

The Fremantle Trust

Lady Elizabeth House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 22 and 23 June 2017. It was an announced visit to the service.

We previously inspected the service on 10 and 11 May 2016. The service was not meeting all the requirements of the regulations at that time. We asked the provider to make improvements to maintaining records of complaints. Recommendations were also made for the service to assess people's needs before they received a service, making care plans more person-centred and adding a photograph to staff personnel files. On this occasion we found appropriate action had been taken to address these matters.

Lady Elizabeth House provides support to older people and younger adults living in extra care housing. Eighteen people were being supported 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. Relatives were complimentary of the standards of care and support given to people and to themselves. One relative told us "We couldn't have picked a better place." They added "They look after us too." Another relative said "I'm very happy with everything here." One person who lived at the service spoke about one of their care workers and described them as "Very kind and caring." Another person said "I love them all."

A community professional told us "Staff have a very good understanding of the needs of the residents and as a result are able to meet their needs well."

Improvement had been made to assessing people's needs before they received a service. Care plans were more person-centred and focused on the needs and wishes of the person rather than being task based. These had been kept up to date to reflect changes in people's needs.

We found there were sufficient staff to meet people's needs. They were recruited using robust procedures to make sure people were supported by staff with the right skills and attributes. Staff told us there was good teamwork at the service and they enjoyed coming in to work. They said they received the support they needed to meet people's needs. Staff received support through induction, supervision and staff meetings. However, we found appraisals had not been carried out for staff in 2016 and some training requirements needed to be addressed.

People were supported to be as independent as possible. Their medicines were handled safely. We have made a recommendation about recording of when medicines prescribed for occasional use have been offered to people. This is in order to demonstrate staff consistently ask people if they need these medicines

and to explain gaps in the records.

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. However, we have made a recommendation about mental capacity assessments to make sure people who may lack capacity, such as those with dementia, can make decisions about their care and support.

The provider checked the quality of care at the service through visits and audits. Most of the records we looked at were well maintained and those we asked to see were located promptly.

We found a breach of the Care Quality Commission (Registration) Regulations 2009, as the service had not informed us of all notifiable events. This meant we could not see at the time the events occurred that appropriate action was being taken to safeguard people's welfare.

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?

Good ●

The service was safe.

People were protected from harm 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 or harm was reduced because risk assessments had been written to identify areas of potential risk.

Staff had been trained in fire safety awareness and first aid to be able to respond appropriately in emergency situations.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff were supported through supervision, induction and staff meetings. Some training needed to be undertaken in a couple of cases to make sure all staff had the skills to meet people's needs safely and effectively.

People's mental capacity had not been assessed where they may lack capacity, such as those people with dementia, to make sure they could make decisions about their care and support.

People received the support they required to meet their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were supported to be independent.

People were treated with kindness, affection and compassion.

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

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. People were able to identify someone they could speak with if they had any concerns.

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

Is the service well-led?

The service was not consistently well-led.

We had not always been informed about important events which affected the welfare of people who use the service.

People's care was monitored by the provider to make sure it met their needs safely and effectively.

Improvement had been made to recording of any complaints and any action that was taken.

Requires Improvement ●

Lady Elizabeth House

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 22 and 23 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service in an extra care housing setting; we needed to be sure that someone would be available to assist with the inspection process.

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 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 community professionals, for example, the local authority commissioners of the service, to seek their views about people's care.

Surveys were sent to staff and people who used the service prior to the inspection. We have used feedback from these to help inform our judgements about the service. We spoke with three relatives and three people who use the service during our visit.

We spoke with the registered manager and three staff members. We checked some of the required records. These included four people's care plans, five people's medicines records, three staff recruitment files and the staff training matrix.

Is the service safe?

Our findings

People told us they felt safe from abuse and harm from their care and support workers. We saw the service had procedures for safeguarding people from abuse. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse. There was a poster displayed in the entrance hall with numbers to call if anyone felt people were being harmed in any way. This included details for the provider, the local authority and the Care Quality Commission.

A community professional provided feedback about safeguarding at Lady Elizabeth House. They told us "The very low number of safeguarding concerns raised evidences a good level of care and when safeguarding alerts have been raised, staff have been open and helpful in exploring the issues."

People were protected from the risk of injury or harm during the provision of their care. We saw risk assessments had been written for each person the service supported. These included assessment of daily living activities such as supporting people with moving and handling, bathing and management of medicines. Health and safety risk assessments had also been completed. Where risks were identified, measures were put in place to protect people from injury. For example, allocating two staff where moving and handling assessments identified this was needed.

We saw emergency evacuation plans had been written for each person. These documented the support and any equipment people needed in the event of emergency situations. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately.

We observed there were enough staff to support people. Staff discussed in handover one person's support and a need to increase the amount of visits they received. This was added to the staffing rota to ensure the person had the support they required.

