

The Fremantle Trust

# The Fremantle Trust - Buckingham Road

## Inspection report

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## 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 24 and 26 May 2017. It was an unannounced visit to the service.

We previously inspected the service on 29 April and 1 May 2016. The service was not meeting one of the requirements of the regulations at that time. This was in relation to cleanliness and maintenance of the premises. This was because there was mould growth in the laundry room and more significant areas in the shower room. We asked the provider to take action to make improvements. They sent us an action plan which outlined the measures they would take. We found improvements had been made.

The Fremantle Trust – Buckingham Road provides care for up to seven people with 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. There had been changes to management since the previous inspection. The current registered manager had been in post since July 2016.

We received positive feedback about the service. A relative told us they were very happy with their family member's care adding they were "Very well looked after." They said their family member "Goes out most days and is always quite happy with the place." Another relative commented "The care is very good, she's looked after very well and has a good key worker."

People were protected against the risk of abuse. There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns. People's medicines were handled safely and given to them in accordance with their prescriptions. People were supported with their healthcare and nutritional needs. Staff knew the people they supported well and treated them with kindness and compassion.

People were not always protected against the risk of fire. We found staff had not taken part in fire drills at the frequency the provider expected. There were no records of who had attended drills. This meant there was a risk of some staff not knowing the safest way to respond in the event of a fire. A recent inspection by the fire safety officer highlighted some areas where improvements were needed. One of these was to increase staffing levels at night time. We have made a recommendation for staffing levels to be reviewed in light of this.

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.

Care plans had been written to record the support people needed. Risk assessments were in place to reduce

the likelihood of people experiencing injury or harm. People accessed the community and took part in a range of activities.

Recruitment procedures had been followed in all but one case in the sample of staff files we looked at. We have made a recommendation about protecting people from the potential risk of harm where one member of staff requires a criminal records check to be undertaken.

Systems to support and develop staff had not always been used effectively at the service. We found staff had not received supervision and appraisal in line with the provider's expectations. Training for some staff had not been kept up to date to make sure their skills were refreshed.

People's care was monitored by the provider through visits and audits. However, we found some areas of practice had not been maintained to the standards we noted at the previous inspection.

The registered manager had informed us about some of the events which the Care Quality Commission needs to be notified of. However, there were two serious injuries that we had not been told about.

We found breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to providing safe care and treatment and staffing.

We also found a breach of the Care Quality Commission (Registration) Regulations 2009, as the service had not notified us of all important events.

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 consistently safe.

People were not always protected against the risk of fire as practice drills did not take place regularly. There were no records of which staff had taken part in fire drills. Staffing levels at night may not be sufficient to support people in the event of an emergency evacuation.

People's medicines were managed safely to keep them healthy and well.

Improvement had been made to the premises as mould growth had been treated in the laundry and shower room.

### Is the service effective?

**Requires Improvement** 

The service was not consistently effective.

People may not have received safe and effective care because staff were not always appropriately supported through regular supervision, appraisal and keeping their training up to date.

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 to attend healthcare appointments and keep healthy and well.

### Is the service caring?

**Good** 

The service was caring.

People were supported to be independent and to access the community.

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

People were treated with kindness, affection and compassion.

### Is the service responsive?

Good 

The service was responsive.

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

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

People were supported to take part in activities to increase their stimulation.

### Is the service well-led?

Requires Improvement 

The service was not consistently well-led.

The Care Quality Commission was not always told about reportable events which happened in the service. This meant we could not see what action had been taken in response to these events.

The provider monitored the service to make sure it met people's needs safely and effectively. However, we found some areas of practice had not been maintained to the standards we found at the last inspection.

People had links with the local community.

# The Fremantle Trust - Buckingham Road

## **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 24 and 26 May 2017 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We 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 also took into account a report of a visit by Healthwatch Bucks from January 2016, as part of their dignity in care visits to homes.

We contacted healthcare professionals, for example, GPs and the local authority commissioners of the service, to seek their views about people's care. We also contacted three people's relatives after the inspection, to ask them about standards of care at the service.

