

The Fremantle Trust

The Gables

Inspection report

49 Moreland Drive
Gerrards Cross
Buckinghamshire
SL9 8BD

Tel: 01753890399
Website: www.fremantletrust.org

Date of inspection visit:
04 October 2017
09 October 2017

Date of publication:
23 November 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 4 and 9 October 2017. It was an unannounced visit to the service.

We previously inspected the service in November 2016. The service was not meeting all of the requirements of the regulations at that time. We asked the provider to take action to improve fire safety measures, prevention of accidents, updating risk assessments and care plans and ensuring staff received appropriate support. The provider sent us an action plan which outlined what they would do to make improvements at The Gables.

The Gables provides care and support for up to seven people with complex learning disabilities. Six people were living there at the time of our visit.

The service had 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.

We received positive feedback about the service. Comments from people included "It's lovely here," "They're brilliant," "I've not got any negative thoughts whatsoever" and "I'm lucky my (family member) is here." A community professional told us "It's a lovely environment and they really care for them." They added "Staff are amazing, they work well together as a team and engage with the residents. I can't fault them." A healthcare professional said they were always made to feel welcome and added "It's always relaxed here." They told us "I've never had any concerns."

Staff knew how to report any concerns they might have about people's welfare. There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns. Safeguarding issues were reported to the local authority and managed appropriately.

Improvements had been made to the management of risks. We saw written risk assessments had been updated to reflect people's current care needs. Measures were put in place to reduce the likelihood of injury or harm.

People's medicines were managed safely. They received healthcare support when they needed it. A healthcare professional told us the service made appropriate referrals to them or the GP if there were any concerns about people's health and well-being.

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

People received the support they required. There were sufficient staff to meet people's needs. Thorough recruitment processes were used to make sure people were supported by staff with the right skills and attributes. Relatives were treated with warmth and consideration and made to feel welcome.

Staff did not always receive all the support they needed. We raised this as an area to improve at the last inspection. We found some improvements had been made but staff supervision was still not taking place for all staff in line with the provider's expectations. We found recent appraisals had been carried out to assess staff performance. Training was being updated to make sure skills were refreshed. We have made a recommendation about training on dementia care.

Improvements had been made to people's care plans. These had been updated to make sure they were accurate and took into account how people wished to be supported.

Some activities were arranged for people to give them stimulation. We have made a recommendation for further work to be undertaken in this area to increase activity provision and access to the community.

The building was well maintained and complied with gas and electrical safety standards. Equipment was serviced to make sure it was in safe working order. Evacuation plans had been updated for each person, to help support them safely in the event of an emergency. We found continuing concerns about fire safety measures. Practice drills were not taking place in line with the provider's procedures. This meant not all of the staff who worked at The Gables had taken part in drills and rehearsed what to do in the event of a fire. We have made a recommendation for the service to follow good practice in carrying out fire drills so that these are used as a learning opportunity.

The provider regularly monitored the quality of care at The Gables and made recommendations to improve practice. Records were maintained to a good standard and staff had access to policies and procedures to provide guidance on safe practice.

We found continuing breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to fire safety and staff support.

You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People continued to be placed at risk of harm as there were insufficient fire practice drills.

People were protected from abuse because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury was reduced because risk assessments had been updated to identify and minimise areas of potential harm.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People may not have received safe and effective care because staff were not consistently supported through regular supervision.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests, in accordance with the Mental Capacity Act 2005.

People received the support they needed with their healthcare needs to keep healthy and well.

Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect and protected their privacy.

People's wishes were documented in their care plans about how

they wanted to be supported with end of life care.

People were treated with kindness, affection and compassion.

People were supported by staff who engaged with them well and took an interest in their well-being.

Is the service responsive?

Good ●

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

There were procedures for making compliments and complaints about the service.

The service responded appropriately if people had accidents or their needs changed, to help ensure they remained independent.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

People may have been placed at risk of harm as actions to improve the service had not always been completed sufficiently.

The provider monitored the service to make sure it met people's needs safely and effectively.

The registered manager knew how to report any serious occurrences or incidents to the Care Quality Commission. This meant we could see what action they had taken in response to these events, to protect people from the risk of harm.

The Gables

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 checked 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 4 and 9 October 2017 and was unannounced. The inspection was carried out by one inspector.

We did not ask the provider to complete 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. Instead, we gave the registered manager opportunity to send us information after the inspection about what the service does well and any improvements they intended to make. We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We contacted two community professionals before the inspection and spoke to another two when they visited The Gables. We also spoke with one person's relative who was visiting their family member.