Staffing rotas were maintained and showed shifts were covered by a mix of care workers and senior staff. We saw busy times were managed well. Staff told us if they finished supporting the people allocated to them they always went and helped out colleagues. This ensured people's needs were met in a timely manner.

People were protected by the recruitment procedures used at the service. These ensured they were supported by staff with the right skills and attributes. All required documents had been obtained before staff worked at the service. This included a check for criminal convictions, health screening and written references.

People's medicines were managed safely. People were supported to manage their own medicines where possible, subject to risk assessment. There were medicines procedures to provide guidance for staff on best practice. Staff handling medicines had received training on safe practice and had been assessed before they were permitted to administer medicines alone. People told us they received their medicines when they needed them.

The registered manager took action where staff had not provided safe care for people. For example, where medicines had not been signed as given on the record sheets. Staff were reminded in supervision and in staff meetings about correct procedures to follow, to prevent recurrence.

Is the service effective?

Our findings

People received effective care at Lady Elizabeth House. Around 70 per cent of the people who completed surveys said they received care and support from familiar, consistent care and support workers. Everyone said the support and care they received helped them to be as independent as they could be. People said their care workers completed all of the tasks that they should do during each visit. Most people (86 per cent) felt staff had the skills and knowledge to give them the care and support they needed. Eighty six per cent of people who completed surveys said they would recommend this service to another person.

A community professional told us "Staff have a very good understanding of the needs of the residents and as a result are able to meet their needs well."

Staff told us they felt supported. We saw they received supervision in face to face meetings as well as through spot checks. New staff undertook an induction to their work, which led to the Care Certificate. 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.

There was a programme of on-going staff training to refresh and update skills. We could see from training records that some courses had been updated this year. For example, fire safety, safeguarding and first aid. Some new staff were waiting for courses to be held so they could complete the Care Certificate. Dates for these were sent to the service during the inspection to address this. There were some other courses for a small number of other staff which needed to be looked at. In one case, the registered manager said the member of staff was an occasional worker at Lady Elizabeth House. They explained the member of staff worked at another of the provider's services as well. Their moving and handling training was due for annual updating but there was no record of this after 2014. The registered manager thought the primary service the staff member worked in would have taken responsibility for keeping the training up to date, although this had not been verified.

Staff were encouraged to undertake further training to help them develop. For example, one of the staff we met had completed a Business and Technology Education Council (BTEC) award in management.

There was a system for annual appraisals to be carried out for staff. Appraisals had not been carried out in 2016. We were informed a new system was being introduced to appraise staff within the organisation. Training was being held before the system was rolled out at the service.

We observed staff communicated effectively about people's needs. Relevant information was documented in daily notes and handover records. Handover took place between shifts to update incoming staff on people's well-being and tasks which required completion.

People were provided with information about and a photograph of their keyworker. The responsibilities of keyworkers were described as "To be present at your reviews, promote your physical well-being, social and

emotional well-being and to address any issues regarding your care that may concern you."

People were provided with the support they needed to prepare their meals. Care plans documented people's needs in relation to eating and drinking. People could choose to have their lunch in the communal dining room if they wished.

People were supported with their healthcare needs. Care plans identified any support people needed to keep them healthy and well. Staff maintained records of when they had supported people with healthcare needs. We saw and heard staff contacted people's GPs for advice or if visits were required.

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. For people who live in this type of service, applications must be made to the Court of Protection. The registered manager told us no one had a Court of Protection order in place.

We checked whether the service was working within the principles of the MCA. We noted people's capacity had not been assessed by the service. It was assumed everyone had capacity to make their own decisions. Some of the people the service supported had diagnoses of dementia. In one case we saw someone's relative had Power of Attorney over their finances. The care plan was clear in saying this and that they could make other decisions. However, we recommend people's mental capacity is assessed where necessary, to make sure people can make decisions about their care and support.

Is the service caring?

Our findings

We received positive feedback from people. People told us they were happy with the care and support they received from the service. They said they were always treated with respect and dignity. Most people (86 per cent) said they were always introduced to their care workers before they received support. The same number of people considered their care and support workers to be caring and kind. A person described one of their care workers as "An angel. She's very kind and caring." Relatives used words which included "Kind," "Gentle" and "Brilliant" to describe staff. One person's relatives said staff had been especially supportive to them and said "They look after us too." They added "We couldn't have picked a better place." We read a compliment the service received from a relative which thanked staff for their "Kindness, patience and support."

We observed staff as they went to people's flats to carry out care visits. Staff knocked on people's front doors and waited for a response before they went in to their flats. We heard they called out once they had gained access, to alert the person they were there.

Most people (86 per cent) told us they were involved in decision-making about their care and support needs. They said the service would involve people they chose in important decisions if that was what they wished.

Staff knew about people's histories and what was important to them, such as their family members. Relatives told us they were contacted by the service in accordance with their wishes about any ill health or concerns about people's well-being.

