

The Fremantle Trust

The Fremantle Trust - Buckingham Road

Inspection report

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Date of inspection visit: 29 April & 01 May 2015
Date of publication: 30/06/2015

Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 29 April and 01 May 2015. It was an unannounced visit on the first day and announced on the second.

We previously inspected the service on 29 August 2014. Following that visit, we asked the provider to take action to how they managed the care and welfare of people,

supporting workers and records. The provider wrote to us to say what action they would take to improve the service. We checked progress in meeting these actions as part of our visit.

The Fremantle Trust - Buckingham Road provides care for up to 7 people with learning disabilities. Six people were living at the service 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

Summary of findings

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 relatives included one person who said their family member was "Very happy there, and gets on well with staff and other residents," and "It seems to be calm and well run." One family member said "Generally (name of person) is very well looked after and it is obvious that the people at Buckingham care about him too as a person. They appear to have his best interests in mind in terms of his well-being." Another relative's comments included "The standard of care at Buckingham Road is excellent."

The service had sufficient staff to meet people's needs. This included supporting people to access the community to promote their independence. Staff had been recruited effectively, to make sure they had the right skills and attributes to support vulnerable people. Staff undertook an induction when they first joined the service. This was supported by training in core areas of practice to make sure they followed safe practices. The provider had an on-going training programme for staff to update and refresh skills and knowledge periodically.

People's well-being was promoted through procedures and training on safeguarding. Any concerns of this nature were appropriately referred to the relevant agencies. We

found people received their medicines safely. Staff had been appropriately trained to handle medicines and accurate records were kept of when medicines had been given.

The quality of people's care was assessed during regular visits and audits undertaken by the provider. The service was managed effectively and safely. Improvements had been made to the areas where we previously identified shortfalls. People spoke highly of the registered manager and we saw several compliments had been recorded about standards of care. The one complaint that had been received was handled appropriately.

Care plans documented people's needs and preferences for how they wished to be supported. Staff were knowledgeable about people's needs and supported them with kindness and dignity. Risk assessments had been written to support people's independence whilst reducing the likelihood of injury or harm.

The building complied with gas and electrical safety standards. Equipment was serviced to make sure it was in safe working order. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

We found a breach of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to mould in the laundry room and more extensively in the shower room. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People were not always cared for in premises which were suitably maintained. Mould was found in the laundry and shower room.

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

Requires Improvement



Is the service effective?

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction and regular supervision. Improvement had been made to training so that staff had up to date skills and knowledge to support people effectively.

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 accordance with the Mental Capacity Act 2005.

People received the support they needed to attend healthcare appointments and keep healthy and well.

Good



Is the service caring?

The service was caring.

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

People's views were listened to and acted upon.

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

Good



Is the service responsive?

The service was responsive.

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

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

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

Good



Summary of findings

Is the service well-led?

The service was well-led.

People's needs were appropriately met because the service had a registered manager who provided effective leadership and support.

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

People were protected from the risks of unsafe or inappropriate care as improvement had been made to records.

Good



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 29 April and 01 May 2015. It was an unannounced visit on the first day and announced on the second.

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 reviewed information from external agencies, such as the local authority commissioners of care. We also contacted four people's relatives after the inspection, to ask for their feedback about 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, two people's medicines records, two staff recruitment files and all staff training records.

Some people had complex needs and were unable to tell us about their experiences of living at the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

We found the building had not always been appropriately maintained. There was mould growth in the laundry room and more significant areas in the shower room. The registered manager told us this had been reported to the housing association but to date there was no confirmation of when or if they would address this.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The building complied with gas and electrical safety standards. Equipment was serviced to make sure it was in safe working order. 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 spoke with two people about feeling safe. They told us they, and other people, could now keep their rooms locked if they chose to. One person said they locked their room when they went out. We heard staff ask them if it would be acceptable to enter their room whilst they were away for the weekend, which they agreed to.

