

Without Exceptions Ltd

# Fredrick's House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### Care service description

This service provides care and support to people living in two 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection the service provided support for five people, living in two shared houses which were situated next door to each other. Each person had their own room and shared the communal areas and garden. Houses in multiple occupation are properties where at least three people in more than one household share toilet, bathroom or kitchen facilities. People living in the houses shared kitchens and lounges. There was an office on site and sleep in arrangements were available for staff.

Not everyone living in the two houses received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. When they do we also take into account any wider social care provided.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

### Rating at last inspection

At our last inspection fully comprehensive inspection in October 2015 we rated the service good overall but there was a breach in one of the regulations. We returned to the service in February 2017 to make sure the registered person had taken action. They had taken the necessary action and the breach in the regulation was met and the rating for the service remained Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

### Why the service is rated Good.

People felt safe in the service. Staff understood how to protect people from the risk of abuse and knew the action they needed to take to report any concerns in order to keep people safe. People were encouraged to

raise any concerns they had and felt that they would be dealt with appropriately. The management responded appropriately when concerns or complaints were made.

Staff were aware of how to reduce risks to people to try and keep them safe. When people were at risk of falling the falls risk assessment needed further guidance on the action staff should take if a person did fall. Staff were able explain clearly what they would do to make sure the person was safe. Staff were only recruited after the necessary pre-employment checks had been completed. There were enough staff working in the service to meet people's needs.

The management and staff carried out regular health and safety checks to ensure that the environment was safe and that equipment was in good working order. There were systems in place to review accidents and incidents and make any relevant improvements as a result. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. Fire safety checks were carried out regularly. People were protected from the risk of infection.

On the whole staff received the training and support they required to carry out their roles effectively. Some staff had not completed epilepsy training and there were people at the service living with this condition. The registered manager said they would address this shortfall. Staff we spoke with knew what action to take if a person have a seizure and there was clear guidance in their care plans. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received the support they needed to ensure they had adequate food and drink that they enjoyed. People were encouraged and supported to lead a healthy active life. People were referred to the relevant healthcare professionals whenever this was needed. People's medicines were managed safely.

People were included in all aspects of their daily lives. If needed people were supported to make their own decisions about their care. Staff supported people in a kind and caring manner which promoted their dignity and privacy. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice

People were assessed before they came to live at the service. Care plans contained the detail needed to show how all aspects of people's care was being provided in the way they preferred. People were supported to take part in a variety of activities that promoted their emotional, social and physical wellbeing. People and their relatives had not yet been asked about their end of life care preferences. The registered manager had identified this as a shortfall and there were plans in place to address the issue.

People, staff, relatives and visiting professionals told us that the service was well led and that the management team were supportive and approachable and that there was a culture of openness within the service. The registered manager was experienced and skilled in supporting people with complex health needs. Staff said they could go to the registered manager at any time and they would be listened to. Staff understood their roles and responsibilities as well as the values of the service.

The registered manager worked with other professionals and outside agencies to ensure people had the support they needed. There were links with the local community. There was an effective quality assurance system in place to identify any areas for improvement. Staff, relatives, stakeholders and people who used the service were encouraged to be involved in the running of the service and give their views on any improvements needed.

Further information is in the detailed findings below

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Fredrick's 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 was planned to check 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 comprehensive inspection took place on 6 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a supportive living service for younger adults who are often out during the day. We needed to be sure that they would be in.

The visit was carried out by one inspector; this was because the service only provided support to a small number of people and it was decided that additional inspection staff would be intrusive to people's daily routines.

Before the inspection we reviewed the information about the service the provider had sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We looked at four people's care plans, associated risk assessments and medicines records. We looked at management records including recruitment files, training and support records, staff meeting minutes, audits and quality assurance.

We observed people spending time with staff. We spoke with the registered manager, the deputy manager, three support staff. We spent time and communicated with five people who use the service. We received information from a visiting professional and spoke with them after the inspection. We also contacted and spoke with two relatives by telephone.

## Is the service safe?

### Our findings

The service continued to provide safe care. Visiting professionals told us the staff contacted them if they had any concerns about risks to people and their safety. Relatives said that Fredrick House was the 'best move' they could ever have made and were totally confident in the staff to look after their loved ones.

People said and indicated that they felt safe. They were happy, smiling and relaxed with the staff. People could let staff know when they wanted something or if they wanted to go somewhere. Staff responded immediately to their requests.

Staff had a clear understanding about people's safety and how to recognise signs of abuse, Staff were confident about how they would report any allegations of abuse. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service, if they felt they were not being dealt with properly. Staff had completed safeguarding and equality and diversity training. This supported them to understand their role in protecting people from the risk of abuse and ensuring people were not discriminated against during potential safeguarding investigations. The provider displayed safeguarding information in the office to support staff understanding.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely and what people spent was monitored and accounted for.