We observed staff engaged well with people. For example, we heard staff spoke to people each time they passed by them. They commented to one person how nice their hair was looking and enquired if they had been to the hairdresser the previous day. We saw staff engaged in light-hearted conversations which made people laugh and smile.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance on protecting sensitive information. The office door was kept closed when private discussions took place.

People's visitors were free to see them as they wished. Visitors commented they could come and go as they wanted. There was a guest suite if people wanted to stay overnight.

The service promoted people's independence. A community professional told us "The environment is supportive to residents, encouraging them to remain in the community." Risk assessments were contained in people's care plan files to support them to do as much for themselves as they could. We observed several people going out during the two days of our visit. This included people going out into town and to day services.

Is the service responsive?

Our findings

The service was responsive to people's needs.

When we inspected the service in May 2016, we recommended the service carried out its own initial assessments of people's needs before it provided care to them. We also recommended the service developed care plans to reflect a more person-centred approach to people's care, so they had as much choice and control as possible. On this occasion, we found improvements had been made.

We looked at the care plan files of some people who had recently started to use the service. In each case we could see initial assessments had been carried out before people moved to Lady Elizabeth House, to ascertain their support needs. Care plans were then written to document the support staff needed to provide. We saw this information was now more person-centred and focused on the wishes and needs of the individual, not just on tasks.

Staff gave us examples of how they had provided support to meet the diverse needs of people who used the service including those related to disability, culture and gender. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well.

Care plans had been kept up to date and information was reviewed regularly. Senior staff carried out reviews of people's care whilst we were at the service. We also heard them contact external agencies to arrange reviews where community professionals' involvement was required.

There were procedures for making compliments and complaints about the service. Around 70 per cent of people who completed surveys said they knew how to raise a complaint about the service. We could see action was taken when concerns and complaints were expressed. This sometimes involved passing information to the landlord where the complaint was about the building and fixtures. Several compliments had also been received at the service.

Staff responded appropriately when people had accidents. For example, an ambulance was called after someone had a fall. We saw records which showed staff had contacted the occupational therapist to see if they could provide advice to help the person to stand more easily.

There was a day service as part of the facilities at Lady Elizabeth House. Some of the people we met used the day service to take part in activities and be with others. There was a communal lounge which contained books, games and television facilities which people could use. Some people told us they would like more to do at the service. Activity provision outside of the day service was not part of what the service aimed to provide. However, we asked the registered manager to consider how the communal facilities could be used to good effect, such as with input from volunteers.

Is the service well-led?

Our findings

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. These notifications are required to be made without delay. The registered manager had not informed us about all incidents or allegations of abuse which had occurred since our last inspection. For example, we found reference to two safeguarding incidents in records of monitoring by the provider. These had been referred by the service to the local authority, but no notifications had been made to us.

This was a breach of regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

When we inspected the service in May 2016, we had concerns about how complaints were managed. This was because records had not been maintained of all complaints received by the service and how they were responded to. The provider told us the action they would take to address this. On this occasion we found improvements had been made. Records were now in place and we could see the action taken to address any concerns. This included passing complaints about the building to the landlord.

We received positive feedback about the registered manager. We read a compliment from a relative which included the registered manager "Was extremely supportive and influential in my efforts to get my (family member) the appropriate care."

Senior staff posts had been introduced since the previous inspection. The registered manager told us this had enabled improvements to be made such as development of people's care plans.

Staff were supported through induction, supervision and staff meetings to be able to meet the needs of the people they cared for.

Most of the records we looked at were well maintained at the service and those we asked to see were located promptly. At the last inspection we made a recommendation for photographs to be added to staff recruitment files. This had been done.

On this occasion we advised the registered manager to give attention to staff files as these did not contain information about start dates, copies of contracts were sometimes missing and some of the recruitment checks needed to be printed off the computer to view. We acknowledge they were able to ascertain this information by contacting their head office.

When we looked at records of medicines administration, we found staff had not always shown they asked people if they wanted or needed medicines prescribed for occasional use. For example, pain relief. This meant there were unexplained gaps on medicines records.

We recommend staff follow good practice by indicating on record sheets when medicines prescribed for occasional use have been offered to people.

Staff had access to general operating policies and procedures on areas of practice such as safeguarding, managing emergency situations and safe handling of medicines. These provided staff with up to date guidance.

Staff 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 service had created an atmosphere where staff could report issues they were concerned about, to protect people from harm.

The provider monitored the quality of care at the service. Senior managers visited the service, for example, to attend tenants' meetings and to carry out audits. A comprehensive audit had been undertaken recently. The registered manager had also sent questionnaires to people to seek their views about the service. The findings from this were displayed in the entrance area. This included that people felt their choices and wishes were considered, they were involved in the planning of their care and they felt their current care and support needs were met.

We found there were good communication systems at the service. Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings.

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 |
|--------------------|---|
| Personal care | Regulation 18 Registration Regulations 2009 Notifications of other incidents The service had not always informed us about any abuse or allegation of abuse in relation to a service user. Regulation 18 (2) e. |