

The Fremantle Trust

# Lady Elizabeth House

## Inspection report

Boyn Hill Avenue  
Maidenhead  
Berkshire  
SL6 4EP

Tel: 01628635879  
Website: [www.fremantletrust.org](http://www.fremantletrust.org)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 10 and 11 May 2016. It was an announced visit to the service.

We previously inspected the service on 29 August 2013. The service was meeting the requirements of the regulations at that time.

Lady Elizabeth House provides support to older people and younger adults living in extra care housing. Nineteen 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. Comments from people included "You can't fault them," "They're like family," "They're 100%, brilliant" and "They're wonderful people, they can't do enough for you."

There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns. Risk was managed well at the service so that people could be as independent as possible. People's medicines were handled safely and given to them in accordance with their prescriptions.

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. We have recommended photographs are added to staff recruitment files to complete required records.

Staff received appropriate support through a structured induction, supervision and training. Staff told us they felt supported and the registered manager was approachable and had an open door policy.

Care plans were in place for each person. We have made a recommendation for the service to develop these so they are more person-centred, rather than focussing on tasks to be completed.

The registered manager told us there had been some complaints. Records could not be found for each one to show what the concerns were and how they were handled.

We found the service relied upon pre-admission assessments completed by the local authority. It did not undertake its own needs assessments. We have made a recommendation for the service to follow good practice in assessing the needs of people before it provides care to them.

Quality of care was monitored by the registered manager and the provider. The registered manager told us

about important events (notifications) so we could see what action had been taken to protect people from harm.

We found a breach of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to receiving and acting on complaints. 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.

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

### Is the service effective?

Good ●

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, supervision and training opportunities.

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

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

### Is the service caring?

Good ●

The service was caring.

People were supported to be independent.

People's views were listened to and acted upon.

People were treated with kindness, dignity and respect.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People's needs were not initially assessed by the service to make sure it could meet their needs.

People's care plans were not person-centred to enable them to have as much choice and control as possible.

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

### **Is the service well-led?**

The service was not consistently well-led.

People's complaints were not always recorded to show what their concerns were and the action taken.

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

People were protected from harm because the registered manager knew how to report any serious occurrences or incidents to the Care Quality Commission. This meant we could see what action they had taken in response to these events.

**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 10 and 11 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be available to facilitate the inspection visit.

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 also sent out surveys to people who use the service, relatives and friends and a small sample of staff and community professionals. 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 spoke with the registered manager and four staff members. We checked some of the required records. These included five people's care plans, three people's medicines records, three staff recruitment files and three staff training and development files. We spoke with four people who use the service and four relatives.

## Is the service safe?

### Our findings

People we spoke with told us they felt safe. This was also reflected in feedback from surveys we sent to people. Comments people made included "We've got a good team, I can't fault them" and "They treat me very well."

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. They were aware of their responsibilities to report any concerns they had about people's welfare and said they would not hesitate in doing so.

People's medicines were managed safely. 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. This provided a proper audit trail.

Risk assessments had been written, to reduce the likelihood of injury or harm to people. We read assessments on supporting people with moving and handling and their risk from falls. Where risk assessments identified a need for two staff to support people, the service ensured two were allocated. For example, where people required a hoist to reposition. This ensured they were supported safely.

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.

People told us they were provided with the support they needed. Staffing rotas were maintained and showed shifts were covered by a mix of care workers and senior staff. Staff were allocated named people to support on each shift. This helped to ensure everyone received the support they needed and that people received continuity of care during the shift.

The service used robust recruitment processes to ensure people were supported by staff with the right skills and attributes. Personnel files contained evidence of all required checks, such as a check for criminal convictions and written references. Staff only started work after all checks and clearances had been received back and were satisfactory.

The registered manager took action where staff had not provided safe care for people. For example, where errors had occurred. Records were kept of action taken following incidents of this nature, to determine what had happened and to prevent recurrence.

## Is the service effective?

### Our findings

People and their relatives told us staff provided effective care. This included helping them remain independent, completing all required support tasks and being supported by a consistent group of staff. Comments included "They're (staff) absolutely brilliant," "They let us know mum was unwell and got the doctor in" and "They're wonderful people, they can't do enough for you."

People received their care from staff who had been appropriately supported. New staff undertook an induction to their work. Staff said their induction had prepared them for the work they undertook and included all the training the provider considered mandatory. This included moving and handling, safeguarding and basic life support. There was a programme of on-going staff training to refresh and update skills.

Staff told us they felt supported in their roles. They said there was good teamwork and they could approach their colleagues, senior staff and the registered manager whenever they had a question or needed to discuss something.

Records showed staff received supervision from their line managers. There were some gaps in records, for example three months where a member of staff had not received supervision in one case and four months in another. However, this did not appear to affect people's care or staff perception of being supported.

We observed staff communicated effectively about people's needs. Relevant information was documented in daily notes maintained in people's homes. There were written and verbal handovers to share information between shifts.

People were supported with meals. They had the option of coming down to the dining room for lunch or for staff to support them in their own homes. We saw several people were supported to join others in the dining room. One person we spoke with said they liked being able to do this as it provided company for them.

We saw staff followed guidance where people had been assessed regarding swallowing difficulties. For example, a pureed diet was provided for one person and thickening powder was added to their drinks, in accordance with advice from the speech and language therapist.

People were supported with their healthcare needs. Relatives and people we spoke with told us staff supported them, if needed, to make appointments or to ask for a doctor to visit. Records were kept where the service contacted healthcare professionals such as GPs and district nurses. We also saw records which showed people had been referred by the service to healthcare professionals such as occupational therapists, where necessary. For example, after falls or when staff noticed people were not weight-bearing well. A healthcare professional commented about one of their patients "She appears to be very well cared for."