Risk assessments had been completed so that staff were aware of how to reduce risks to people when possible. Staff found ways of reducing risks to people so they could still do the things they wanted to. Some records required further detail to provide the guidance staff needed to keep people safe. For example, some people were at risk of falling over. The risk assessment gave information on what to do to prevent the person from falling but did not give guidance on what to do if people fell. Staff were consistently able to tell us the action they would take to make sure people were safe, not injured and how they were supported to stand. The registered manager told us this would be added to the risk assessments. We will check this at the next inspection. Restrictions were kept to a minimum so that people could feel safe but also have as much freedom as possible regardless of their disability or other needs. Risk assessments were proportionate and centred around the needs of the person.

People received staff support which was flexible and based on their individual needs. People received care from a regular staff team who knew them well. Staffing levels had been increased on a temporary basis due to the behaviours of one person to ensure people and staff were safe. The number of staff available each day varied to enable people to receive one to one support and to engage in activities they chose. There was enough staff on duty to spend quality time with people and give them the care and support that they needed.

People continued to be supported by staff that were safely recruited. People were involved in recruitment

process and interviewed potential new staff. Records showed that the necessary checks were undertaken prior to an applicant commencing their employment. This included a check with the Disclosure and Barring Service which helps employers to ensure the right staff are employed to keep people safe.

Medicines were stored, administered and disposed of safely. Staff had received training on giving people their medicines safely and their competencies were regularly checked, People were supported individually to manage their medicines. The service had an individual approach to supporting people to manage their medicines. Staff were responsible for the management of some people's medicines, but other people were supported to take responsibility for their own medicines. One person took and signed for their own medicines, with staff observing they had done so correctly. Information was available to people and staff about what each medicine was for, any side effects and how the person liked to take their medicines. When people needed 'as and when' medicines there was guidance for staff to ensure the medicine was given consistently. Some people needed topical creams applied to their skin to keep it healthy. Staff we spoke with knew were to apply the creams but this had not been recorded on a body map to ensure the creams were applied to the correct part of the body. The registered manager said this would be addressed. This is an area for improvement.

Staff supported people to keep their homes clean. Both houses were clean and fresh. Staff had received training in infection control and took the necessary actions and procedures to prevent the spread of any infections.

The registered manager and staff understood their responsibilities to report safety incidents and concerns. The registered manager had oversight of incidents and accidents. When things went wrong and incidents occurred lessons were learnt about how improvements might be made to reduce the risk of re-occurrence. The registered manager learnt from mistakes and ensure people were safe. They had recently decided that when new people came to live in the homes a longer and more in-depth assessment and transition period was needed.



## Is the service effective?

### Our findings

The service continued to provide people with effective care and support. People, relatives and visiting professionals told us that they were confident that the staff team had the skills and knowledge to support people in the way that suited them best.

Staff continued to have the training and skills they needed to meet people's needs. There was a system of ongoing training for all staff. New staff completed induction training and shadowed experienced staff before working on their own with people. There was a record of what training staff had completed and what training they would be doing in the future and the dates by which training needed to be completed. Staff competencies were checked to see whether they had properly learned from the training and were able to put the training into practice. Some staff had not received training in epilepsy and there were people requiring support with this condition. Staff were able to tell us what they would do if a person had seizure and there was clear guidance in their care plans about the action staff needed to take. The registered manager told us this would be addressed and staff would receive this training as soon as possible. We will check this at the next inspection.

Staff told us that they felt supported by the registered manager and the deputy manager. They said they could approach them at any time if they needed any support. Staff received supervision sessions. Supervision was an opportunity for staff to reflect on their work and discuss any issues with their manager.

The registered manager and staff understood their responsibilities in relation to the legislative framework, the Mental Capacity Act 2005 (MCA). The 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and the least restrictive option available.

Staff asked for consent from people before providing care and support. People's care plans included their consent to care, decisions and choices they were able to make and who was able to support them to make more complex decisions, where applicable. People's right to make decisions about their lives was respected and supported by staff.

Before people began using the service they met with the registered manager to discuss their needs and plan their support. An assessment was completed which summarised people's needs and how they liked their support provided. This helped the registered manager make sure staff could provide the care and support the person wanted. People also met and spent time with other people using the service and staff, to make sure got along with everyone. Support was given in line with best practise guidance.

