

The Fremantle Trust

28 Stamford Avenue

## Inspection report

28 Stamford Avenue  
Royston  
Hertfordshire  
SG8 7DD

Tel: 01763236167






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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

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. However, the right support and best practice was not always promoted.

28 Stamford Avenue is a residential care home for nine people who have a learning disability and some who have a mental health diagnosis. There were nine people living at the home at the time of this inspection.

The home consisted of four flats. Three of the flats were shared and people had their own personalised bedroom with shared bathrooms/shower facilities, lounge, dining area and kitchen. The registered manager's office is located on the ground floor.

There was a registered manager in post. A registered manager is a person who has 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.

Infection control measures were not always followed by staff to ensure people were safe.

There were not always enough staff to support people's needs.

People were not always supported to pursue social interests and take part in meaningful activities relevant to their needs, both at the home and in the wider community.

Audits did not always have action plans and some audits were not always accurate.

Records in care plans had not always been updated and did not reflect accurately people's needs.

Staff received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally.

The provider had safe and effective recruitment practices to help ensure that all staff were suitably qualified and experienced.

Staff had developed positive and caring relationships with the people they cared for and knew them very well.

Plans and guidance had been drawn up to help staff deal with unforeseen events and emergencies.

Trained staff helped people to take their medicines safely and at the right time.

People and relatives were positive about the skills, experience and abilities of staff who worked at the home. They received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance.

People were supported to maintain good health and had access to health and social care professionals when necessary.

Staff obtained people's consent before providing personal care and support, which they did in a kind and compassionate way.

The confidentiality of information held about people's medical and personal histories were securely maintained throughout the home.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs.

Staff were knowledgeable about people's background histories, preferences, routines and personal circumstances.

Complaints were recorded and responded to in line with the service policy.

People, relatives and staff were complimentary about the registered manager and how the home was run and operated.

## 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.

Infection control procedures were not always followed to keep people safe.

There was not always enough staff available to meet people's individual needs at all times.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

People were supported to take their medicines safely by trained staff.

### Is the service effective?

**Good** ●

The service was effective.

People had their capacity assessed and best interest decisions completed to promote people's choice.

People's wishes and consent were obtained by staff before care and support was provided.

People were supported by staff that were trained to meet people's needs effectively.

People were provided with a healthy balanced diet which met their needs.

### Is the service caring?

**Good** ●

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People and their relatives were involved in the planning, delivery

and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy.

People's confidentiality of personal information had been maintained.□

### Is the service responsive?

The service was not consistently responsive.

guidance in care plans had not always been updated appropriately and did not always reflect the persons needs.

People were not always supported to develop their social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

People, relatives and staff felt listened to and were encouraged to speak about any concerns they had.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well led.

Systems were not in place to quality assure the services provided, manage risks and drive improvement.

Audits did not always have action plans in place or identify issues.

People and staff were very positive about the registered manager and how the home operated.

Staff understood their roles and responsibilities and felt well supported by the management team.

**Requires Improvement** ●

# 28 Stamford Avenue

## **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 inspection took place on 4 January 2018 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time with individuals in the privacy of their own flats and communal areas. We observed interactions and the support offered to people throughout the inspection.

During the inspection we spoke with four people who used the service, three staff members, and the registered manager. We also spoke with one relative. We looked at care plans relating to three people who used the service and three staff files. We reviewed a range of relevant documents relating to how the service operated, including monitoring data, training records, complaints and compliments.

# Is the service safe?

## Our findings

We found that infection control measures had not always been followed by staff to ensure people were safe. We looked at the contents of two fridges at the home and found that not all opened food had an 'opened date' recorded as required. We found opened meat not recovered properly after opening. We also found some items of food that had passed the 'use by date' that details the date by which the food should be consumed. This meant people were at risk eating of food that may not be at its best and could become unwell.

We observed that staff had left a red mop and bucket on the carpet in the entrance hall in one of the flats. The mop contained dirty fluid. We asked staff why this was not stored in the appropriate place. Staff told us that due to regular accidents this was for convenience. This posed a risk to people who lived at the service as the contents may have been contaminated.

We also noted that the lino in flat three and four had broken seals around the skirting's and had holes in the lino. We noted that the door bar between the kitchen and the front room in flat four was missing and in one of the bedrooms, the lino had bubbled up and was a potential trip hazard. We noted a strong smell of urine in one bedroom; staff told us that they cleaned the room regularly. However, the seal between the skirting had broken down. This meant that although staff cleaned the floors due to the holes and broken seals they were not able to clean the floors adequately to stop the spread of infection. We also found stains and dirty marks on furniture and fridges where staff had not cleaned appropriately.