Staff received training about The Mental Capacity Act 2005 (MCA). This Act 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 told us there were no restrictions placed upon them as a result of the care they received from the service. People said staff involved them in any decision-making and sought their consent when support was given.

## Is the service caring?

### Our findings

We received positive feedback from people. They told us they were introduced to their care workers before they provided them with support. People said they were happy with the service they received and staff were caring and kind. Comments included "They're extremely kind and do their best for you," "Staff are very respectful, especially when you're undressed and they're washing you" and "They're all friendly, very nice. We have a laugh and a joke." One person told us "I feel lucky to be here."

People told us staff were respectful towards them and treated them with dignity. This was also confirmed by relatives we spoke with. For example, they said staff always rang people's door bells before they entered their flats and called out once they gained access.

Staff respected people's equality, diversity and human rights. People we spoke with, who had a range of care needs, told us staff always provided appropriate care to them. The staff we spoke with were knowledgeable about people's histories and what was important to them. They spoke with us in a professional way about people's needs and how they supported them.

People said staff actively involved them in making decisions about their care and support. We saw they were encouraged to express their views about the care they received in tenants' meetings. Items raised were largely about the premises; we saw from minutes of the meetings any of these issues were passed on to the landlord for attention.

We observed staff engaged well with people. For example, they took an interest in and chatted with people going out and returning to the service. Relatives were greeted warmly and made to feel welcome.

People had access to advocacy services when they needed them. Advocates are people independent of the service who help people make decisions about their care and promote their rights. The registered manager gave an example of where they had referred someone to the local authority for advocacy services. This ensured decisions about their care were appropriate, and in their best interests.

The service promoted people's independence. When we asked one person what they liked about the service they said "You've still got your independence here." Risk assessments were contained in people's care plan files to support them safely in areas such as managing their medicines and undertaking household chores.

## Is the service responsive?

### Our findings

People's needs were assessed by the local authority before they received support from the service. The registered manager told us they did not carry out their own initial assessments, to check whether they were able to meet needs before they offered a service. This did not have any detrimental effect on the people we met during the course of the inspection. However, it would be good practice for the registered manager or another appropriate person to assess people's needs. This would ensure they had satisfied for themselves they could meet people's needs and that the service had the appropriate staffing resources. Without assessment, there was a risk of providing unsafe care or of providing care which did not meet the person's preferences or wishes.

We recommend the service carries out its own initial assessments of people's needs before it provides care to them.

Care plans had been written for each person. These files included an essential information record which noted details such as the person's preferred form of address, next of kin, gender and ethnicity. We found information about the support people required was focussed on the tasks rather than person-centred care. For example, one person's evening visit contained the following information: "Personal care – assist to shower, dry and dress. Drink – make hot drink. Laundry – return and put away/take my laundry away." In another person's file, support for the morning visit was recorded as "Personal care – assist if required, wash and dress, cream legs. Breakfast – prepare breakfast and drinks. Medication – prompt medication." Information in all the files we read was recorded in similar detail for each visit the person required.

We read some examples in separate files where staff had obtained life story information about people's backgrounds, family life and personal experiences.

We recommend the service develops care plans to reflect a more person-centred approach to people's care, so they have as much choice and control as possible.

There were procedures for making compliments and complaints about the service. We read two examples where staff had responded to concerns from people. These had been listened to and appropriate action was taken. For example, where someone's laundry went missing.

The service was responsive to people's requests about the timing of their visits. In one example, a person wanted a visit made at a later time to suit their preferred daily routine. The visit was re-arranged as requested.

Staff were responsive to changes in people's well-being and issues which affected them. We read records which showed they called for GPs or ambulances if people suddenly became unwell. In another example, we read a care worker suggested a change to someone's meal time routine to help them enjoy their food more. We also read changes were made to the front door entry code after staff found strangers on the premises.

Staff reported any changes about people's support needs. An extra care record was maintained wherever people needed more time for their care. This information was then discussed with the local authority to request allocation of additional support hours.

People told us their views about care were respected. They said reviews were held and they were able to contribute to these. One relative commented "They're very thorough, over an hour long and done with dignity. Mum was asked questions first, then us. It was all unrushed. They listen to suggestions."

## Is the service well-led?

### Our findings

Records were not consistently well maintained. We noted information in the Provider Information Return which said there had been 14 complaints. Only two records were contained in the complaints folder. The registered manager was unable to locate all the complaints to demonstrate what the issues were and how they had been responded to. This meant we were unable to see people's concerns had always been handled appropriately,

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found staff recruitment files did not contain a photograph of the person, as required. However, there were photographs displayed in the entrance hall to help familiarise relatives and people who used the service with the staff team.

We recommend the service adds photographs to each staff recruitment file.

The service had a registered manager in place. We received positive feedback from people, their relatives and staff about how they managed the service. We were told they were approachable and their door was always open if anyone had a query.

People were cared for in a service where staff received appropriate support and guidance. Staff were supported through supervision and received appropriate training to meet the needs of people they cared for. There were good communication systems. Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in staff meetings. There were policies and procedures to guide staff on good practice and safe ways of working.

The quality of people's care was monitored to make sure their needs were met. The registered manager completed a monthly return which was sent to the provider. We saw audits had been carried out on infection control practice, care plan documentation and management of medicines. A comprehensive quality audit had been carried out in February this year.

Staff were open about reporting any mistakes or concerns. They were advised of how to raise whistle blowing concerns during their training on safeguarding people from abuse. This showed the service had created an atmosphere where staff could report issues they were concerned about, to protect people from harm.

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

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  Records had not been maintained of all complaints received by the service and how they were responded to.  Regulations 16.