

# The Fremantle Trust

# The Gables

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 18 and 23 November 2016. It was an unannounced visit to the service.

We previously inspected the service on 16 April 2015. The service was meeting the requirements of the regulations at that time.

The Gables provides care and support for up to seven adults with complex learning disabilities. Six people were living at the home at the time of our visit.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received positive feedback about the service from a healthcare professional. They said "The Gables is a wonderful unit. Well managed and well led. Staff know the residents well and treat them with kindness, care and respect. Good communication with the multidisciplinary team. Clean and well resourced and well staffed."

We found people had been supported to look presentable and they appeared well cared for. Each person had their own bedroom which was individualised and comfortable. Equipment had been provided to meet the needs of people with disabilities. People were supported to attend healthcare appointments to keep healthy and well. However, where people sustained unexplained injuries, we could not see investigation had taken place into the cause, to help prevent recurrence in the future.

There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns. People's medicines were handled safely and given to them in accordance with their prescriptions.

We found risk assessments and care plans had not always been kept under review to make sure they took into account people's current needs. Various checks were made to ensure the premises were safe. However, we found people's safety could be compromised as fire drills were not carried out regularly and the risks associated with ingesting disposable gloves had not been mitigated. We have made a recommendation about assessing the risk of disposable gloves being accessible to people living at the home.

We found there were sufficient staff to meet people's needs. They were recruited using robust procedures to make sure people were supported by staff with the right skills and attributes. There was an on-going training programme to provide and update staff on safe ways of working. However, staff did not always receive appropriate support through formal, regular supervision.

We read feedback from relatives which was complimentary of the service and standards of care. One described The Gables as "A real homely, caring home." Another said "A warm welcome is always assured to all visitors and the standard of care for each resident seems to us to be very high."

We found records had not always been kept of decisions made on behalf of people who lacked mental capacity. We have made a recommendation for further work to be undertaken in this area, to comply with the Mental Capacity Act 2005.

The provider regularly checked the quality of care at the service through visits and audits. The registered manager was aware of their responsibilities to notify the Care Quality Commission of reportable incidents and had done so.

We found breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to safe care and treatment, staffing and good governance. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

People were not fully protected against the risk of fire. Practice drills were not carried out at intervals recommended by the provider. Evacuation plans had not been kept under review to ensure people's support needs were accurately recorded in the event they needed to leave the premises in an emergency.

People's risk assessments were not always reviewed in a timely way to make sure they took into account their current circumstances.

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.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People may not have received safe and effective care because staff were not always appropriately supported through regular supervision.

Decisions made on behalf of people who lacked capacity were not always recorded in accordance with the Mental Capacity Act 2005.

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

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were treated with dignity and respect and staff protected their privacy.

People were treated with kindness, affection and compassion.

People were supported by staff who were knowledgeable about

**Good** ●

their histories and what was important to them.

### **Is the service responsive?**

The service was not always responsive.

Investigation had not always been carried out after people sustained unexplained injuries.

People were at risk of receiving inconsistent or unsafe care as care plans had not always been kept up to date and reviewed as their needs changed.

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

**Requires Improvement** ●

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

The service was not consistently well-led.

People were not always protected from the risks associated with poor record keeping.

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

The registered manager knew how to report any notifiable events or incidents to the Care Quality Commission. This meant we could see what action they had taken in response to these events.

**Requires Improvement** ●

# The Gables

## 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 18 and 23 November 2016 and was unannounced. The inspection was carried out by one inspector

We did not ask the provider to complete 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 gave the registered manager the opportunity to tell us what they did well and any improvements they intended 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 contacted two health and social care professionals, four people's relatives and nine members of staff, to ask them about standards of care at the service.

We spoke with the registered manager and two members of staff. We checked some of the required records. These included three people's care plans, five people's medicines records, two staff recruitment files and three staff training and development files. We also looked at a sample of policies and procedures, records relating to health and safety checks and minutes of staff meetings.

Some people were unable to tell us about their experiences of living at The Gables because of their disabilities. We therefore 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

People were not fully protected against the risk of fire. We read a report of the fire officer's inspection in May this year. It noted there were "Inadequate maintenance and test records kept." We saw there had been a gap to weekly testing of emergency lighting between January and May this year. Tests of alarm call points had also not been carried out between mid February and May this year. We were able to see since that time records had improved and regular testing was now carried out. However, we saw the last recorded practice fire drill was in December 2015. The provider's guidance was for all staff to take part in at least two practice drills each year. The registered manager was unable to demonstrate that a further drill had been held at the home. This meant there were insufficient measures to make sure staff knew what to do in the event of a fire.