We spoke with the assistant manager and three staff members. We checked some of the required records. These included two people's care plans, three people's medicines records, one staff recruitment file, the staff training matrix and six staff development files. We sampled some of the monitoring and audit records, policies and procedures.

Some people were unable to tell us about their experiences of living at The Gables because of their dementia. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

When we visited the home in November 2016 we had concerns about fire safety measures. This was because fire drills were not carried out in accordance with the provider's policy and individual emergency evacuation plans had not been kept up to date. This meant staff may not have known what to do in the event of a fire to support people safely and keep themselves safe.

On this occasion, we found some improvements had been made. We found emergency evacuation plans had been updated. Copies were contained in the fire log as well as in individual care plan folders. We looked at records of fire drills. One had been carried out in December 2016 and another in July this year. One entry contained the initials of five staff who had attended. There was no record of who had been present at the other drill. The provider's guidance was for all staff to take part in at least one practice drill each year. We asked for further evidence to show that all staff who worked at the home had taken part in these drills, but there was none. Whilst staff at the home undertook fire warden training to give them an increased awareness about fire safety, this did not include practice drills. This meant some staff may not know how to safely support people in the event of a fire at the service.

These was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw staff had evaluated the used of evacuation equipment and raised some concerns about this as they felt it would not be suitable for one person. This was being followed up by the provider.

Records of fire drills did not provide information about the drills to show they were carried out effectively. For example, how long each drill took, any observations about how people reacted or general learning points to improve evacuation processes.

We recommend the service follows good practice in the carrying out of fire drills so that these are used as a learning opportunity.

At the last inspection we found risk assessments had not been kept up to date to reflect people's current care requirements. This meant they could have been placed at risk of harm. On this occasion we found improvements had been made. Risk assessments were written for areas of practice such as moving and handling, accessing the community, refusal to take medicines and travelling in vehicles. Information was up to date and reflected people's current care needs. Measures were put in place to reduce risks. For example, where assessments identified two staff were needed to support people, we saw this was provided.

We made a recommendation at the last inspection for a risk assessment to be written about people being able to access disposable gloves and the risk of ingesting these. Two staff we spoke with were not aware of a risk assessment being written for this. However, we saw disposable gloves were now locked away in bathroom areas.

Community professionals and a relative we spoke with told us they did not have any concerns about people's care and welfare. Staff had undertaken safeguarding training to be able to recognise and respond to signs of abuse. Staff told us they would report any concerns to the registered manager or assistant manager. They said they would report concerns higher within the organisation if that was required.

People were protected from the risk of unsafe premises. We saw certificates to confirm The Gables met gas and electrical safety standards. Equipment to assist people with moving had been serviced and was safe to use.

People received the support they required. Staffing rotas were maintained and showed shifts were covered by a mix of care workers and senior staff. We observed there were enough staff to support people. Staff met people's needs in a timely way with call bells answered promptly. People we spoke with said there were always staff around. A community professional told us "It's always relaxed here, you'd never know if they were short staffed."

The service used robust recruitment processes to ensure people were supported by staff with the right skills and attributes. One new member of staff had joined the team since the last inspection. Their file contained all required documents, such as a check for criminal convictions, written references and proof of identity.

People's medicines were managed safely. There were medicines procedures to provide guidance for staff on best practice. Staff handling medicines had received training on safe practice. We saw staff maintained appropriate records to show when medicines had been given to people, which provided a proper audit trail. Protocols had been written for people's rescue treatments. Rescue treatments are taken 'as needed' to stop clusters of seizures, seizures that last longer than usual or when seizures occur at specific predictable times.

Is the service effective?

Our findings

When we visited the home in November 2016 we had concerns about this area of practice. This was because people were placed at risk of harm because staff had not received appropriate support and supervision to enable them to carry out the duties they were employed to perform.

On this occasion, we found some improvements had been made. We looked to see whether staff supervision had taken place since the last inspection and up to the time of this visit. We checked six staff files. We found records of supervision varied from one to three meetings in the past year. Staff who had received the fewest supervision sessions were night staff or relief workers. We saw they had less opportunities for other forms of support, such as working alongside managers. Additionally we found they had not attended staff meetings to keep up to date with developments to practice.

The provider's expectations were for staff to receive supervision on at least four occasions each year. This level of professional support was not consistently being achieved at The Gables from the records we viewed and information provided afterwards. This placed people at risk of harm as not all staff who assisted them had received appropriate support to carry out their roles.

This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a system for appraising staff performance. We found recent appraisals had been carried out for all staff in the sample we checked.

Training records showed some areas where staff needed to refresh their skills and learning. This had been identified before the inspection and one member of staff attended a course whilst we were at the home. The registered manager sent us details after the inspection of courses which had been booked for other updates staff required. Staff also had opportunities to study higher level courses. One member of staff told us they were undertaking a level three health and social care course.

