

The Fremantle Trust

The Fremantle Trust - 3 The Glade

Inspection report

Bromham
Bedford
Bedfordshire
MK43 8HJ

Tel: 01234828704
Website: www.fremantletrust.org

Date of inspection visit:
28 June 2017
18 July 2017

Date of publication:
14 August 2017

Ratings

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

Summary of findings

Overall summary

The Fremantle Trust – 3 The Glade is a service registered to provide accommodation with personal care for up to eight people who have a learning disability. On the day of the inspection eight people were using the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them.

People had risk assessments in place which enabled them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed. Staff received a comprehensive induction and on-going training. They had attended a variety of training to ensure they were able to provide care and support based on current best practice when supporting people. They were supported with regular supervisions.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. There was access to drinks and snacks throughout the day.

People were supported to access a variety of health professional when required, including opticians, doctors and hospital appointments to make sure they received continuing healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests and join in activities of their choice.

People knew how to complain. There was a complaints procedure in place and accessible to all.

Quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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 support this practice.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

The Fremantle Trust - 3 The Glade

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 comprehensive inspection took place on 28 June 2017 and calls to relatives were made on 18 July 2017. The inspection was unannounced and 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 checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in July 2015.

During our inspection we observed how staff interacted with people who used the service. Some people who used the service were non-verbal but were able to make their responses known via pictures or gestures.

We spoke with five people who used the service and two relatives of people who used the service. We also spoke with the registered manager, the deputy manager and three support workers.

We reviewed three people's care records, three medication records, four staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

When asked if they felt safe one person who used the service nodded and replied, "Yes." People were protected from avoidable harm and abuse by staff who showed a good understanding of the subject. One staff member said, "I would report it to my line manager." Another said, "I would report it." Staff knew who to contact within the organisation if they thought it needed to go further. Posters were displayed explaining how to report suspected abuse.

Each person had risk assessments in place to enable them to be as independent as possible taking into account the associated risks. These included for; accessing the community, finance and personal care. These had all been reviewed regularly. Staff we spoke with told us they updated risk assessments when required and carried out additional ones for extra activities such as holidays.

Staff were recruited following a robust procedure. The registered manager told us all recruitment checks were carried out by the provider's human resource team. Documentation showed that correct checks had been carried out for all staff before they started to work.

It was obvious from our observations that there were enough staff of varying skills on duty to support people with their chosen activities. Staff told us the rota was flexible to accommodate individual's choice of activities. The registered manager said, "We have our own bank staff which we use if needed." They went on to explain that people had allocated hours and the rotas were planned around those.

Medication was managed safely. Each person had their medication securely locked in their room. We carried out a stock check and found they were reflective of numbers recorded on Medication Administration Record (MAR) charts. Each person had a medication profile which explained allergies, where creams were to be applied, why and how frequently.

Is the service effective?

Our findings

People received care and support from staff with the required skills and knowledge. A relative we spoke with told us they thought the staff were well trained to support the people who used the service. One staff member said, "We have a lot of training, some of it on the computer but some in the class room." The registered manager told us the provider had a training department who arranged and booked any training requested. They also kept a matrix and the registered manager was able to inform staff when any training was due. All staff had achieved or were completing nationally recognised qualifications. Documentation we saw showed all staff training was up to date. Staff also had their competency observed.

Staff told us they were supported by the registered manager and the provider. One staff member said, "[Name of registered manager] is very good. She is always available." They told us, and records confirmed, they all received regular supervisions and annual appraisals.

Throughout the inspection we observed staff gaining consent from people. For example, asking if they would like to speak with the inspector. We also saw staff ask the persons permission to enter their room. Where they had been able, people had signed to give consent for their care and support.

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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some people were subject to a DoLS and staff knew who they were and why they were in place.

People told us they enjoyed the food. One person told us they all took a packed lunch to their daily activity, which we saw being prepared with food of people's choice. Staff told us that some people helped to plan the menu for their main evening meals for the week and the menu was written from this.

We saw that people had attended appointments with health care professionals to maintain their health. For example, visits to the doctor, dentist and hospital appointments.

Is the service caring?

Our findings

People were treated with kindness. When asked one person said, "They are nice." A relative said, "The staff are very nice, it is a lovely environment, very homely." We observed positive interactions between staff and people who used the service. People were at ease and comfortable in the presence of staff.

Staff were able to tell us about individuals' likes and dislikes, their hobbies and interests and family. We saw staff spending time with people, making sure they understood what was happening and what they wanted to do.

Where possible people had been involved in the development of their care and support plans. We saw evidence of this in the records we reviewed.

The registered manager told us that they had access to an advocacy service should it be needed by anyone living at the service.

The registered manager told us that all confidential information was kept in the locked office. The computer was password protected. This ensured information was only accessed by people who had permission to access it.

People were observed to be treated with privacy and dignity. Staff knocked on people's doors and ensured privacy was kept during personal care and support. Staff spoke with people in a calm manner and encouraged independence.

People told us they could have family and friends to visit. Staff told us that people went to visit family occasionally. A relative said, "[Name of person] comes home to visit every few weeks and I go to visit every week."

Is the service responsive?

Our findings

Staff told us they had meetings with each individual to update their support plans. They said they involved the person as much as they were able to ensure their views were documented. Records we viewed showed this had taken place. A relative told us they were involved in the reviews for their loved one and always kept informed of any changes. Support plans were personalised and written for each individual and had been reviewed regularly.

People told us about the different activities they attended. Activities included music therapy, daily life skills, bowling, the cinema and visiting musicians. On the day of our inspection some people decided to go bowling and have lunch out at a restaurant. People told us what they had done when they were there and how they enjoyed going. There were pictures displayed showing people enjoying a number of days out and holidays.

There was a complaints policy and procedure which was also available as an easy read to enable people who used the service to complain. A relative told us, "I would soon complain if I had to but I have no reason to." We saw that there had been no complaints since our last inspection. A large number of compliments had been received.

The registered manager told us that they gave each person a questionnaire every six months. This was in an easy read/pictorial format. People were encouraged to get family or a member of staff to assist them with completing it. We saw completed questionnaires and where there had been any comment, the registered manager had responded to the individual. Staff were also given questionnaires to complete to enable their views to be gathered and acted on if required.

Is the service well-led?

Our findings

Staff told us they were involved in the development of the service, including at provider level. Staff explained they were able to voice their opinions, which would be listened to, at regular staff meetings. The registered manager told us they could call anyone in the provider team if they needed any support.

Staff told us, and we saw, that there was a positive, open and transparent culture in the service. One staff member said, "We can talk to [name of registered manager] at any time." Staff told us that the provider had a whistleblowing procedure and they would use it if required.

There was a registered manager in post who met their CQC registration requirements. 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.

The registered manager was aware of the day to day activities in the service. We observed them assisting people when they returned from their day activity. It was obvious from our observations they knew the people and staff well. Both were comfortable in their presence and there was a good rapport between them all.

A number of quality audits had been carried out by both the registered manager and a provider representative. These included; health and safety, medication and care plans. Where any issues had been found, action plans were in place.