The Fremantle Trust

High Street

Inspection report

4 High Street
Oakley
Bedfordshire
MK43 7RG

Tel: 01234828706
Website: www.fremantletrust.org

Date of inspection visit:
04 January 2018

Date of publication:
27 February 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

High Street is a care home providing personal care and accommodation for six people with a learning disability. It is an extended and adapted bungalow with accessible gardens. At the time if the inspection six 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 they felt confident in how to report these types of concerns.

People had risk assessments in place to enable 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.

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. Effective infection control measures were in place to protect people.

Any accidents/incidents or errors had been used as a learning opportunity.

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.

Staff received an induction process and on-going training. They had attended a variety of training to ensure that they were able to provide care based on current practice when supporting people. They were also supported with regular supervisions.

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 professionals when required, including opticians and doctors to make sure that they received additional healthcare to meet their needs.

The building had been adapted to meet the needs of the people who lived there.

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. Care plans were written in a person centred way and were responsive to people's needs. People were supported to follow their interests and join in activities.

People knew how to complain. There was a complaints procedure in place and accessible to all. Complaints had been responded to appropriately.

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

People are 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? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

High Street

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 was planned to check 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 04 January 2018 and was unannounced. The inspection was carried out by one inspector and an inspection manager.

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 contacted the local authority, we checked the information we held about this service and the service provider. No concerns had been raised.

During our inspection we observed how staff interacted with people who used the service. We observed lunch, general observations and activities.

Most of the people who used the service were not able to verbalise with the inspectors, however, they responded by smiling, positive body language and using their recognised communication method.

We spoke with six people who used the service. We also spoke with the registered manager, one senior support worker and one support worker.

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

Good

Is the service safe?

Our findings

There were systems in place to protect people from avoidable harm. Staff had received specific safeguarding training. Staff were able to tell us what constituted abuse and how and what they would report. There was information displayed regarding how to report safeguarding and pictorial information for people who used the service.

People had risk assessments in place to enable them to be as independent as possible whilst keeping them safe. Risk assessments included; skin integrity, refusing to eat and bed rails. These were written to inform staff what the risk was and what to do to try to mitigate the risk. These had been reviewed on a regularly basis.

The provider had commissioned specific training for staff on managing challenging behaviour. The registered manager explained there was no one using the service at the time who had behaviour which challenges but they may do so in the future and staff need to be equipped with the correct skills.

There were sufficient numbers of staff with the correct skills mix on duty to provide care and support for people's assessed needs. Staff told us, "There is enough staff and [name of registered manager] is always available to help if we need it."

Staff had been recruited using robust procedures. We accessed staff files electronically. They all contained the required checks including; references, copies of application forms, interview questions and Disclosure and Barring Service (DBS) checks.

People received their medicines following provider's guidance. People had a locked secure medicine cabinet in their bedrooms which enabled staff to administer medication privately. Following each round of medicines administration a second member of staff checked it had all been administered as prescribed and the Medication Administration Record (MAR) had been completed. This meant that if there had been an error it would be picked up early and rectified.

One person was insulin dependent diabetic. The registered manager had discussed with the GP and diabetic nurse regarding their insulin as waiting for a nurse to visit to administer this was inconvenient for the person. It had been agreed the nurse would train staff to administer the insulin which had enhanced the person's life.

High Street was visibly clean and concerns were not identified in relation to infection control. People were encouraged to assist staff with keeping their rooms clean and tidy. We observed two people clearing away after their lunch and putting pots in the sink. Cleaning schedules were in place for staff to follow and sign when completed.

The registered manager told us that they used any safety incidents, accidents or errors as a learning

opportunity. Staff were aware of their responsibility to report any errors, incidents or near misses. When practices changed due to learning this was discussed at team meetings to ensure all staff were aware. Staff had completed food hygiene training and the service had been awarded 5 stars by the food standards at their last inspection.

Good

Is the service effective?

Our findings

People's needs had been assessed prior to admission. This information had been used to start their care plans. Care plans we viewed showed this had taken place. They had been completed with the person or where appropriate with their family or representatives. Care records were personalised and contained good information for staff to allow them to support people as assessed. Appropriate plans were seen that covered topics such as; communication, continence, mobility and leisure and social activity.

Staff told us they received training appropriate to their roles. One said, "The training is good and we can do QCF's (Qualification Credit Frameworks)." We saw a training matrix which identified all staff training which had been completed and when it was next due for renewal. The provider had a training department who could arrange training as required.

Staff told us they received regular one to one supervisions. One said, "We have our supervisions about every six to eight weeks, we can talk about anything, they are really good." Evidence of theses and annual appraisals were held electronically.

We observed that people were finishing their breakfast when we arrived and we observed the lunch time meal. Staff told us that the meals were planned by staff with input from people. They were aware of people's likes and dislikes and catered accordingly. We saw people had different foods of their choice at both meal times. One person could not decide between yoghurt or a banana for their snack so staff prepared both. One person told us they assisted staff with completing the online shopping order each week. Where required people had nutritional assessments and support had been obtained if needed.