The service had procedures for safeguarding people from abuse. There was also a flow chart on the office wall to guide staff on referring concerns to the local authority, if need be. Staff had undertaken training to recognise and respond to signs of abuse. Safeguarding was raised as part of staff meetings to make sure staff kept abreast of how to report concerns, including whistle blowing. These practices helped to ensure staff had the right skills and knowledge to protect people from the risk of abuse.

People told us staff were around when they needed support. We saw examples of staff intervening if they could see or hear someone might need assistance. There were sufficient staff on duty during both days of our visit. Staffing rotas were maintained and showed shifts were covered by a mix of care workers and senior staff, to meet people's needs.

Risk assessments were in place to help keep people safe from the risk of injury or harm. Care plan files contained risk assessments for a variety of situations and activities. For example, making hot drinks, accessing the community and bathing. This helped support people's independence, whilst maintaining their safety.

People were protected by the service's recruitment procedures. These ensured robust checks were undertaken before new workers were offered contracts of employment. This included obtaining written references and checks for any criminal convictions. Documents in the files we looked at showed all checks had been returned before staff were given start dates. This ensured all relevant information was obtained to verify applicants' suitability to support vulnerable adults.

People's medicines were managed safely. Staff undertook training before they handled medicines. There were procedures to provide guidance for staff on best medicines practice. We saw staff maintained appropriate records to show when medicines had been given to people, which provided a proper audit trail.

The registered manager took action where staff had not provided safe care for people. For example, where errors had occurred. Measures were put in place to ensure staff competencies were re-assessed, if necessary, to keep people safe.

Is the service effective?

Our findings

During our unannounced visit of The Fremantle Trust - Buckingham Road on 29 August 2014, we found people were cared for by staff who had not been supported to deliver care safely and to an appropriate standard. This was because there were several staff who had not met the provider's training requirements.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our comprehensive inspection on 29 April and 01 May 2015, we found the provider had taken action to improve the service.

Records at the service showed there had been over 50 courses attended collectively by the staff team since our last inspection. The registered manager had booked staff onto courses where they still needed to refresh their skills and we were able to see these dates were entered into the office diary to confirm this.

The registered manager was also researching additional training, to ensure staff could best meet people's needs. For example, on autism. A course had been completed by staff on oral care to promote good dental hygiene. Staff were encouraged to undertake courses leading to national awards. We noted one member of staff was undertaking a level 2 Business and Technology Education Council (BTEC) award in learning disabilities. Another was undertaking a level 5 Qualifications and Credit Framework (QCF) award in learning disabilities.

People were supported with their healthcare needs. Records were kept of appointments with healthcare professionals, such as GPs and dentists. These noted the outcome of the appointment and any changes to treatment or follow up required. We read two letters sent to the home by a consultant. These showed the staff who supported people during appointments provided important feedback on their observations about care and welfare. This was taken into account when management plans were put in place by the consultant. In one case, this included a reduction in the medicine they were prescribed.

Health passports were in place. These contained important information about how best to support people during medical appointments and if they needed to go into hospital. This helped to ensure people received continuity of care and that any risk factors, such as allergies, were known about. Staff had made a note to include one person's health passport as part of supporting them to pack for a holiday.

People received their care from staff who had been appropriately supported. New staff undertook an induction to their work and completed training required by the provider, including first aid, moving and handling and safeguarding. Staff met with their line manager for supervision, to discuss how they were working and any development needs. The registered manager was in the process of carrying out annual appraisals to assess and monitor staff performance.

Staff communicated effectively about people's needs. On both days of our visit, we heard staff checking and organising with each other to ensure tasks and activities were undertaken. We saw a handover took place between shifts to pass on relevant information about people's needs and whether any significant events, such as accidents or incidents had occurred.

We checked the provider's compliance with the Mental Capacity Act 2005 (MCA) and deprivation of liberty safeguards (DoLS). The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this.

