

The Fremantle Trust

The Gables

Inspection report

49 Moreland Drive
Gerrards Cross
Buckinghamshire
SL9 8BD

Tel: 01753890399
Website: www.fremantletrust.org

Date of inspection visit:
12 November 2018
13 November 2018

Date of publication:
11 December 2018

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 12 and 13 November 2018. It was an unannounced visit to the service.

We previously inspected the service in October 2017. The service was not meeting all the requirements of the regulations at that time and was rated 'requires improvement'. There were breaches of regulations regarding fire safety and staff support. Following the last inspection, we met with the provider and asked them to complete an action plan to show what they would do and by when to improve the key questions 'safe,' 'effective' and 'well-led' to at least 'good.' On this occasion, we found improvements had been made.

This service provides care and support for up to seven adults with learning disabilities in a family-style home. The building is a detached property with an enclosed garden. Five people were living at The Gables when we visited. Accommodation is provided on two floors, with five bedrooms downstairs. Equipment has been provided to assist people with daily living tasks, such as adapted baths and ceiling hoists. Each person has their own bedroom, close to toilet and bathroom facilities.

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.

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. Comments from relatives included "It's lovely. Home from home," "They're very much like a family home," "We're pretty happy with The Gables" and "I'm absolutely happy, I couldn't praise them enough." One person who lived at the home gave us a big smile and said "It's alright" when we asked what it was like to live there.

People were protected from the risk of abuse. There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns. The staff, community professionals and relatives we spoke with did not have any concerns about how people were cared for. Staff told us they would report anything that concerned them.

Each person had a care plan which outlined their support needs. Risk assessments had been prepared, to reduce the likelihood of injury or harm to people during the provision of their care. People's medicines were handled safely and given to them in accordance with their prescriptions. People were supported to access healthcare professionals when they needed to.

Information was not always provided in formats people could understand. We have made a recommendation about complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016, making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

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.

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. Occasional use was made of agency workers. We found not all senior staff could access records sent by the agency to confirm the checks and identity of the staff they supplied. We have made a recommendation about this.

Staff received appropriate support through a structured induction, supervision and appraisal of their performance. The frequency of staff supervision had improved since our last inspection. There was an on-going training programme to provide and update staff on safe ways of working. We have made a recommendation regarding training on end of life care. Staff told us the training opportunities were good and they were encouraged to undertake higher level training, such as diploma level courses.

Some activities were provided for people, such as occasional trips out and visits by sensory therapists. There had been little progress in meeting a recommendation we made at the last inspection to improve this area of practice.

People were cared for in safe and well-maintained premises. There were certificates to show it complied with gas and electrical safety standards. Improvement had been made to fire safety measures, to ensure staff were suitably rehearsed in what to do in the event of fire. Lifting equipment was serviced to make sure it was in safe working order. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

The service was managed well. The provider regularly checked the quality of care at the service through visits and audits. We had not been told about the outcomes of the service applying to the local authority to deprive people of their liberty. We have made a recommendation regarding notification of significant events.

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 was safe.

People were protected from harm because staff received training to be able to identify and report abuse.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify and minimise areas of potential risk.

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

People lived in premises which were well maintained and free of hazards, to protect them from the risk of injury.

People were protected from the risk of infection because staff followed safe infection control practices.

Is the service effective?

Good ●

The service was effective.

People received safe and effective care because staff were effectively supported through a structured induction, supervision and appropriate training opportunities.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests, in accordance with the Mental Capacity Act 2005.

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

Is the service caring?

Good ●

The service was caring.

People were supported to be as independent as they could be.

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

People were treated with kindness, affection and compassion.

People were supported by staff who engaged with them well and took an interest in their well-being.

Is the service responsive?

The service was not consistently responsive.

People were supported to take part in some activities but this needed to be developed, to increase their stimulation and prevent boredom.

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

People's requirements regarding end of life care were recorded, where appropriate.

Information needed to be provided in formats people could understand.

Requires Improvement ●

Is the service well-led?

The service was well-led.

People's needs were appropriately met because the service had appropriate arrangements for leadership and support.