We noticed a few staff had not undertaken training on the care of people with dementia, to meet the needs of the people they supported. Most of the other staff had done this but it was some years ago. One had completed a Business and Technology Education Council (BTEC) course on care of people with dementia. We recommend training is provided to ensure all staff have the skills they need to care for people with dementia.

New staff undertook the Care Certificate and received appropriate support. The Care Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way.

People's healthcare needs were effectively met. Records of any healthcare visits or appointments were noted in care plans. We received positive feedback from a healthcare professional about how the home

managed people's healthcare needs. They told us the service made appropriate referrals to them or the GP if there were any concerns about people's health and well-being. They said staff were "Very accommodating" and always had things ready for when they visited, such as creams and people's notes. The healthcare professional added "They've never had any pressure damage here; moisture lesions yes due to incontinence, weight, even time of year, but no pressure damage." A moisture lesion is soreness and blistering where the skin has been exposed to wetness over a long period of time. This wetness can be urine, faeces, sweat or wound fluid. It is common to find moisture lesions in the skin folds and creases.

We observed staff communicated effectively about people's needs. Relevant information was documented in a communications book and handed over to the next shift. Staff updated each other as they went along about what needed to be done and who they had supported. This helped to ensure people's needs were effectively met.

People's nutritional needs were met. Their care plans identified any requirements they had in relation to eating and drinking. People had been assessed by speech and language therapists where necessary. Guidance provided by the speech and language therapy team was contained in people's files and followed by staff. For example, correct texture of food was given to people at risk, to prevent choking. Mealtimes were unrushed and people were asked what they would like to have. Staff provided equipment to enable people to manage their meals independently wherever possible. This included non-slip mats and adapted cutlery. People's weight was monitored and recorded. Any concerns were referred to healthcare professionals.

The design of the building took into account the needs of people with a range of disabilities. This ensured the layout and equipment provided supported people to remain independent. For example, doorways and corridors were wide enough to accommodate wheelchairs and bathrooms and bedrooms had enough space for manoeuvring hoists and other equipment. There was a stair lift between the ground and first floor and level flooring throughout the building and around the garden, to enable people to move around safely.

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 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We contacted the local authority DoLS team regarding any applications they may have received or authorised. They told us six referrals had been made for people at The Gables; these were waiting to be processed.

At the last inspection we recommended the service undertook further work to ensure all decisions made in people's best interests were properly recorded, in accordance with the MCA. We found evidence that some decisions were now being recorded appropriately. For example, decisions about managing finances, personal care, medicines and last wishes.

Is the service caring?

Our findings

We received positive feedback from people about the approach of staff. These included "They're brilliant," "Staff are amazing" and "I couldn't think of a better place if someone needed to come to a place like this." We asked one person who lived at the home what they thought of a particular member of staff. They said "She's round the bend!" and then laughed. We asked if this was in a good way and they said "Yes." They referred to another member of staff as "Blossom." We asked why that was and they said "Because it's the way she treats me" and smiled.

We saw staff were respectful towards people and treated them with dignity. They knocked on people's bedroom doors and ensured personal care was carried out in private. People had been supported to look smart; gentleman had been neatly shaved and hair and nails were clean and tidy. Care was taken of people's clothes so they looked presentable and co-ordinated. The tone of care plans also reflected a dignified approach. For example, one person's file advised staff "If choosing to stay in bed during the day, staff to ensure (name of person) is either dressed or wearing pyjamas to ensure their dignity if they choose to get up and come to the lounge."

People's wishes were documented in their care plans about how they wanted to be supported with end of life care. We saw families had been asked to provide information about last wishes and funeral arrangements. People and staff were supported by palliative care specialists. Services and equipment were provided as and when needed.

Staff were knowledgeable about people's histories, their families and how they liked to be supported. Staff had clearly got to know people well and took an interest in their well-being.

People could move around the home as they wished or with staff support if they needed it. People could spend time in their rooms or the communal areas. People who spent some of the time being cared for in bed were supported to join others in the lounge when well enough to do so.

People's bedrooms were personalised and decorated to their taste. People appeared happy and contented. We saw people smiled and blew kisses and had these returned by staff. Staff actively involved people in making decisions and gave them time to respond to questions. This included decisions about meals, what they would like to drink and when to get up.

Staff showed concern for people's well-being in a caring and meaningful way. For example, we heard two occasions where people had seizures. Staff responded to people's needs quickly in these situations and made sure the person could rest afterwards. This included encouragement to lay in bed and cancelling day service attendance.