We saw emergency evacuation plans had been written for each person, which outlined the support they would need to leave the premises. However, these had not been reviewed or updated since 2013. This meant they may not have contained accurate information to make sure people were supported appropriately in the event of an evacuation.

We looked at risk assessments in people's care plans. These had been written to reduce the likelihood of injury or harm to people. We read assessments of people's likelihood of developing pressure damage and supporting people with moving and handling, as examples. In one person's care plan, risk assessments had not been reviewed since 2012. This included assessment of the risk of choking and safe use of bed rails, both potentially areas of high risk.

These were breaches of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff promoted people's safety during the provision of their care. Where risk assessments identified a need for two staff to support people, the service ensured two were allocated. For example, we saw two staff supported a person who needed a hoist to reposition. This ensured they were supported safely. However, we found disposable gloves were accessible to people who use the service, such as in bathrooms. Lockable cupboards were provided in the bathrooms to keep gloves safe but were not used. We mentioned this to the registered manager on the first day of our visit. Gloves were still accessible on the second day. We recommend a risk assessment is carried out to assess the risk of ingestion by current or future residents.

People were protected against the risk of unsafe premises. The building was well maintained. There were certificates to confirm it complied with gas and electrical safety standards. Hoists and other equipment were serviced and in good condition. We saw faults were reported promptly to the landlord for repair. For example, a bathroom light fitting had become damaged by the overhead hoist. The bathroom was made safe until workmen could visit the service.

The service had procedures for safeguarding people from abuse. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse. Staff told us they would report any concerns

about people's care to the registered manager. One said "I am confident in raising any concerns with the home's manager." We saw there was information displayed in the entrance hall to advise staff of who they could contact if they felt people were unsafe. This included the contact details of the local authority, the Care Quality Commission and the provider's headquarters.

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

We observed there were enough staff to support people during our time at The Gables. People's needs were met in a timely way and staff managed busy times of the day well. For example, people were helped up in the morning and given enough time for breakfast before their transport took them to day services. Staffing rotas were maintained and showed shifts were covered by a mix of care workers and senior staff. A healthcare professional told us they felt The Gables was "Well resourced and well staffed."

People's medicines were managed safely. There were medicines procedures to provide guidance for staff on best practice. Staff who handled medicines had received training on safe practice. We saw staff maintained appropriate records to show when medicines had been given to people, which provided a proper audit trail. Daily stock checks were carried out to account for all medicines. Temperature checks were also undertaken to make sure medicines were stored as recommended by manufacturers.



## Is the service effective?

### Our findings

People were cared for by staff who received inconsistent support. Although staff said they felt supported, we found formal systems for developing staff were not always adhered to. We looked at three staff development files. One file only contained a record of one supervision meeting with the member of staff's line manager and a performance review during the five months they had been at the home. Another file did not contain any evidence of supervision this year, although a performance review had been undertaken. A third file contained records of three supervision meetings this year and a performance review. There was a gap of eight months between the last and preceding supervision meetings. The registered manager was unable to provide further evidence of meeting with staff to discuss their learning and development needs but said she saw and spoke with staff regularly. However, there were no records to show staff always received appropriate support to help them carry out their duties effectively.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

New staff undertook an induction to their work, which led to the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way.

There was a programme of on-going staff training to refresh and update skills. This included safeguarding people from abuse, food handling and first aid. Staff also undertook specialist training to meet people's needs, such as dementia care and epilepsy awareness. We saw an update course on moving and handling took place at the home on the second day of our visit. Staff also had opportunities to undertake further qualifications, such as the Qualifications and Credit Framework (QCF) and Business and Technology Education Council (BTEC) awards.

People's healthcare needs were managed effectively. Records showed people saw the GP and healthcare specialists as necessary. This included the speech and language therapist and the consultant in learning disabilities. A note was kept of the outcome of appointments to make sure there was a record of recommended treatment or any follow up required.

We saw people were provided with the equipment they required such as specialised chairs and wheelchairs. The right equipment was in place where people were at high risk of developing pressure damage. Staff followed good practice by repositioning people regularly where they were unable to do this for themselves.

We observed staff communicated effectively about people's needs. Relevant information was documented in a communications book and handed over to the next shift. Daily notes were maintained to log any significant events or issues so that other staff would be aware of these.