People told us that they shopped for their food, cooked meals and helped to clear up afterwards. Everyone got together to plan the menu so it included people's favourite dishes. People were supported to maintain a balanced and nutritious diet. At mealtimes people ate what they wanted. Staff knew about people's likes, dislikes. Theme nights were held once a month. The previous month had a Chinese focus. People looked at

the Chinese culture and dress codes and ate Chinese food. Snacks and fruit were readily available in between meals. The kitchen was open and people could come and go as they pleased. Healthy eating and exercise was encouraged. A relative told us that their loved one had lost weight and was now making healthy food choices. They said staff had educated and supported them with their diet. Other people attended local slimming clubs and were losing weight.

Staff continued to work with healthcare professionals to help promote a healthy lifestyle People's health was monitored and when it was necessary health care professionals were involved. People were supported to have appointments with doctors, nurses and other specialists if they needed to see them. People had health care plans, these contained information about their needs and preferences if they were to be admitted to hospital. People attended regular appointments with the dentist and optician, people were supported to see the GP when unwell and had regular medicine reviews. Staff worked with staff from other organisations to make sure people had the support they needed. There was contact with local charities and community groups.

## Is the service caring?

### Our findings

People continued to receive a service that was caring. People said, "I feel I can tell the staff anything" and "We have loads of fun together. I like it here". A relative told us, "It's a happy place. I love going to visit. Everyone is upbeat".

Relatives and visiting professionals told us they were greeted with a warm welcome when they came to the service. They said they could visit at any time. They commented on the caring nature that was present and that staff were motivated.

Staff knew people well and had built up strong relationships with them. Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. People's preferences about what care and support they needed with their personal hygiene routine were detailed. People were supported to do as much for themselves as possible. People were encouraged to help with housework and laundry. Staff asked people what they wanted to do during the day and supported people to make any arrangements. Staff explained how they gave people choices each day, such as what they wanted to wear or eat and where they wanted to spend their time. All the people were supported and empowered to develop their independence. Staff were doing activities 'with' people and not 'for' people.

There was a strong, visible person centred culture at the service. People received care that was individual to them. There was information in people's care plans about their families and their personal histories so staff were able to talk to them about their lives when they moved in. Staff recorded in people's daily records what they had done each day. We found in one person's daily records that staff had used language which could be interpreted as disrespectful and not age appropriate. The registered manager quickly identified the staff who had written in the records and was going to take the appropriate action to address the issue.

The staff team knew how people liked to receive their care and support. They were attentive and anticipated the needs of people when they could not say what they wanted or needed. Staff communicated with people in a way they could understand. People told us and indicated that the staff looked after them well and the staff knew what to do to make sure they got everything that they needed. The staff had knowledge of people's medical, physical and social needs. They were able to tell us about how they cared for each person to ensure they received effective individual care and support.

People were treated with dignity and respect. Care plans contained guidance on supporting people with their care in a way that maintained their privacy and dignity. Staff knew the actions that they needed to take to put this into practice. This included explaining to people what they were doing before they carried out each personal care task. All personal care and support was given to people in the privacy of their own rooms.

There was a lot of engagement between people and staff. The staff and people chatted and laughed together. The interactions between people and staff were positive, caring and inclusive. There was a feeling of mutual respect and equality. People, were able to express their needs and received the care and support

that they wanted in the way they preferred.

There was a calm atmosphere in the service throughout the inspection. When people became distressed or agitated, staff spent time with them to find out what was the matter and gave them reassurance and found ways to calm them.

From April 2016 all organisations that provide NHS or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The provider was meeting the Accessible Information Standard and had developed accessible ways of communicating with people, such as photographs, objects of reference and easy read documents, to support people to tell staff about their needs and wishes, be involved in planning their care and make a complaint.

People who needed support to share their views were supported by their families or care manager. The registered manager knew how to refer people to advocacy services when they needed support. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

## Is the service responsive?

### Our findings

The service continued to be responsive. Relatives said, "My (loved one) is always eager to get back after a weekend visit. They are doing lots of activities which they really enjoy and benefit from" and "My (relative) is so busy I almost have to book an appointment to see them. It's wonderful they are living their own life".

Staff told us that they 'loved' working at the service. They told about how rewarding it was to see people achieving, developing and becoming more independent. Visiting professionals told us that staff acted on any instructions and advice they gave them.

People were supported to be involved in the care and support that they needed. The staff worked around their wishes and preferences on a daily basis. People indicated to staff about the care and support they wanted and how they preferred to have things done.

People were supported to maintain relationships with friends and family. Staff supported people to stay with relatives for the weekend. Staff worked with people's family and friends to ensure that people were able to spend as much time as they wanted with people they cared about.