We spoke with the registered manager and four staff members. We checked some of the required records. These included three people's care plans, three people's medicines records, five staff recruitment files and four staff training and development files. We looked at other records including monitoring by the provider, safety checks of the premises and a sample of policies and procedures.

# Is the service safe?

## Our findings

People were not adequately protected against the risk of fire. We found the service had not taken sufficient action to ensure staff knew what to do in the event of a fire. Information printed on the fire drill record sheet said all members of staff were to take part in a fire drill at least twice a year. Records showed the most recent drill took place in March this year. Prior to that, a drill was recorded for January 2016. In 2015 there had been one drill, in April. This showed drills were not taking place at least twice a year. The registered manager was unable to find further records to show any more drills had taken place. We also found there were no records of which staff were present for any of the drills. This meant the provider could not be certain which staff had taken part in practice drills and that all staff would know what to do in the event of a fire.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider had not ensured staff had the skills and experience to provide safe care and treatment to people.

There had been a recent visit from the local authority fire safety officer. It included an opinion that there were not enough staff at night to supervise an evacuation in case of fire and to keep people safe. We asked the provider what action they would take in response to this. They told us action was being taken to carry out fire evacuations at the home with a focus on night time. They said from these they would be in a position to determine appropriate staffing levels.

We recommend staffing levels are reviewed to ensure there are sufficient staff at night.

Other elements of the fire officer's report were receiving attention, For example, a contractor had visited to look at improving emergency lighting and re-hanging a door.

We observed there were enough staff to support people during the day. Staffing rotas were maintained and showed sufficient cover was in place to support people and help them access the community. Additional staff were rostered to work at busy times, for example on an evening when people attended a local social club. Staff told us they organised tasks between themselves to make sure everything was completed. For example, one member of staff was assigned to administer people's medicines.

The service had followed its recruitment processes in all but one case. Four of the staff files we looked at contained evidence that thorough checks had been carried out. This included the member of staff's work history, written references, proof of their identification and a Disclosure and Barring Service (DBS) check for criminal convictions. In a fifth staff file, there was no record that a check had been made for criminal convictions although other checks had been undertaken. There was an incomplete DBS application form in the staff file but it had not been progressed further. The registered manager was unable to find any record of a DBS check being made for this member of staff.

We recommend the service ensures people are fully protected from the potential risk of harm until a Disclosure and Barring Service check is made.

People were protected from the risk of unsafe premises. When we inspected the service in April and May 2016, we had concerns about cleanliness and maintenance of the premises. This was because there was mould growth in the laundry room and more significant areas of mould in the shower room. This had been reported to the housing association who own the building, but there was no confirmation of when or if they would address this. The provider told us the action they would take to make improvements.

On this occasion, we found improvements had been made. There was no mould present in the areas we previously checked or elsewhere. All parts of the home were clean. We saw records and certificates to show gas and electrical appliances were safe to use. Lifting equipment had been serviced to ensure it was in good working order. Maintenance issues had been reported to the housing association for attention. We noted some safety concerns had been reported in 2016 but had not been resolved yet. For example, uneven pathways in the garden and a need to fit handrails in corridors.

People were safeguarded from the risk of abuse. Staff had access to procedures for safeguarding people from abuse. There was a poster in the office with the local authority's contact details for reporting abuse. Information was also displayed on the residents' noticeboard about raising concerns. Staff told us they did not have any concerns about how people were cared for at the service. Relatives and other people we spoke with were asked if they had any concerns about standards of care; no issues were raised.

People were protected from the risk of injury or harm. Risk assessments had been written and were contained in each person's care plan file. We read assessments on supporting people with moving and handling, accessing the community and their risk of falls, as examples. Measures were put in place to reduce injury where people were assessed as being at risk. 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.

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 and had been assessed before they were permitted to administer medicines alone. People told us they received their medicines when they needed them. We saw staff maintained appropriate records to show when medicines had been given to people, which provided a proper audit trail. Temperature checks were made in each room where medicines were stored. Records of these checks showed medicines were being stored within safe levels recommended by the manufacturers.