We found the home was complying with the principles of the MCA. The registered manager had made appropriate applications to the local authority and was awaiting approval. We also saw records of how best interests decisions had been made where people did not have capacity to make important decisions. For example, about voting in elections and managing their finances. Staff we spoke with had an understanding about DoLS. For example, we asked one member of staff about physical restraint. They told us people were not physically restrained at the service and added "You would need a DoLS in place if you did."

Is the service effective?

People's care plans included information about any support they needed with eating and drinking. The registered manager told us no one required a special diet although two people had been encouraged to lose weight by their GP. The dietitian was involved in monitoring their nutritional care and any weight loss. Menu plans for the week ahead were chosen during residents' meetings. There

were laminated pictures to assist people in making choices. People took packed lunches when they attended day services and often chose to eat out in town on their home days. The kitchen was stocked with plenty of fruit. Staff told us people enjoyed having fruit smoothies and chose which fruit combinations they would like.

Is the service caring?

Our findings

We received positive feedback from people. A relative said their family member was “Very happy there, and gets on well with staff and other residents. The staff are helpful when, for example, he wants to go into town, or has other requirements. Whenever I have visited I have been welcomed, offered a cup of tea etc, and there seems to be a good atmosphere.” Another relative told us “Generally (name of person) is very well looked after and it is obvious that the people at Buckingham care about him too as a person. They appear to have his best interests in mind in terms of his well-being.” A third relative commented “I have only praise for the staff and facilities at 199 Buckingham Road.”

We observed staff were respectful towards people and treated them with dignity. They used people’s preferred form of address and spoke positively to and about them. Staff knew about people’s histories and things which were important to them. This included their family members and forthcoming events and provided prompts for staff to engage in conversation with people.

People’s privacy was protected. Each person had a single bedroom. Bathroom and toilet doors were closed whilst staff supported people. We saw staff assisted people back to their room or bathrooms if they needed support requiring privacy, such as a change of clothing.

People were involved in making decisions and were listened to. For example, staff asked people what they would like to eat and drink. One person had asked if they could be more involved with household tasks. We saw they were enabled to do this, such as by helping to load the dishwasher.

Regular residents’ meetings were held at the service and records were kept of discussions. We read minutes of one meeting where a person had requested having a birthday party. They told us staff had arranged this for them and they had enjoyed it.

Where people could not express their wishes about their care, the service involved people’s relatives. For example, the registered manager told us they had contacted relatives about end of life care. The feedback we received from relatives confirmed this.

No one was in need of advocacy support at the time of our visit. Advocates are people independent of the service who help people make decisions about their care and promote their rights. The registered manager was aware of a local advocacy service which people could use if they needed advice and guidance.

Sensitive information was treated confidentially. We observed the office door was closed whilst staff took part in handover to the next shift. People’s personal records were kept secure in the office so that only authorised persons could access them.

Is the service responsive?

Our findings

During our unannounced visit of The Fremantle Trust - Buckingham Road on 29 August 2014, we found care was not consistently planned and delivered in a way that was intended to ensure people's safety and welfare. This was because information in care plans was not always sufficient to ensure staff supported people appropriately. Care plans had also not been produced in formats which people could understand and make use of.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our comprehensive inspection on 29 April and 01 May 2015, we found the provider had taken action to improve the service.

Care plans had been re-written since our last visit. They provided up to date information about how people wished to be supported. This included sections on people who were important to them, who to contact if they were unwell, their mobility needs and any assistance required with washing and dressing. Care plans had been reviewed regularly to make sure information was current and that staff could support them appropriately. A relative told us they had recently attended their family member's review and added "The attention to detail and knowledge of his needs was excellent."

Staff provided care which was responsive to the needs of the person. For example, they told us how they had

supported one person so that they no longer needed to use incontinence products during the day. In another example, they said use of a calming medicine was no longer required when they supported someone to healthcare appointments. They told us it was all about the approach; "If you're calm, they're calm."