People's visitors were free to see them as they wished. A relative told us they were made to feel welcome. We heard staff took an interest in them and asked how they were and offered them drinks and food.

People's independence was promoted. Risk assessments were contained in people's care plan files to support them in areas such as accessing the community and travelling.

Is the service responsive?

Our findings

When we visited the home in November 2016 we had concerns that people's care plans had not been kept up to date. This meant they may have been at risk of receiving inconsistent care or care that did not meet their needs.

On this occasion we found improvements had been made. People's care plans had been updated to reflect their current needs and how they wished to be supported with their care. Each care plan contained information about the person's communication needs and included sections such as support they needed with mobility, washing, bathing, eating and drinking. Care plans were cross referenced to other documents to make sure staff were aware of these. For example, an eating and drinking care plan was cross referenced to a speech and language therapy assessment and choking risk assessment. Care plans took into account people's cultural and religious needs and those which arose from their disabilities. They were personalised and each file contained information about the person's likes, dislikes and people who were important to them.

At the last inspection we were unable to see from records if staff took appropriate action after people had accidents. On this occasion we found improvements had been made. Records of accidents included action plans and preventative action to prevent recurrence. For example, one accident record noted a protective covering had been placed around someone's ankle to stop it rubbing against the foot rest on their wheelchair.

The service supported people to take part in some social activities. We saw two sensory sessions took place whilst we were at The Gables, which people seemed to enjoy. A reflexologist also visited whilst we were there. Staff showed us photographs of people taking part in activities such as celebrating Diwali, a Notting Hill Carnival themed event and a visit to nearby Black Park. We asked what community involvement there was. The assistant manager told us a choir came in twice a year; the next time would be for Christmas when food would be provided to make it a party atmosphere. Although the service was close to local shops and facilities we did not see or read in daily notes that people were supported to go out and about on a regular basis. We recommend the service follows good practice in activity provision and accessing the community.

There were procedures for making compliments and complaints about the service. One complaint was recorded in the feedback folder, alongside numerous compliments. We were able to see the complaint had been handled appropriately.

Staff were responsive to changes in people's needs and healthcare concerns. Care plans and risk assessments were updated as necessary when changes arose. We read a compliment from a relative about how staff had responded when their family member had a seizure. It included "They came running to help, produced a cushion for their head and a wheelchair in seconds...they also phoned to tell us they didn't need hospital treatment."

Handover between staff at the start of each shift ensured that important information was shared, acted

upon where necessary and recorded to ensure people's progress was monitored.

Is the service well-led?

Our findings

People were cared for in a service which was not consistently well-led to fulfil the requirements of the regulations.

The service had a registered manager who knew the needs of people well. Staff said they felt supported and could speak with the assistant manager or registered manager whenever they needed to. However, we found supervision systems still needed to be improved to ensure staff received appropriate professional development. We also found that sufficient improvements had not been made to fire practice drills to make sure all staff would know what to do in the event of a fire. The action plan sent to us following the last inspection stated these matters would be addressed by the time of this visit.

However, people we spoke with talked positively about standards of care. We also read several compliments. For example, in one person's review notes their relatives had commented "Beautifully cared for, the staff are fantastic, it is such a lovely place and suits (name of person) perfectly." We read a card from a neighbour which said "We were struck by the lovely welcoming atmosphere. The layout reminded us of an ordinary home with a lovely garden...The staff are clearly committed to the care and well-being of the residents with a real personal interest in each of them. We thought this was a really lovely environment for anyone with special needs and disabilities, a real home from home."

The service promoted a positive culture where people received person-centred care. Comments from staff included "I really enjoy my job" and "It's a nice place to work." The registered manager regularly worked alongside staff which gave them an insight into how people were cared for.

The home had some links with the local community but people did not regularly go out or have involvement with a wide range of activities.

Records were well maintained. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, restraint, whistle blowing and safe handling of medicines. These provided staff with up to date guidance.

Staff said they would report any concerns they had about people's care or staff conduct. They were advised of how to raise whistleblowing concerns during their training on safeguarding people from abuse. Whistleblowing is raising concerns about wrong-doing in the workplace. This showed the home had created an atmosphere where staff could report issues they were concerned about, to protect people from harm.

Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. There are required timescales for making these notifications. The registered manager had informed us about incidents and notifications and from these we were able to see appropriate actions had been taken.

The provider regularly monitored the quality of care at the service through visits and audits.

Recommendations were made to improve practice where required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were placed at risk of harm as fire practice drills were not carried out in accordance with the provider's policy, to ensure staff knew what to do in the event of a fire.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were placed at risk of harm because staff had not received appropriate support and supervision to enable them to carry out the duties they were employed to perform.