This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014.

We found that staffing levels were not sufficient to meet people's daily needs. Staff we spoke with told us there were not enough staff during the day and they did the best with what staff they had. The registered manager told us that there was no budget for more staff. There were nine people, who lived at 28 Stamford Avenue and one person required one to one support. There were four staff planned for the day shifts. This meant that staff were not always available to support people to go out when they wanted.

Staff supported people to go day care centres or appointments and staff confirmed this would affect staffing levels. We observed staff were task driven. Staff told us that sometimes they were the only available staff member responsible for people living in three of the flats. One staff member said, "We do the best we can with the staff we have." They went on to explain they are responsible for all the household chores such as the cooking and cleaning and on top of that were responsible for updating the care plans and there were only so many hours in the day.

There were suitable arrangements for the safe storage and management of people's medicines. Trained staff that had their competency assessed and supported people to take their medicines. Staff had access to guidance about how to support people with their medicines in a safe way. We completed random stock checks and found the levels were correct. However, we found that medicine administration records (MAR) sheets had recorded incorrect amounts of medicines carried forward and we looked at previous MAR sheets

to ensure stock levels were correct. The registered manager had recently implemented changes to ensure better practice.

Safe and effective recruitment practices were followed to help ensure that all staff were of good character, physically and mentally fit for the roles they performed. All staff had been through recruitment procedures, which involved obtaining satisfactory references and background checks with the Disclosure and Barring Service (DBS) before they were employed by the service.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as medicines, mobility, health and welfare. This meant that staff were able to provide care and support safely. For example, one person who started to lose weight the registered manager ensured that the correct professionals were involved and a new food menu introduced for the person. However, we found the person needed to be weighed monthly due to concerns around their weight but this had not always happened. We looked at weight recorded and found for the months of May, August, September and December they were not completed. This meant staff had not followed the guidance to monitor people's weight.

Plans and guidance were available to help staff deal with unforeseen events and emergencies, which included relevant training such as first aid and fire safety. Regular checks completed to ensure that both the environment and the equipment used were maintained to keep people safe. For example, the fire alarm systems were regularly tested. We saw people had personal evacuation plans in place in the event of a fire.

Information gathered in relation to accidents and incidents that had occurred had been documented and reviewed by the registered manager to ensure that people changing needs were addressed and that reoccurring patterns were identified.

# Is the service effective?

## Our findings

People received support from staff that had the appropriate knowledge, experience and skills to carry out their roles and responsibilities. One person told us, "I like the staff they are nice to me, they all help."

Staff confirmed they completed an induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. One staff member commented, "I had an induction, I am up to date with my training."

Staff received the provider's mandatory training and regular updates in a range of subjects designed to help them perform their roles effectively. For example staff completed NAPPI training designed to support staff to manage challenging behaviour, with an emphasis on the approaches of Positive behaviour support. Other training included moving and handling, food safety, medicines and infection control. However as previously discussed in this report, correct procedures were not always followed.

The registered manager supported staff and actively encouraged them to have their say and discuss concerns they had about how the service operated. Staff attended regular meetings and discussed issues that were important to them. They also had regular supervisions. One person said, "I have recently had my appraisal." They also told us that the registered managers' door was always open and could talk with the manager at any time. We observed good communication and interaction between staff. The registered manager was also available to support staff when required.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People who used the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications where appropriate had been made to the local authority. Staff we spoke with understood the principles of MCA and we observed people were continually offered choices throughout the inspection. One staff member said, "Choices are important, everyone has to choose what they want."

Staff we spoke with understood the importance of obtaining consent and staff confirmed they always encouraged people to be independent. One staff member commented, "[Person] needs a bit of prompting to do things like making their own breakfast but they do it now by themselves and they make their own coffee." Another staff said, "I encourage people to do what they can." One person commented, "I go and attend health and safety meetings." they explained they liked to be involved.

Staff supported people to eat a range of healthy meals and were supported to choose the food they liked and plan the weekly food menu. People had access to food when they wanted and staff confirmed if one person wanted an alternative meal this was not a problem. People we spoke with confirmed they enjoyed the food. One person said, "I don't cook, I like the food."

People received care, treatment and support which promoted their health and welfare. People had access to GP's and other care professionals when required. On the day of our visit one person received a visit from a professional who was assessing the appropriate care needs for the person's low moods. They told us that they had no concerns about the home and found the registered manager was good at communicating and that staff followed the guidance given.

## Is the service caring?

### Our findings

People were cared for and supported by staff that knew them well and were familiar with their needs. One person told us, "It's lovely living here, I have friends. Staff are nice." Another said, "I like the staff they are good to me."