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

The Care Quality Commission was not always told about all reportable events which happened in the service, so that we could monitor these.

Good ●

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 12 and 13 November 2018 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They were present for the first day only.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We contacted community professionals. These included the local authority commissioners of the service, to seek their views about people's care. We also contacted three people's relatives after the inspection, to ask them about standards of care at the service.

We spoke with the registered manager and three staff members. These included senior care workers and care workers. We contacted the provider and asked for some information to be forwarded to us. This was received promptly.

We checked some of the required records. These included two people's care plans, five people's medicines records, three staff recruitment files and staff training and development records for the whole staff team. Other records we checked included minutes of staff meetings, provider monitoring reports, premises safety records and a sample of policies and procedures.

Some people were unable to tell us about their experiences of living at The Gables because of their complex needs. 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

Community professionals, relatives and staff we spoke with said they did not have any concerns about The Gables and the safety of those who lived there. A relative told us "I've never noticed anything that isn't right."

When we visited the service in October 2017, we had concerns about how people were protected against the risk of fire. This was because 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. We met with the provider and asked them to make improvements and to submit an action plan which outlined the measures they would take.

On this occasion, we found improvements had been made. The fire log showed fire drills had taken place on several occasions since the last inspection. This included use of evacuation equipment, which some people would require. We also recommended at the last inspection that the service followed good practice in the carrying out of fire drills, so that these were used as a learning opportunity. Records showed this recommendation had been incorporated into practice, as information was noted such as time of the day the drill took place at, the time it took to evacuate and improvements that could be made. Other fire records, such as tests of the alarm system, emergency lighting and extinguishers were all up to date. A fire safety officer from Buckinghamshire Fire and Rescue Service had visited the home recently. Their report showed satisfactory preventative measures were in place and the premises were not considered to be a high fire risk.

We saw emergency evacuation plans had been written for each person. These documented the support and any equipment people needed in the event of emergency situations. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately.

Other records we checked showed the premises were kept in a safe and well-maintained condition. For example, there were certificates to show it complied with gas and electrical safety standards. Water had been tested to check for the presence of Legionella and other harmful species and was found to be safe.

People were safeguarded against the risk of abuse. Staff development included mandatory training on safeguarding. There were processes for staff to follow if they suspected or were aware of any incidents of abuse. This included information displayed about the local authority contact details for raising concerns about abuse. Additionally, there was a provider poster in the entrance hall with contact numbers for reporting abuse. The staff we spoke with said they would report concerns, should any arise.

People were kept safe during the provision of their care. Potential risks had been assessed. For example, when assisting people to reposition, accessing the community and from medical conditions such as epilepsy. Where risks had been identified, management plans were written to keep the person safe.

Staffing rotas were planned to ensure there were enough staff to support people. We observed routines within the home were unrushed. For example, when people got up in the morning and during meal times.

People were protected from the risk of being supported by unsuitable workers. The personnel files we checked showed the service used robust recruitment processes. Staff files contained required documents, such as a Disclosure and Barring Service (DBS) check. This is a check for criminal convictions. Other checks included written references and proof of identification. A reminder was given to the registered manager that a photograph of the member of staff was needed in each of the files, to complete the records. The Gables occasionally needed support from external agencies to staff the home. In these instances, a profile of the worker was emailed to the service, to confirm checks had been carried out and containing a photograph of the agency worker. The registered manager told us none of the other staff at the home accessed the computer, therefore if they were not on duty this information could not be checked. This had been the case when an agency worker covered a night shift.

We recommend action is taken to ensure all senior staff can access information about prospective agency workers.

People's medicines were managed safely. No one was able to manage their medicine themselves. There were medicines procedures to provide guidance for staff on best practice. Staff handling medicines had received training on safe practice and had been assessed before they were permitted to administer medicines alone. Appropriate records were maintained of when medicines had been given to people.

Medicines which required additional controls because of their potential for abuse (controlled drugs) were stored separately. Stock checks were completed once a day by staff. The registered manager was advised to improve storage of keys to the room and cabinet which contained controlled drugs, to prevent access by unauthorised persons. The room was not accessible to people who lived at the home. This was attended to during the inspection.