The registered manager took action where staff had not provided safe care for people. For example, where someone's medicines had not been given. Measures were put in place to reduce the likelihood of this happening again.



## Is the service effective?

### Our findings

People received their care from staff who had not always been appropriately supported. We found staff had not received regular supervision from their line managers. The provider expected staff to receive a minimum of four supervision sessions each year. We found staff had not received these minimum levels of supervision. In two staff files we checked, there were records that two supervision meetings took place over the course of the last twelve months. In a third file there was only a record of one supervision meeting. The registered manager was unable to provide further records to show more frequent meetings had happened. They explained that in the case of the third file, the member of staff had two long breaks in service during the past year.

There was a system by which staff should receive annual appraisals to assess and monitor their performance and development needs. We found records of appraisals from 2015 in the files we checked but none since then. The deputy manager told us appraisals had not been undertaken in 2016. There were changes in management of the service around this time. The registered manager told us appraisals were starting to happen again; one took place whilst we were at the service. Some staff were waiting to undertake training before they could appraise the staff they line managed.

There was a programme of on-going staff training to refresh and update skills. We looked at training records of four staff. These showed staff had undertaken a range of courses which included safeguarding, infection control, oral health and fire safety. We found some staff had not always updated their training in line with the provider's expectations. For example, moving and handling required an annual update. This was important because one person at the home required a hoist to help them reposition. Staff needed to ensure they supported them in a safe way. In two of the files we checked, annual updates had not always happened. In one case the member of staff last attended the training in 2014 and in the other case 2015. The training matrix for all staff showed a further two staff had missed out on annual updates. One member of staff last attended the training in 2013, the other in 2014. The registered manager told us a moving and handling course had been booked for June this year to bring staff skills up to date.

There were some other courses which also needed to be updated. For example, one person was due to update their safeguarding training in 2016 but this had not been arranged. The training matrix showed two other staff had not complete safeguarding training. Three staff had not completed first aid training according to records. A further member of staff completed first aid training in 2013; we advised the registered manager to check when this should be updated, which would be dependent on the level of course undertaken. There were no dates arranged to refresh first aid training. The registered manager and deputy manager told us it was difficult to book staff onto these courses due to demand for places within the organisation.

Overall, we found staff had not consistently received the support and training they required for their professional development and to look after people safely.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014, because staff had not received appropriate support, training, supervision and appraisals as is necessary to enable them to carry out the duties they are employed to perform.

The provider encouraged staff to undertake further education courses. For example, Business and Technology Education Council (BTEC) awards in supporting people with learning disabilities. Three staff had completed these. The registered manager and deputy manager were undertaking level 5 courses in management.

New staff undertook an induction to their work, which led to the nationally-recognised Care Certificate. The 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. The staff we spoke with said they felt their induction had equipped them with the skills they needed to support people and to learn about the organisation they worked for.

People were supported with their healthcare needs. We received positive feedback from a healthcare professional. They told us "The setting encourages person centred oral care, using techniques and approaches suitable for the individual. Review dates are included on documents in order to capture change. 199 Buckingham Road supports and encourages clients to maintain independent oral care where possible and provides support when needed." They added "199 Buckingham Road first acknowledged its commitment and recognised the importance to oral health in 2015 by staff receiving training. As a result, a system was put in place to record individual oral health needs for their residents." They told us this included oral care plans for people, which we saw in each care plan file.

People's care plans identified any support they needed to keep them healthy and well. Staff maintained records of when they had supported people to attend healthcare appointments and the outcome of these. The records showed people routinely attended appointments with, for example, GPs, dentists and hospital specialists. Staff supported one person to attend hospital regularly for the day. This was well planned; for example, staff took music and DVDs the person liked to help pass the time whilst they waited.

We observed staff communicated effectively about people's needs. Relevant information was documented in handover records. Daily notes were maintained to log any significant events or issues so that other staff would be aware of these.

People we spoke with said they knew who their key workers were. This is a member of staff assigned to the person, who helps co-ordinate their care, liaise with family members and ensure care plans are accurate and up to date.