People were supported to access additional healthcare when required. Within care records we saw that people had been referred for additional support in a timely manner and staff had accompanied them to a variety of appointments including; opticians, dentists and GP visits.

The premises had been adapted to be accessible for people. Corridors and rooms were wide enough for wheelchairs and hoists if required. There was level access to a large garden. The lounge and kitchen areas were large enough for people to spend time together or be alone.

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). Staff demonstrated an awareness of their responsibilities under the Mental Capacity Act and care records reflected the level of capacity people had. They knew who had DoLS in place and the reasons for these. Staff sought consent from people before they provided care and support.

Good

Is the service caring?

Our findings

We observed that positive relationships had been developed between staff and people who used the service. For example, there was friendly appropriate banter between them. Staff were patient with people who struggled to make themselves understood and used appropriate body language to keep them at ease. No one at the service needed specific communication devices, however, we were told they would be accessed if required.

It was obvious that staff knew people well, they chatted with them about things of interest. They were able to give us a full overview of each individual person including their background and how they had developed with achievable goals.

People were involved in any decision making and were encouraged to express their views as much as they were able. The registered manager told us that most families were heavily involved in their loved ones care and support. For those who were not able, an advocacy service was available.

Rotas were devised to allow for staff to support people without being rushed. Staff told us that if there was a particular activity where more people were involved, additional staff would be on the rota. We observed a staff member from 'my time' arrive to ask one person if they wanted to go out. My time is a provider led service for people to have additional one to one time.

We observed people being treated with privacy, dignity and respect. Staff knocked on people's doors, they spoke with them in a respectful manner and everyone was introduced to the inspectors.

Staff promoted peoples independence. We observed staff interacting with people and encouraging them to do what they could for themselves, with assistance if required.

Good

Is the service responsive?

Our findings

Within people's care records we saw that they had been involved as much as they had been able to be. Staff told us and records showed, people had monthly meetings with their key worker. These showed what they had planned for the month and if those goals had been reached. If not there was an explanation as to why.

One person had spent most of the past few years confined to bed, this had been their choice. Staff had worked over a period of time with the person who needed surgery. This had been carried out successfully and they now went out and accessed the community. They told us, "I now go out, I have been to the theatre and shopping." On the day of the inspection they went out shopping and chatted to us on their return about what they had done and how their life had now improved.

People were able to join in activities of their choice. Staff told us they had a music man visit on a regular basis as most people really enjoyed this activity. Within records we saw people had been out for meals, to the cinema, a Christmas pantomime, knitting and colouring. During our inspection we observed staff assisting people with individual activities of their choice.

The provider had a complaints policy in place and people were aware of how to complain. One person said, "I would speak to [name of registered manager]." There had been one complaint since the last inspection. This had been dealt with to the satisfaction of the complainant.

Within people's care records was information regarding the person's wishes for their end of life care and funeral wishes. This had been carried out over a period of time using easy read and pictorial information.

Good

Is the service well-led?

Our findings

The provider and management had a clear vision of where and how they wanted to progress the service. The registered manager was aware of the day to day culture of the home. Although they were registered at another local service as well, they were on site at least three days a week and had a deputy manager to support them. The provider visited regularly and was supportive of the registered manager. We observed that staff and people spoke with the registered manager throughout the day. There was an open door policy where people and staff could speak with any of the management team at any time. We observed this to happen on the day of the inspection.

There was a registered manager in post who was aware of their 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.

Staff and management were aware of their responsibilities. There were processes in place for staff to account for the decisions they made on a daily basis. Data was kept confidential, staff had individual log in accounts for the computer and paper files were kept locked in the office.

Each staff member had a copy of the organisation objectives and an agreed development plan. This ensured all staff were aware of the provider's future plans.

The registered manager held both staff and residents meetings. Minutes of these were seen. Staff told us they were useful for keeping up to date, although as they were a small service things were discussed as on-going. Staff said, "[name of registered manager] is very supportive, she is always available and never minds being called when she is off."

People were encouraged to voice their opinions or at least make them known. We observed staff asking people's opinions throughout the day. The registered manager carried out a six monthly survey for staff, people who used the service and relatives. We looked at the responses from the last one and they were all positive.

The registered manager carried out a number of quality audits, if there had been any issues found, an action plan had been devised and signed off when completed. The provider had also carried out monthly visits as part of their quality assurance checks. However, the records did not appear helpful to the registered manager as there was no explanation of why the provider had scored low in places or provided valid actions.

Information from incidents, accidents or complaints had been used as a learning opportunity and to drive improvements.

The registered manager and provider worked in partnership with other organisations, where appropriate, to provide the best support for people. These included local authority and multi-disciplinary teams.