Some people required rescue treatments. These are taken 'as needed' to stop clusters of seizures, seizures that last longer than usual or when seizures occur at specific predictable times. Appropriate written protocols had been written on how to use these. Additionally, staff had received training on their use.

Accidents and incidents were recorded appropriately at the home. The accident or incident reports we read showed staff had taken appropriate action in response to accidents, such as a fall.

The registered manager took action where staff had not provided safe care for people. For example, where errors or omissions had occurred. Staff were reminded of safe practices during staff meetings.

People were protected from the risk of infection. There was training on food hygiene and infection control practice. The premises were kept clean and there was good odour control. Laundry and kitchen areas were kept tidy. Staff wore disposable protective items when they assisted people with personal care. Clinical and sanitary waste was collected by authorised contractors for safe disposal. Appropriate pest control measures were in place. A recent report by the pest control contractors included "No problems reported, premises clean and tidy."

People's records were accessible to staff when needed and were kept secure. These were accurate and had been kept up to date following changes to people's care needs.

Is the service effective?

Our findings

We received positive feedback from community professionals about how the home managed people's healthcare needs. Comments included "I always sing their praises," "The care is wonderful," "If there are any medical concerns, they are on it straight away" and "They have managed to adapt to people's changing needs."

Records were kept of healthcare appointments or visits. For example, GPs, opticians and hospital specialists. People had healthcare 'passports' and accident and emergency 'grab sheets' which recorded significant information if they needed treatment in hospital or other healthcare locations.

When we visited the service in October 2017, we had concerns about how staff were supported. This was because staff had not received appropriate support and supervision to enable them to carry out the duties they were employed to perform. We met with the provider and asked them to make improvements and to submit an action plan which outlined the measures they would take.

On this occasion, we found improvements had been made. The provider's expectation was for supervision to take place every 12 weeks, with appraisals undertaken mid-year and annually. We checked records for six staff. In each case, there had been at least three supervision meetings in the past 12 months. In some cases, staff had received four or five supervision meetings. We saw evidence of probationary assessments for new staff, to assess performance. Some mid-year and annual appraisals had been conducted. We asked the registered manager about dates for other staff appraisals. These had not all been arranged yet.

New staff received a structured induction to introduce them to the home, the organisation and safe ways of working. Their first four days in post covered all of the provider's mandatory training. Staff then worked towards 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.

Staff told us there were good training opportunities and they were encouraged to undertake courses at a higher level. For example, diplomas in dementia care and health and social care. We looked at the staff training records. These showed training had been kept up to date in most instances. At the last inspection, we recommended training was provided to ensure all staff had the skills they needed to care for people with dementia. This was because some people at the home had developed dementia. The registered manager told us the provider's dementia care advisor had provided training to the staff team since the inspection. Additionally, two staff were undertaking diplomas in dementia care, with a further two staff interested to do this in the new year.

There had not been any new admissions to the service in some years. People's needs had been thoroughly assessed at the time. A relative we spoke with told us their family member had come for visits and overnight stays before they moved in to The Gables. This helped to ensure the service could meet the person's needs.

People had named keyworkers. This is a member of staff assigned to the person, who helps co-ordinate their care, liaise with family members and ensure care plans are accurate and up to date. One relative said their family member's keyworker was a "Very nice person, talks sense, has a fair knowledge."

Staff worked together within the service and with external agencies to provide effective care. We heard staff on duty discuss with each other what they were doing and who needed support next. This helped to ensure care was planned and co-ordinated. Relevant information was documented in a communications book and handed over to the next shift. Daily diaries were maintained, to log any significant events or issues so that other staff would be aware of these. There was good communication between the home and a day service two people attended.

People were supported with their nutritional needs. Care plans documented people's needs in relation to eating and drinking. This included assessment of the risk of malnutrition. Meal times were unrushed and gave people time to enjoy their food at their own pace. Adapted equipment was used to help people manage meals independently. Meals were home-cooked and incorporated fresh vegetables. Fresh fruit was available at the home.