Staff supported people with dignity and respected their privacy. Staff told us how they promoted people's dignity and respect by closing doors and good communication. For example, always telling people what they were doing and promoting people's independence.

We observed staff knocking on people's doors. Staff had positive and caring relationships with people they supported and were knowledgeable about their individual needs and preferences. One staff member said, "I encourage people to support themselves, and assist them to do what they can." This involved everyday life skills from personal care to house hold tasks.

We saw that staff had developed relationships with people they supported. Staff we spoke with could describe people's different behaviours and the support they required and we saw kind and caring interactions. One staff member told me as one person's key worker they talked daily to ensure they were happy and had what they needed. Staff had one to one meetings with people to ensure they had their say. One relative we spoke with commented, "We have reviewed care plans and if things change this is discussed." They also told us that their relative is also invited to take part and be involved in the discussions. They commented, "I think [name] is happy there. I am happy with the staff they are kind and caring."

We saw one person who liked to spend time with staff in the office was supported to do so and was made to feel that this was their home. They clearly enjoyed being part of the office team.

People's records were kept confidential and stored safely. Staff knew the importance of confidentiality.

## Is the service responsive?

### Our findings

People who used the service had a Keyworker whose role included keeping their care plan up to date, completing risk assessments, supporting people with shopping and achieving their goals. However, we found that care plans did not always reflect the person's current needs. For example, one person's care plan we looked at described the person as unstable on their feet and staff needed to support the person when mobilising. The registered manager confirmed that this is not the case as the person mobilises well now. However, the care plan did not reflect these changes. This meant that the person may not have received appropriate support if staff were unfamiliar with these changes.

We noted that the guidance in one person's care plan stated their glucose levels needed to be checked four times a day. However, we noted that this was not happening according to the records completed by staff. The registered manager showed us evidence that confirmed that this had changed to two times a day but the care plan did not reflect these changes. Staff we spoke with were aware of the changes and the support people required.

We also noted that there was little evidence of supporting people to develop their interests and goals. We asked the registered manager to see people's activity schedules but they did not have a schedule in place. We noted staff supported people to attend their day care centres and be part of their local community. One person said about their day care centre, "I like it there; it's a lovely place to go every Thursday with my friends."

However, we did not see evidence where staff supported and encouraged people to develop their interests. Staff confirmed that people getting out for unplanned events such as going out for a walk; would depend on staffing levels at that time. Staff told us they could not always take people out when they wanted due to insufficient staffing levels. People had been supported to go on holidays and day trips.

People and their relatives told us they felt listened to and told us that staff and the management responded to any complaints or concerns raised in a prompt and positive way. One relative told us, "We have never had any concerns but if we did we would speak to [registered manager] they are very approachable." We saw information displayed and guidance about how to make a complaint. However, we noted that these were not in an easy read format to help support people's understanding.

Staff told us that they asked people on a daily basis if they were ok. We noted in regular resident meetings that staff asked people if they had any concerns and if staff could do anything in a better way to support them. We saw where complaints had been received these were responded to in line with the service complaints procedure.

## Is the service well-led?

### Our findings

Audits were carried out regularly in areas such as medicines, infection control, care planning and health and safety. The registered manager told us that they carried out regular checks of the environment, performance of staff and quality of care and support provided. There were audits completed by the providers audit team that helped monitor best practice. We looked at audits completed at 28 Stamford Avenue; we found that where areas of concern were identified there was not always an action plan in place to detail the action and outcomes. This suggested that although audits were being completed they were ineffective in identifying some of the shortfalls we identified during the inspection.

We looked at the cleaning schedule and we noted that on the 3rd January 2018 staff had signed to say they had checked the contents of the fridges to ensure opened food were dated and were in date and that fridges had been cleaned, this was not correct. We showed the registered manager our findings. The registered manager confirmed that they did not complete audits for the cleaning schedule. This meant there were no checks in place to ensure staff maintained appropriate standards.

We also found that food charts, weight charts and other records not completed appropriately and care plans were as stated earlier in the report not updated to reflect peoples changing needs. Staff were able to demonstrate they knew people's needs. Staff told us that this was down to a lack of time to do all their tasks. This meant that accurate records were not always kept.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) 2014.

The registered manager was knowledgeable about the people who used the service, their different needs, personal circumstances and relationships. Staff knew what was expected from them and understood their responsibilities. The registered manager said, "That the staff were calm and very caring and people felt valued by staff."

The registered manager told us they felt supported by their line manager and attended regular meetings with other managers to discuss any relevant changes and policies. They also used this time to share ideas. They confirmed they had regular one to one meetings to discuss any relevant issues.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes must be established and operated effectively to ensure compliance with the regulations.