherapist as well as the GP. Outcomes were recorded so that there was clear information on meeting the person's needs. The person's relative said, "[Registered manager] monitors [person's] health really well and [person] comes first and foremost."

Is the service caring?

Our findings

The person lived in a caring and supportive environment. A relative told us the registered manager had cared for the person for over twenty years with love and kindness and as part of the family. The relative said, "[Registered manager] treats person as one of the family, and better if that is possible." A healthcare professional told us, "The care provided is amazing, really lovely."

We saw a positive relationship between the registered manager and the person living in the service. The registered manager had cared for the person for many years which enabled a confident relationship to develop. The registered manager showed understanding of the person's anxieties and spoke in a calm and clear way to the person and provided reassurance. The registered manager understood the person's non-verbal communication methods and the person was supported to make choices such as where they wished to be seated and whether they wished to go to bed.

The person was supported to maintain other important relationships. A relative told us that the registered manager supported them to see [person] each week.

The person was treated with dignity and respect. A healthcare professional said, "The registered manager speaks to [person] as an equal and always involves them in conversation. Wherever we provide support or interventions, [registered manager] ensures this takes place in a private side room at the day centre or in the person's bedroom at home to support their privacy."

Is the service responsive?

Our findings

Care and support was individually planned to support the person's needs. Information on the person's care needs and actions to support these were documented. Some areas additionally contained pictorial detail, such as the person's nutritional regime or the detailed siting of the equipment to support the person's positioning for their comfort. This helped to ensure that the person's care could be delivered in the way they needed. The information accompanied the person wherever they were so that current information on the care to be provided was available at any time and to any person involved in supporting the person.

A healthcare professional told us that the registered manager offered responsive care. They cited the way the registered manager had worked with professionals in completely changing the person's nutritional intake system, including varied timings, to ensure the system really met the person's needs. The person's health information folder confirmed that the person had very delicate skin. The registered manager and the person's relative confirmed that the person had never experienced any concerns relating to their pressure areas. The relative told us this was due to the good care provided at the service.

Records and photographs showed that the person was supported to experience a range of social activities and leisure pursuits that interested them. These were also represented in the person's own bedroom where their trophies and other related objects were displayed. A relative told us that the registered manager not only assured the person's physical health but their mental well-being too. They said, "[Registered manager] keeps [person] mentally active as well by providing a real family experience and so increasing opportunities for interaction. [Person] loves motorbikes so family members watch the racing with them."

While a formal written complaints procedure and policy was not in place, the person's relative told us they would have no hesitation in speaking with the registered manager should they have any concerns, although they could not see this as too likely. The relative confirmed that they were confident that the registered manager would listen and respond appropriately to any concerns they might have.

Is the service well-led?

Our findings

The service was well led. A registered manager was in post who demonstrated that they were fully aware of all aspects of the service. The service has a long history of meeting required standards and providing safe, quality care. The registered manager was fully involved in leading all aspects of the person's care and worked with other professionals to ensure continuous support for the person's wellbeing.

Apart from the time the person spent at their day centre, the registered manager and a family member provided all the person's care and support. While formal quality assurance processes were not in place a daily diary was used to maintain communication between the service and the day centre. This enabled the registered manager to monitor the quality of the care provided to the person when they were not under their direct care and to take any necessary actions to improve this.

The registered manager was open and inclusive to others supporting the person. This was confirmed by the relative we spoke with who said, "[Person] could not get the care they get here anywhere else. They are only here due to that care. For me, when [person] went there, it was like winning the lottery. I could not trust [registered manager] or the service they give any more than I do. We keep in touch and I can talk to [registered manager] any time."