People were provided with the consistency of food appropriate to their swallowing needs. For example, puréed meals were provided for one person. This reduced the risk of the person choking. Staff supported people who needed assistance with their meals. This was done in a gentle manner.

We saw regular drinks were provided throughout the day, to keep people hydrated. People were offered a choice of hot or cold drinks. We heard staff asked someone "Would you like a hot drink or a cold drink?" The person replied "Hot please" then the staff member asked "Would you like tea or coffee?" They were then provided with their chosen drink.

The design of the building took into account the needs of people with a range of disabilities. This ensured the layout and equipment provided supported people to remain independent. For example, doorways and corridors were wide enough to accommodate wheelchairs and bathrooms and bedrooms had enough space for manoeuvring hoists and other equipment. There was a stair lift between the ground floor and first floor. There was level flooring throughout the building and around the garden, to enable people to move around safely. There was sufficient space for activities to take place and for people to see visitors, other than in their rooms.

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. One authorised application had a condition attached, which was being met.

Is the service caring?

Our findings

We received positive feedback from people about the approach by staff. Comments from relatives included "I'm absolutely happy, I couldn't praise them enough" and "They're very pleasant to me, always offer a drink." They added "When they ring me, they immediately say 'nothing to worry about' and then they say why they're ringing." Relatives told us they could visit the home whenever they wished.

People were treated with kindness, respect and compassion. We saw staff treated them with dignity. For example, a relative told us their family member "Always looks nice, nails cut, everything is done." We saw occasions where staff gently stroked people's foreheads and also held their hands when they interacted with them. At meal times, staff regularly wiped people's faces, to mop up any food spills.

People had been supported to look clean and presentable. Gentlemen had been supported to shave. Protective covers were offered to people at meal times, to avoid spillages on their clothing. All personal care was carried out in bedrooms or bathrooms, with doors kept closed to safeguard people's privacy. We saw staff provided cushions and blankets to keep people comfortable when they sat in the lounge.

The staff we met were knowledgeable about people's care needs and their family members. Staff spoke with us about people in a dignified and professional manner throughout the course of our visit.

Staff involved people in making decisions and to express their views, where possible. This included decisions about meals, drinks and what they wanted to wear. We observed people were asked what they would like to do. For example, after lunch one person was asked this. They replied "Film please, watch a film." The staff member gave the person a choice of four options of films to watch. They placed the films in front of the person so they could see them and make their choice.

The provider had sent surveys to people in 2016. The findings were grouped together for all the provider's services for people with learning disabilities, into one report. From this collective information, it was not possible to see if any surveys had been returned for The Gables. The provider told us this year's survey would be matched to each service. Relatives we spoke with told us they had very recently received surveys to complete.

The home occasionally held consultation meetings, to update relatives about the home, future plans and answer any questions they may have. The registered manager told us there had not been a meeting for over a year but there was intention for one to take place in the new year.

The service promoted people's independence. Risk assessments were contained in people's care plan files to support them in areas such as accessing the community.

People had access to advocacy services when they needed them. One person had an advocate involved with their care. Advocates are people independent of the service who help people make decisions about their care and promote their rights.

Is the service responsive?

Our findings

People received care which was not consistently responsive to their needs.

People's preferred form of address was noted and referred to by staff. Details were recorded of who to contact if people became unwell. There were sections in care plans about supporting people with areas such as their health, dressing, washing and bathing and mobility. People's cultural and religious needs were taken into consideration and there was information about support they required due to their disabilities. Each care plan had been kept under review, to make sure they reflected people's current circumstances.

In one file, we saw wishes were documented about how to support the person with end of life care. This included information provided by the person's next of kin. The service had links with palliative care specialists, to provide appropriate care and nursing support. Anticipatory medicines were available. Anticipatory medicines are those medicines that are prescribed for use on an 'as required' basis to manage common symptoms that can occur at the end of life. For example, for management of pain or breathlessness, nausea and sedation. We noted there was no training provided to the staff team on end of life care.

We recommend training is provided for the staff team on good practice with end of life care.