We saw meal times were unrushed and gave people time to enjoy their food at their own pace. People were provided with adapted cutlery and plate guards to help them manage meals independently, where they

were able to. Staff assisted people gently and offered encouragement to finish meals. Care plans documented people's needs in relation to eating and drinking. Staff followed guidance from the speech and language therapist regarding appropriate consistency of food people required. This reduced the risk of the person choking. However, we noted staff referred to a liquidised diet for one person rather than the assessed consistency of pureed food. The care plan in use also referred to a liquidised diet. A second person's care plan file also referred to a liquidised diet where they also required their food to be pureed. Again, we saw they received the correct consistency at meal times. We mentioned the confusion between the types of meal consistency to the registered manager, as a potential area of training for 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the registered manager had made application to the local authority where they considered someone was deprived of their liberty. This application was not granted as the decision by the local authority was that the service had acted in the person's best interests and no deprivation occurred. We saw some examples of best interest decision making in people's files. For example, about management of finances and going to bed. No further records were in place for all other areas of people's care and treatment.

We recommend further work is undertaken to ensure all decisions made in people's best interests are properly recorded, in accordance with the MCA.

## Is the service caring?

### Our findings

We received positive feedback from a healthcare professional about the caring approach of staff. They told us "Staff know the residents well and treat them with kindness, care and respect."

People appeared happy and contented at The Gables. We saw they were kept comfortable and warm. One person was able to tell us they were "All right" and said "It's nice here." When we asked if they were happy they said "Yes."

People's bedrooms were personalised with pictures, ornaments, photographs and other items. Each room looked individual and had curtains and bedding to suit the person's taste. There was a sensory room which people used to relax in.

Staff showed concern for people's well-being in a caring and meaningful way and they responded to their needs quickly. For example, we heard staff say someone had started to become agitated when they got on the transport to take them to day services. The registered manager got up immediately to check if the bus was still there, which it was, and how the person was. In another person's care plan file we saw staff had noted how to help them settle if they had a disturbed night. The file also contained guidance for the staff team to prevent the person becoming distressed during personal care. This included explaining to the person what they needed to do before they did it and offering comfort and reassurance throughout.

We saw the home had received compliments from relatives about the care of their family members. One relative said "Residents owe so much to past and present staff...and a warm welcome is always assured to all visitors and the standard of care for each resident seems to us to be very high." They added their family member "Is obviously very happy and contented and always looks beautifully turned out."

Another relative commented "Thank you for all your care and devotion which is a lovely, happy environment for the residents. A real homely, caring home."

A visitor to the service spoke highly of standards of care and said the home had "A warm, welcoming atmosphere within which staff can provide passionate care with a warm heart and positive approach."

We saw staff were respectful towards people and treated them with dignity. Care was taken of people's clothes and protectors were used at meal times to prevent accidental soiling. We heard an exchange between a member of staff and someone they were assisting in the morning. The member of staff spoke gently and said "Hello, (name of person). How are you? Can I come and help you now, are you ready?" When we saw the person later on, we noted they had been supported to look smart and presentable and were cleanly shaven. They said they had enjoyed their bath. The member of staff told us how important it was not to rush people and to allow them to do as much for themselves as possible. They said they had encouraged the person to help shampoo their hair and to put their socks on after the bath, which they were able to do but it required time and patience.

Staff were knowledgeable about people's histories and what was important to them, such as family members, where they liked to go on holiday and any hobbies or interests they had. Staff spoke with us about people in a dignified and professional manner throughout the course of our visit. People were given privacy during the provision of their care in bathrooms and bedrooms.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance on what they could and could not do. They had signed agreements about use of email, the internet and social media to make sure personal and sensitive information about people was not shared inappropriately.

People's wishes were documented in their care plans about how they wanted to be supported with end of life care. We heard how the staff team had supported one person with end of life care. This had involved specialist support from healthcare professionals and ensured the person received effective and compassionate care.

People's visitors were free to see them as they wished. Some people also spent time with their families at weekends or short breaks. This helped them maintain important social contacts.

## Is the service responsive?

### Our findings

Care plans were in place for each person. However, people's needs were not always reviewed at regular intervals and their care plans updated to ensure the right support was provided. We read one person's care plan which had various notes attached to it to say different parts needed to be updated. These notes had been written in April 2016; no updating had taken place. Notes also identified two parts of the care plan were 'missing'. They had not been written and added to the file. We read the person's moving and handling risk assessment written in July 2015. This identified the care plan needed to be updated to add more detail. This had not been done.