People were supported to follow their interests. We saw one person involved in some gardening tasks. They also had a shed where they liked to sit and have some time alone and watch the wildlife. Another person had been supported to purchase a telecommunications package. This meant they could watch additional sports channels on their television.

The service supported people to take part in social activities. People attended a local Gateway club which friends from other services also went to. There were also joint events with a nearby service, such as a St George's day party.

People's cultural and religious needs were taken into consideration. Care plans contained sections to note people's spiritual beliefs and any cultural requirements. One person told us they went to church regularly. They said they sometimes went by taxi but staff also took them if a driver was on duty.

There were procedures for making compliments and complaints about the service. There had been one complaint, amongst many compliments. We discussed this with the registered manager and saw from records that appropriate action had been taken to listen to the complainant and an appropriate response was given.

Is the service well-led?

Our findings

During our unannounced visit of The Fremantle Trust - Buckingham Road on 29 August 2014, we found people were not protected from the risks of unsafe or inappropriate care. This was because accurate and appropriate records had not been maintained.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our comprehensive inspection on 29 April and 01 May 2015, we found the provider had taken action to improve the service.

Records were organised and located promptly. All the records we checked during the inspection had been well maintained by staff. We saw staff were able to quickly find records when they needed them, such as care plans and finance records, and update them.

Since our last inspection, there had been changes to management, with temporary managers running the service until the permanent position could be filled.

The service now had a registered manager in place who had been in post three months. They had kept their learning up to date and completed a level 5 Qualifications and Credit Framework (QCF) award in learning disabilities. The registered manager kept abreast of good practice in the care of people with learning disabilities through membership of the National Autistic Society and the British Institute of Learning Disabilities. They were also involved with initiatives to promote good practice such as My Home Life and Driving Up Quality. Actions that had arisen from these included putting one page profiles in people's care plan files (to provide a quick guide to important information) and staff completing the oral hygiene training.

We received positive feedback about how the service was managed now. One relative told us "There has been a time of lack of direction concerning the management at Buckingham Road this past year but hopefully that is past now." They added the registered manager "Looks to have things put in place that makes me think carers have direction now." Another relative said "It seems to be calm and well run, though I have not yet had the chance to meet

(name of manager), but the communication I have had with them suggests they are highly professional." A further relative commented "The standard of care at Buckingham Road is excellent and the recent transition from the outgoing to a new manager appears to have worked well." A social care professional told us the service was much improved and the new manager was having a positive impact on it.

Staff were positive about leadership of the service. They told us they now had more involvement and were able to fully carry out the responsibilities of their roles. For example, taking lead roles for areas of practice such as medicines and health and safety.

We saw systems had been introduced to help ensure the service ran smoothly. For example, a staffing analysis template had been put in place. This meant that anyone planning staffing rotas would be able to refer to this to make sure there was sufficient staff cover and where the peak times were. Another good practice we observed was the introduction of body charts to show where people's skin creams and other topical preparations needed to be applied. This provided guidance for staff and helped to ensure people received continuity of care.

The staff team were supported through supervision, staff meetings and informal discussions with the registered manager. We observed staff were comfortable speaking with them and asking for their advice. People who lived at the service were also at ease and those who were able to joked with them.

The service's philosophy of care was displayed in the hallway. It included values such as choice, fulfilment, autonomy, privacy and social interaction. These values were reflected in practice at the service. For example, one person was being supported to get ready to go away for a holiday alone.

The service was forming links with the local community. The registered manager was also organising a festival this summer. The aim of this was to raise awareness about the service and the provider and to raise funds.

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. The registered manager was aware of their responsibilities and had informed us about incidents. From these we were able to see appropriate actions had been taken.

Is the service well-led?

The provider regularly monitored quality of care at the service. There were records of regular visits carried out by

the provider and a quality assurance audit was undertaken in December 2014. There had also been themed audits on topics such as infection control, safeguarding and safety and medicines practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The registered person had not ensured the premises and equipment used by the service were clean and properly maintained. This was because mould had grown in the laundry and shower room.</p>