

The Fremantle Trust

Aylesbury Supported Living Service

Inspection report

Woodley House
64/65 Rabans Close
Aylesbury
HP19 8RS

Tel: 01296393000
Website: www.fremantletrust.org

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Aylesbury Supported Living Service provides support for 28 adults with learning and physical disabilities across 4 sites in the Aylesbury and surrounding areas. Each property blends in with other housing in the area and is indistinguishable as a care setting. At 1 of the sites, night time support is provided by another service which is separate to The Fremantle Trust. This is a contractual arrangement with Buckinghamshire Council. People are supported in individual flats and shared houses which are owned by a housing association. People's care and housing are provided under separate contractual agreements.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support:

Staff did not always follow best practice where people lacked capacity to make their own decisions.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to be independent and pursue their interests.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

People were supported with their medicines in a way which promoted their independence.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People's care and support plans reflected their range of needs and this promoted their well-being.

Right Culture:

People's quality of life was enhanced by the service's culture of improvement and inclusivity. There had been many improvements since the last inspection and these needed to be sustained.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of managers and staff.

Staff knew and understood people well and were responsive, supporting their aspirations and choices.

People received support based on transparency, respect and inclusivity which minimised the risks of a closed culture.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was inadequate (report published 8 February 2023).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of 1 regulation.

At our last inspection we recommended that environmental checks were routinely carried out to ensure standards of hygiene were met. At this inspection we found improvements had been made.

This service has been in Special Measures since 8 February 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an announced focused inspection of this service on 8, 9 and 19 December 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, meeting regulatory requirements, duty of candour, need for consent and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aylesbury Supported Living Service on our website at www.cqc.org.uk

We looked at infection prevention and control measures under the Safe key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified a continuing breach in relation to need for consent. We have made a recommendation about management of people's medicines.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Aylesbury Supported Living Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection was carried out by 2 inspectors on the first day of the inspection, and 1 inspector on subsequent days.

Service and service type

This service provides care and support to people living in 4 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 1 June 2023 and ended on 21 June 2023. Visits to 2 of the supported living houses were made on 5 June 2023 and 8 June 2023. We visited the location's registered office on 12 June 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We contacted staff by email, to invite feedback.

During the inspection

We met and had discussions with a quality manager, the manager, and an operations manager. We also spoke with a team leader and care worker.

We met with people when we visited the 2 supported living premises.

We looked at all or part of 5 people's care plans, risk assessments and a sample of medicine administration records. We checked records of audits and monitoring carried out by the provider. Other records we read included accident and incident logs, staff training records, recruitment and staff development files.

After the inspection

We requested and received additional records and evidence after the site visits and continued to review these until 21 June 2023.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At the last inspection the provider had failed to ensure they had assessed the risks to the health and safety of service users and done all that is reasonably practicable to mitigate any such risks. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 12.

- People were involved in managing risks to themselves, where possible, and in taking decisions about how to keep safe. For example, we saw 1 person had been involved in understanding which foods were a high choking risk for them, so they could manage their diet around these.
- Several checks were in place to make sure people were kept safe at the premises. A recent internal health and safety audit resulted in a 99% compliance rate. This included checking fire drills were being carried out, personal emergency evacuation plans were in place and appliances were checked and serviced.
- People's care plans included ways to avoid or minimise the need for restricting their freedom. Staff received training on non-abusive psychological and physical intervention. This training is certified as complying with the Restraint Reduction Network Training standards.
- Action had been taken to ensure the risks to a person who took anticoagulants were identified and mitigated. Anticoagulants are prescribed to thin the blood.

Using medicines safely

At the last inspection the provider had failed to ensure the proper and safe management of people's medicines. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 12.

- People received support from staff to make their own decisions about medicines wherever possible.
- We noticed some recording discrepancies where paracetamol had been used as a homely remedy for 1 person. This issue did not appear to have been picked up at the time. The manager put a revised homely remedy recording chart in place during the inspection, with clearer instructions for staff on what to record and where.
- There were processes for reporting medicines incidents. We saw instances where staff had met with the manager to go through what had happened; re-training was undertaken where necessary.

- One incident occurred where a person was given their diabetes medicine too early, due to misunderstanding by staff about the time of day it should be given. This had not been reported internally as an incident at the time, but was being investigated following the inspection.

We recommend medicines management is reviewed to ensure all instructions and processes are clear to staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA).

At the last inspection the provider had failed to ensure care and treatment was only provided with the consent of the relevant person. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider was still in breach of regulation 11.

- We found the service was not always working within the principles of the MCA.
- Where people lacked mental capacity for certain decisions, there were no records of best interest decisions at 1 of the premises. For example, where 1 person had been given an influenza vaccine this year and in the management of 2 people's finances.

