

The Fremantle Trust

Sir Aubrey Ward House

Inspection report

Prospect Road
Marlow
Buckinghamshire
SL7 2PJ

Tel: 01628890150
Website: www.fremantletrust.org

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 16 February 2017. It was an unannounced visit to the service.

We previously inspected the service on 2 and 3 June 2016. The service was rated 'good' overall at that time. However, there was one area where a regulation was not fully met. This was in relation to the management of people's medicines. We made a requirement for the provider to improve practice. They sent us an action plan which outlined the measures they would take to make improvements. This focussed visit was to check the improvements had been made and only covered the 'safe' domain.

Sir Aubrey Ward House provides care for up to 60 older people, including people with dementia. Fifty nine people were being cared for 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 saw staff interacted well with people; there were lots of smiles and laughter and the busy morning routine was managed in a calm and organised manner. People told us staff were around when they needed them. One person said they were happy at the home and added "Most of the staff are friendly. There's the odd one I don't get on with. There's no issues, just different personalities, some you click with." Another person said "The girls are good, I couldn't do their job. They're very busy." People told us they received support from staff who regularly worked at the home and understood their needs. One person said "That makes a big difference. You're not having to repeat what you like all the time, they know you."

Risk assessments had been written to identify areas where people could potentially come to harm and to minimise the likelihood of this. For example, when they were assisted with moving. People had the equipment they needed to get around the building, such as walking frames and wheelchairs. Grab rails had been provided in bathrooms and corridors to help people manage independently wherever possible.

We spoke with an activity organiser. They ran a morning exercise group for people who had strokes. One of the people who attended the group told us "I used to use a walking stick when I first came here but now I don't need it." They said this was because the exercises had been helpful in improving their strength. We saw the person walked around safely and steadily.

At the last inspection we made a recommendation for staffing resources to be re-assessed, to ensure there were sufficient staff to meet people's needs at all times. We discussed staffing levels with the registered manager and regional director to see if any changes had been made. They told us additional staff hours had been agreed for the service and these would be advertised. This would provide more flexibility in how staff were allocated to areas of the home that were particularly busy.

Improvement had been made to the management of medicines. Accurate records were now maintained and medicines rooms and trolleys were kept secure. We made a recommendation at the last inspection for the service to follow good practice in the application of transdermal (skin) patches, to ensure a different area of the body was used each day. This was to avoid skin irritation. We saw charts were now used to record where skin patches had been applied. These showed rotation on the body, which reduced the likelihood of skin becoming sore.

People were protected from the risk of unsafe premises. The building was well maintained and complied with gas and electrical safety standards. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

We found although staff were trained to ensure they provided safe care to people, update courses had not been undertaken in line with the provider's policy. For example, manual handling training needed to be updated each year and safeguarding training every two years. We could not see that people's care was directly affected by this but it could mean staff were not up to date with new ways of working.

We have made a recommendation for staff training to be updated in line with the provider's policy.

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 always supported by staff who were up to date with safe ways of working.

Improvement had been made to the management of people's medicines to ensure these were handled safely.

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

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.

Requires Improvement 

Sir Aubrey Ward House

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 focussed inspection took place on 16 February 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, 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 spoke with the registered manager, the regional director for the service and four staff members. We checked some of the required records. These included three people's care plans, ten people's medicines records, two staff recruitment files and staff training records.

We spoke with four people. Some people were unable to tell us about their experiences of living at Sir Aubrey Ward House because of their dementia. 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

When we inspected the service on 2 and 3 June 2016, we had concerns about medicines practice. This was because we found medicines unattended in one part of the home and there were some inconsistencies in the recording of medicines administered to people. We asked the provider to take action to improve practice. They sent us an action plan which outlined the measures they would take to make improvements.

On this occasion we found improvements had been made to the recording of medicines administered to people. Staff now signed consistently to show when they had given or offered people their medicines. This provided a proper audit trail. Medicines trolleys and the medicines room were now kept secure when not in use, so that only authorised persons could access these areas. We observed staff followed good practice when they administered medicines. This included wearing red tabards to show they were handling medicines and were not to be interrupted. We heard staff explained to people they had their medicines for them and what they were for. They waited while people took their medicines and then signed the record sheets.

We made a recommendation at the last inspection for the service to follow good practice in the application of transdermal (skin) patches, to ensure a different area of the body was used each day. This was to avoid skin irritation. We saw charts were now used to record where skin patches had been applied. These showed rotation on the body, which reduced the likelihood of skin becoming sore.

We made a recommendation at the last inspection for staffing resources to be re-assessed, to ensure there were sufficient staff to meet people's needs at all times. Staff told us there had not been any changes to the staffing levels since our last inspection. We discussed staffing levels with the registered manager and regional director. They told us additional staff hours had been agreed for the service and these would be advertised. This would provide more flexibility in how staff were allocated to areas of the home that were particularly busy.

We spent time in one part of the home and observed the morning routine and how people's needs were met. Staff managed people's care well and maintained a calm and organised atmosphere. We saw people were not rushed to finish breakfast. Some people chose to sit in the dining room and chat for a while after they had finished their meal. When they were ready, staff escorted them to the lounge or wherever they wished to go. Staff had time to chat with people and ask them how they were. We saw lots of smiles and heard laughter as staff interacted with people. People said staff were around when they needed them and their call bells were answered promptly.

People were supported to move around in a safe way. Risk assessments had been written to assess people's moving and handling needs. We saw walking frames and wheelchairs were used to help people get around the building. Hoists were used where people required them. There was sufficient space in toilets, bathrooms and bedrooms to use moving and lifting equipment. Grab rails had been provided in bathrooms and corridors to help people manage independently wherever possible.

We saw other risk assessments had been written in people's care plans. These included assessment of their likelihood of developing pressure damage, risk of falling and screening for malnutrition. These assessments had been reviewed regularly. Where people were at high risk, we saw management plans had been written to minimise risks to people's safety or welfare. We saw emergency evacuation plans had been written for each person, which outlined the support they would need to leave the premises in the event of, for example, a fire or flood.

People were safeguarded against the risk of abuse. There were procedures on what to do if staff felt people were being abused and how to report it. The staff we spoke with understood their responsibilities to protect people from harm. They said they would not hesitate to contact the senior on duty if they had any concerns about people's welfare. People said they felt safe at the home.

Staff were open about reporting incidents where they had not provided safe care for people. For example, where errors had occurred. An example of this occurred during the inspection. The person's family were informed and the GP's advice was sought and followed. The registered manager would be following this incident up to determine what had happened and to prevent recurrence.

People were protected from the risk of unsafe premises. Certificates confirmed safety checks had been made of gas appliances and the electrical hardwiring system. Fire safety measures were in place, such as routine checks of the alarm system and drills. The home was visited by the fire safety officer in September 2015; their report showed satisfactory measures were in place to guard against the risk of fire.

People were protected from the risk of unsafe workers. 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.

Although staff were trained to ensure they provided safe care to people, we found updates had not been undertaken in line with the provider's policy. For example, manual handling training needed to be updated each year and safeguarding training every two years. We could not see that people's care was directly affected by this but it could mean staff were not up to date with new ways of working.

The regional director and registered manager agreed to attend to this, with the possibility of extra resources discussed to help ensure the home could bring training up to date where necessary.

We recommend staff training is updated in line with the provider's policy.