At the last inspection, we recommended the home followed good practice in activity provision and accessing the community. On this occasion, we saw people were supported to take part in some social activities. For example, we observed a sensory session run by an external therapist. People enjoyed taking part in the session, which involved all the senses and created a calm atmosphere. We looked at records of activities, noted in individual scrapbooks. These showed people had been involved in occasional events or activities, including meals out, walks in the woods, a boat trip and celebrating a birthday. There was very little noted in people's daily notes about taking part in activities. The Provider Information Return did not mention activity provision, other than as an area for improvement.

We spoke with the registered manager about activities within the home and accessing the community, as these did not appear to be regular occurrences. They agreed and told us one new member of staff was taking the lead in promoting activities, which would increase provision. However, there was not much improvement from the previous inspection, to ensure that people had appropriate stimulation. We would expect to see improvement by the time of the next inspection.

The service needed to ensure that people had access to the information they required in a way they could understand, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016, making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We asked the registered manager whether information was provided in formats people could access, such as through the use of computer technology or pictures. They told us there was a need for training about how to communicate with people with complex care needs, as methods they had tried in the past were not

appropriate to people's current needs. The provider did not run courses of this nature at the time of the inspection.

We recommend work is undertaken to make sure the service ensures people have access to the information they need, in a way they can understand it, to comply with the Accessible Information Standard.

There were procedures for making compliments and complaints about the service. There had been one complaint since the last inspection. This was handled by the registered manager. Appropriate action was taken, although it was not possible to resolve the complaint to the person's satisfaction. This was because the nature of the complaint was outside of the home's control. Most people who lived at the service would be unable to use the complaints process, including a simplified version, due to their complex needs. We asked the registered manager if relatives had been sent copies of the complaints process, to be able to act on people's behalf, if need be. They told us this had been done. One relative told us about their experiences of expressing a concern. They said "I spoke with the manager and we came out with a satisfactory answer. If we have concerns, we talk to (name of registered manager) and generally there's a good outcome. They do listen, we stand our ground politely, if we need to."

Is the service well-led?

Our findings

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. We found the registered manager had not informed us about the outcomes of five applications they made to the local authority, to deprive people of their liberty. This is one of the requirements of the regulations. Whilst there was no effect of this omission upon people who used the service, the registered manager needed to send in notification forms at the time the outcome was provided by the local authority.

We recommend all outcomes of DoLS applications are notified to us without delay. Notification forms should be completed in retrospect for the people identified during the inspection.

People received safe, effective and co-ordinated care. The service had a registered manager. They were part of a local providers' network to share good practice in the care of people with learning disabilities. They kept their own learning up to date. We received positive feedback about management of the service. A community professional told us "It's very well-managed, the manager is very good." They added "Hats off to (name of registered manager) and (name of senior care worker). They lead from the front." A relative told us "We've developed a good relationship with (name of registered manager) and (name of senior care worker)."

The service had clear visions and values. The feedback we received showed care was person-centred and with the aim of supporting people to be as independent as possible.

Staff were supported through supervision and received appropriate training to meet the needs of people they cared for. We observed staff were comfortable approaching the registered manager to ask for advice or pass on information. Staff told us they could speak with the registered manager any time they needed to. The registered manager also worked alongside staff on a regular basis. Staff were encouraged to contribute to staff meetings and we saw they worked well together.

Staff were open about reporting any mistakes that had occurred, such as medicine errors. We saw these were dealt with constructively, to look at what had happened and to prevent recurrence. 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.

The quality of people's care was routinely monitored by the provider. Detailed audits were undertaken by senior managers and were themed so they aligned with our inspection domains. Areas for improving the service were continually assessed and recommendations were made, where necessary. Actions were generally responded to within a reasonable time.

The service worked with other organisations to ensure people received effective and continuous care. For example, community professional and day services.

The records we looked at were well-maintained at the service and those we asked to see were located promptly. There was secure storage for personal and confidential records such as staff files and people's care plans. Staff had access to general operating policies and procedures on areas of practice such as safeguarding, restraint, whistle blowing and safe handling of medicines. These provided staff with up to date guidance.

We found there were good communication systems at the service. Staff and managers shared information in a variety of ways, such as face to face, during handovers between shifts and in team meetings.