Staff supported people to make decisions. We heard staff asked people how they would like things done and when. For example, we heard staff asked people when and where they would like to have their medicines. One person spoke with us about their intention to vote in the general election. Staff knew where the polling station was and said they would be supporting the person to vote.

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.

Care plan documents recorded whether people who lacked capacity had a legally appointed representative to make decisions on their behalf. A copy of the Lasting Power of Attorney had been obtained and confirmed this. This meant the service had satisfied itself it had consulted the right people to make decisions on residents' behalf. We saw records which showed proper processes had been followed where decisions were made on people's behalf.

People were supported with their nutritional requirements. Care plans documented people's needs in relation to eating and drinking. This included assessment of people's risk of malnutrition. We saw mealtimes were unrushed and gave people time to enjoy their food at their own pace. Staff offered choice of what to have and showed people food items to help them make a decision, where necessary. Staff followed guidance from the speech and language therapist regarding appropriate consistency of food to reduce the risk of the choking. People's weight was monitored where needed. People told us they had varied meals and that they enjoyed them. This included the occasional take away meal. A relative told us "They provide very good food – excellent."

## Is the service caring?

### Our findings

People were treated with kindness and compassion in their day to day care. We saw and heard staff interacted well with people. This included smiling and laughing with them, taking an interest in what they had been doing and showing concern for them. One member of staff had been shortlisted for an award with the National Learning Disability and Autism Awards. These awards celebrate excellence in the support of people with learning disabilities.

We heard staff spoke with one person who had just read the headline in the newspaper. This was about someone who had died as a result of a terror incident. The person asked what had happened. This was answered truthfully and gave the person space to say how awful it was.

Relatives provided positive feedback about how people were cared for. One relative said their family member was "Very happy there" and that they were "Well looked after." They added "The current staff who have been there a long time are excellent." Another relative commented "The care is very good, she's looked after very well and has a good key worker, she likes her very much and that makes all the difference."

People told us staff were respectful towards them and treated them with dignity. We saw staff knocked on people's doors and waited for a response before they went in. All personal care was carried out with bedroom and bathroom doors closed to protect people's dignity and privacy.

People's wishes were documented in their care plans about how they wanted to be supported with end of life care. In one of the files we checked, this included details about how they would like their funeral conducted and their choice of hymns and readings.

Staff were knowledgeable about people's histories and what was important to them, such as family members, any hobbies or interests they had and what they liked to do day to day. People's family and friends were able to see them as they wished. Most of the staff we met had worked at the service for many years and knew people well. They were able to tell us about people's support needs including their communication skills, abilities and preferences.

People's records included information about their personal circumstances and how they wished to be supported. For example, there was a section in care plans called "information you should know about me." This included details of the people who were important to the person, relevant medical history staff needed to be aware of and their communication needs.

People's care was not rushed, which enabled staff to spend quality time with them. For example, people were supported to get ready in the morning at a gentle pace and to have their breakfast in plenty of time before they went out. Staff respected one person's wishes to get up later in the morning, which was part of their usual routine.

People were encouraged to be as independent as possible. Risk assessments supported people to access

the community, for example. We observed people went out during the two days of our visit. This included people being supported on a one to one basis to go shopping or into town and people going out to healthcare appointments.

People were involved in decision making. This included decisions about choice of meals, going out into the community and events they would like to take part in. Residents' meetings were held at the home. These showed staff kept people informed about any developments at the home, such as new staff joining or leaving the service.

Information about advocacy services was available to people and displayed in the home. Advocates are people independent of the service who help people make decisions about their care and promote their rights. The registered manager told us two people were supported by advocates.

## Is the service responsive?

### Our findings

People's needs were recorded in care plans. These took into account their preferences for how they wished to be supported. For example, one person liked to have a pot of tea with their breakfast and a cup and saucer. Staff provided this for them. People's preferred form of address was noted and referred to by staff. People's wishes of who they would like contacted if they became unwell were also documented. There were sections in care plans about supporting people with areas such as their health, dressing, washing and bathing and mobility. The care plans we read showed evidence of regular review of the changes to people's circumstances. This helped ensure staff provided appropriate support to people.