This was a continued breach of regulation 11(1) (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The service had enough staff to meet people's support needs and to take part in activities when they wanted. People were also being supported to go away on holiday.
- The manager told us they had been successful in recruiting staff and had provided female staff to meet people's requests for same gender care in 1 of the premises.
- Staff were recruited using robust processes. This included a check for any criminal convictions and written references.
- We saw staff and people living at the service engaged well together.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm.
- Staff knew the people they supported and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse. Concerns were reported to the local authority where necessary.
- One member of staff told us "Concerns are always taken seriously and acted upon imminently." Another staff member said "I am confident enough to raise concern about the residents."

Preventing and controlling infection

At the last inspection we recommended the provider ensured environmental checks were routinely carried out to ensure standards of hygiene were maintained. The provider had made improvements.

- The service used effective infection prevention and control measures to keep people safe.
- Cleanliness and infection control practice was being checked as part of monitoring visits by managers.
- Staff had access to personal protective equipment (PPE) to help prevent the spread of infection.
- Infection prevention and control audits were carried out, to check effective practices were in place and identify areas for improvement.

Learning lessons when things go wrong

- There were some inconsistencies in how the service managed incidents affecting people's safety and well-being. These were few in number; the manager and provider took prompt action during the inspection to investigate these.
- Learning from safety alerts and incidents was shared with the staff team, to help keep people safe.
- Action was taken following accidents and incidents. For example, care plans and risk assessments were updated where people had falls or showed distressed behaviours.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care; promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection the provider had failed to ensure systems and processes were established and operated effectively, to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 17.

- There was a new manager at the service, who had only been in post a few weeks at the time of the inspection. They had been acting manager prior to this. Throughout the inspection, they demonstrated the changes they had already made and a commitment to further improve the service. Several areas we identified were addressed before the inspection process had been completed.
- There were numerous governance processes at the service. The provider maintained an action plan which was shared with the local authority and CQC. This included findings from their audits and progress in making improvements.
- Further improvement of management and leadership was needed to demonstrate improvements were embedded in practice and could be sustained.
- Particular attention was needed to ensuring 1 of the premises was managed fully in line with the provider's expectations, and for records to be maintained to appropriate standards. Issues identified during the inspection related to this 1 property. They had not been identified as part of the provider's monitoring systems. We have taken a proportionate view on this in reaching our inspection judgements, as noticeable improvements have been made across the service as a whole.
- Person-centred care and independence were promoted. For example, 1 person told us they helped with staff induction at the provider's headquarters. We saw them doing this and they said they enjoyed it.
- We saw people were supported to manage their own medicines, where they wished to do this and it was safe to do so. One person recorded their blood glucose levels and food intake, as part of managing their diabetes. Another person had been supported to make their own breakfast and take part in baking since the last inspection, and were also shaving themselves.
- Managers worked directly with people and led by example. They promoted equality and diversity in all aspects of the running of the service.

- Staff felt respected, supported and valued by senior staff, which promoted a positive working culture.
- Comments from staff included "As a service provider we maintain the values of each individual, promoting their independence to the best of their ability as person-centred care. As a provider each individual has the opportunity to take part in social activities within the community of their choosing. I feel that the training provided for new staff and induction is very good and once they start in a service the support given is very good. In general staff training is good for everyone."
- Staff were supported to undertake training to meet people's needs, including awareness on autism, learning disability and epilepsy.

At the last inspection the provider had failed to ensure all incidents were reported to the Care Quality Commission without delay. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made and the provider was no longer in breach of regulation 18.

- We had been informed of all relevant events which had occurred since the previous inspection. This meant the provider was complying with legal requirements to notify us. We were able to see action was taken where people experienced injury or harm, to help prevent recurrence.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the last inspection the provider had failed to act in an open and transparent way and meet the requirements of the duty of candour regulation. This was a breach of regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 20.

- Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- We saw evidence of conversations with people or their families and letters, after notifiable safety incidents occurred. This showed the service had acted in an open and transparent way when things had gone wrong

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views were sought and listened to. Meetings took place at each of the premises, some more regularly than others. Minutes of these meetings showed people were asked things such as activities they would like to take part in, holidays, healthy eating and keeping safe.
- People had also been encouraged to complete an accessible version of a survey, to provide feedback about the service.
- One person told us they would like to keep a pet rabbit. The manager was encouraging of this idea and suggested they may wish to meet another person in the service who already had 1, and could talk through how to care for it. Both people thought this was a good idea.
- People were supported to go into town to do their shopping, have meals out and socialise. This included

visiting friends at other supported living properties and attending local clubs.

- People were supported to keep in touch with family members; 1 person told us how much they were looking forward to a relative coming to stay with them shortly. Events were held which families were invited to, such as a party for the coronation of King Charles III.
- We saw some information was provided in easy read formats, to help people understand their care.

Working in partnership with others

- The service worked in partnership with other health and social care organisations, which helped to support people's health and well-being. We received positive feedback from the local authority on improvements made at the service.

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
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to ensure care and treatment was only provided with the consent of the relevant person.</p> <p>Regulation 11(1).</p>