Each person had a care plan. People were involved in developing their plans. They gave staff the guidance and information they needed to look after the person in the way that suited them best. The care plans were personalised and contained details about people's background and life events people's views and likes and dislikes. There was information about what made people happy and what made them unhappy and what made them angry. People's ability to express their views and make decisions about their care varied. To make sure that all staff were aware this information was recorded in people's care plans. When people could not communicate using speech there was guidance on the best way to communicate. Some people wrote their own daily reports so they had their own personal record of what they had done and achieved.

There were details of support and input people had received from health care professionals. Their recommendations had been recorded and care plans updated to make sure staff had the current guidance to give people the care and support that they needed.

People's personal goals and aspirations were identified and recorded with plans in place for staff to help people achieve their goals. People had enjoyed holidays, went to college, attended drama groups. People could also join in the staff training sessions. Some people had completed their care certificate and had attended fire safety training and first aid courses. People said they really enjoyed doing these things.

People were encouraged and supported to join in activities both inside and outside the service. A variety of activities were planned that people could choose from. Some activities were organised on a regular basis, like drama, music groups and swimming sessions. People regularly went to discos, local clubs and places of interest. One person was being supported to look for a photography course as they had expressed an interest in taking photographs. People were supported to book holidays every year and staff said people really enjoyed this. The staff had recently booked a holiday to London when people would be staying in

large house with a swimming pool and they planned to tour London and go to different shows. People were excited about this.

People told us they knew how to make complaints, saying they would talk to the staff or to the registered manager. People had regular one to one sessions with staff so they could discuss what was going well and what they were not happy about. The complaints procedure was available and detailed who people could raise concerns with. The complaints procedure was produced in a way that was meaningful to people so it was easier for them to access and use. The registered manager told us there had been no formal complaints since the last inspection.

The staff were not currently supporting anyone at the end of their life. People at the service did not have end of life plans in place so their wishes were known. There had been discussions about this and the registered manager had identified there was a shortfall in this area. There were plans to support people to discuss this area of their life. We discussed this with the registered manager, and they agreed this was an area for improvement.

## Is the service well-led?

### Our findings

People continued to receive a service that was well-led.

People and relatives knew the registered manager well. They were happy and relaxed in their company. The registered manager was experienced at working with people with learning disabilities. Staff told us that they worked well as a team and were supported by the registered manager.

The registered manager was leading the service and was supported by a deputy manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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. The registered manager planned to retire in six months' time and a new manager had already been appointed and was due to start working at the service shortly. The registered manager said this would allow plenty of time for the new manager to get to know the people, staff and become familiar with how the service was run. They wanted to keep the continued running of the service as smooth as possible so people would not be disrupted.

The registered manager and deputy manager worked alongside staff. They told us they observed staff practice and ensured that staff were supporting people in the way they preferred. There was an open and transparent culture within the service. The registered manager analysed any incidents, accidents and complaints to look for any patterns to try to reduce further incidents.

The registered manager and staff were clear about the aims of the service. The registered and deputy manager led by example and had a clear vision of the service that included putting people first, promoting their independence, treating people with respect and providing compassionate care. The staff team followed their lead and vision which was evident in the positive and caring way in which they spoke about people and how they supported them.

The registered manager engaged with the staff team, holding regular staff meetings and one to one meetings so staff felt valued and included. Staff we spoke with said they 'loved' working at the service and proudly told us about people's achievements. The registered manager supported the staff team to develop and increase their skills. The registered manager told us in their PIR 'In order to promote and maintain staff commitment and unity, individuals have been assigned specific responsibilities which promoted autonomy and empowerment which ultimately provides individual staff with a sense of purpose and confidence to address their work'.

People were involved in having a say about how the service was run. Meetings were held that everyone joined to talk about the meals they wanted, activities, holidays and to discuss any issues they had.

Staff understood their roles and responsibilities. The provider had policies and procedures to support staff to complete their role. The policies were up to date and available to staff. The registered manager worked

with to promote links with the community. The service had links with the local community and were working with colleges and local charities to enhance peoples life's and give them more experiences.

There were effective systems in place to regularly monitor the quality of service that was provided. The registered manager audited aspects of the service each month to make sure that they were effective. This included the management of medicines, checking that records such as care plans and health action plans were up to date and accurate and that staff received regular supervision and an annual appraisal.

The registered manager ensured that people, relatives and staff were involved in the day to day running of the service. Systems were in place to obtain their views, including quality assurance surveys. Staff had opportunities to share their views through staff meetings and supervision to make suggestions about changes and developments. Surveys were sent to relatives, staff and other stakeholders. The responses were collated and any suggestions acted on.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines. Records were clear and up to date and were held securely.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The rating of 'Good' was displayed in the office.