We saw staff had drawn up a step by step guide on how to support one person when they went to hospital for regular treatment. This included photographs of where they were going, the staff at the hospital and what to take with them. This showed staff had taken a person centred approach to ensuring the person was supported in a consistent manner. It also helped to ensure the experience of having treatment was as least disruptive for the person as possible.

People's cultural and religious needs were taken into consideration. For example, one person told us they regularly went to church. They said this was an important part of their life and staff supported them to go. We saw people's spiritual and cultural needs had been assessed as part of their care plans.

The service supported people to take part in social activities. Most people attended day service placements during the week. Use was made of local facilities in the town such as restaurants, cafes, the cinema and bowling. One person went to a sports facility to use their gym. The home had its own transport to help people get around.

There were procedures for making compliments and complaints about the service. People told us they would speak with staff or a relative if they were worried or had any concerns. We looked at how two complaints had been handled. We saw prompt responses had been given in both cases and appropriate action was taken. We also saw the service had received compliments about the quality of care. One thanked the home for its consideration given to how someone spent their day off from the day service. It included "Nice that you think of his day off and make sure it's just his time...you are truly wonderful to him and it's a great relief to his family."

Staff showed concern for people's well-being in a caring and meaningful way and they responded to their needs quickly. We saw staff were knowledgeable about things people found difficult and how changes in daily routines affected them. Staff spoke with us about a person who sometimes found it difficult to manage going out and coming home again. We saw they supported them through this with patience and offered them reassurance. This approach was successful in helping the person to settle back into their daily routine.

## 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. There are required timescales for making these notifications. The registered manager had informed us about some incidents and from these we were able to see appropriate actions had been taken. However, during the inspection we were informed about two accidents that had happened which resulted in serious injuries. Both of these required notification due to the injuries sustained. No notifications had been made.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009, because the provider had not ensured serious injuries were reported to the Commission.

We received positive feedback about management of the service. A healthcare professional commented "The manager is actively taking a positive approach to oral health and leading by example to good oral health practice." Comments from staff included "They listen" and "They help you out." Staff said there was good teamwork at the home and they enjoyed their work. One member of staff said "It's just like a home. I would like my family to be cared for here." Whilst staff felt they received good day to day support, we found formal systems to develop staff through regular supervision and training had not always been used effectively.

The home had links with the local community, for example, through day services, lunch clubs, church attendance, shops and use of nearby facilities.

Staff had access to a range of policies and procedures to provide guidance on practice. These included safeguarding, confidentiality and whistleblowing. Whistleblowing is raising concerns about wrong-doing in the workplace. There was also an information poster in the hallway to advise staff how to raise any concerns at work. This showed the home had created an atmosphere where staff could report issues they were concerned about, to protect people from harm.

The provider regularly monitored quality of care at the service. Senior managers visited the service, there were themed audits and an overall quality audit to check people received safe and effective care. Whilst improvement had been made to the area of concern from the last inspection, on this occasion we found other areas of practice had not been maintained to previous standards.

We found there were good communication systems at the service. Residents' meetings were held regularly. These provided an opportunity for communication between people who used the service and staff about concerns or improvements that were being made. Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings.

We identified some records needed improvement. Other records we checked were in good order and had been kept up to date.

There were new visions and values for the service. These included celebrating the uniqueness in everyone and putting care and kindness at the heart of all that staff did. The registered manager told us about these values and explained they were linked to new supervision and appraisal systems that had been developed. This meant staff would need to demonstrate meeting these values as part of their everyday support to people. We felt staff showed these qualities in our observations of practice.



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 18 Registration Regulations 2009 Notifications of other incidents  The provider had not ensured serious injuries were reported to the Commission.  Regulation 18 (2) a, b.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured staff had the skills and experience to provide safe care and treatment to people.  Regulation 12 (2) b, c.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff had not received appropriate support, training, supervision and appraisals as is necessary to enable them to carry out the duties they are employed to perform.  Regulation 18 (2) a.