We saw another person's care plan was in the process of being updated. Information in the current file, which staff referred to on how to support the person, had not been reviewed in a timely way. For example, support plans for bathing and eating had not been reviewed and updated since June 2014. Both of these activities contained significant risks for the person.

These were breaches of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans were personalised and each file contained information about the person's likes, dislikes and people who were important to them.

We could not always see whether staff took appropriate action when people had accidents. For example, a record was kept where someone's foot was bruised and swollen. The only action recorded was to "please observe." There was no further comment about how the injury may have happened. Another record had been made in the person's file five months later about a similar injury; "right foot swollen and bruised." The records said pain relief had been given and the person was to stay back from day services that week. A note was made for a possible GP check. There was no information about whether the injury had been checked by the GP or if the cause had been investigated. We could not therefore be certain that the service always responded appropriately when people were injured.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were complaints procedures in place. One complaint had been received about a contractor working at the home. Records showed the registered manager had responded to this appropriately. Several compliments had been received about the home. One was from a relative about standards of care. It included praise for the staff team in supporting their family member during a hospital stay and said staff had shown devotion to making sure the person was properly cared for. This showed the responsiveness of staff to this situation.

People were supported to be part of the local community and use local shops and facilities. Four people attended day services for part of the week. Reflexology had been introduced once a fortnight, which staff

said people enjoyed.

People had a keyworker. A keyworker is a named member of staff that was responsible for ensuring people's care needs were met. This included supporting them with activities and would spend time with them.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

We saw individual profiles were in place in the event people needed to be admitted to hospital. The "A&E grab sheets" were part of a local initiative to improve the experiences of people with learning disabilities who are admitted to hospital.

## Is the service well-led?

### Our findings

The service was not always well-led to meet the requirements of the regulations. However, the registered manager was open and honest about any areas where the home needed to make improvements.

We found staff were not always supported through a regular pattern of formal supervision to discuss their development needs. We saw staff approached the registered manager to discuss practice and other issues informally and to catch up on what had happened since they were last on shift.

Records at the service were not consistently well maintained. For example, the inspection highlighted a need to keep care plans and risk assessments under more frequent review and updated. Decisions made on behalf of people who lacked capacity had not been recorded for all areas of care and treatment people received. We looked at a sample of policies and procedures. For example, policies on equality, medicines practice, safeguarding and missing persons. Some of these had review dates for 2015 but still seemed to provide appropriate guidance from what we could see and had up to date contact details where external agencies were mentioned.

The service had a registered manager in post. We received positive feedback about how they managed the service from a healthcare professional who had regular contact with the home. They said "The Gables is a wonderful unit. Well managed and well led." They told us there was "Good communication with the multidisciplinary team" to help meet people's needs. This showed there was good partnership working with other agencies involved with people's care.

Staff were advised of how to raise whistleblowing concerns during their training on safeguarding people from abuse. Whistleblowing is raising concerns about wrong-doing in the workplace. This showed the home had created an atmosphere where staff could report issues they were concerned about, to protect people from harm. Safeguarding was also a regular agenda item for staff meetings.

The provider regularly monitored quality of care at the service. Audits were carried out such as on infection control practice, medicines management and links with the community. The registered manager submitted monthly returns about the home to the provider. These covered statistical data such as numbers of any safeguarding referrals, complaints, agency staff hours used and staff performance reviews completed. A comprehensive audit of the home was due to be carried out by the provider in December this year.

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

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were placed at risk of harm as fire practice drills were not carried out in accordance with the provider's policy, to ensure staff knew what to do in the event of a fire.</p> <p>Assessments to outline the support people needed to evacuate the premises had not been kept to date.</p> <p>Risk assessments to reduce the likelihood of injury or harm during the provision of people's care had not been kept under review to make sure they took into account people's current circumstances.</p> <p>Appropriate measures had not always been taken to mitigate risks where people received accidental injuries, as the cause was not always investigated.</p> <p>Regulation 12 (2)(a),(b),(d)</p> |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People were placed at risk of unsafe or inconsistent care as care plans had not been kept up to date and did not accurately record their needs.</p> <p>Regulation 17(c)</p>  |



| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>People were placed at risk of harm because staff had not received appropriate support and supervision to enable them to carry out the duties they were employed to perform.</p> <p>Regulation 18(2)(a)</p> |