

The Fremantle Trust

Fremantle Court

Inspection report

Risborough Road
Stoke Mandeville
Aylesbury
Buckinghamshire
HP22 5XL

Tel: 01296615278

Website: www.fremantletrust.org

Date of inspection visit:

01 August 2023

04 August 2023

Date of publication:

29 August 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Fremantle Court is a care home providing personal and nursing care to up to 90 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 83 people using the service.

The home accommodates people in a purpose-built property with 6 wings. Each wing has single, en-suite bedrooms, with adapted bathrooms and lounge/dining areas close by. There are several quiet areas around the building as well as shared facilities, including a hairdressing salon and cinema room.

People's experience of using this service and what we found

People told us they felt safe at the service. There were systems to protect people from abuse and staff told us they felt confident in speaking with senior staff and managers if they had any concerns. Risks to people's health and safety were effectively managed and action was taken to minimise the likelihood of injury or harm. The premises were well-maintained, clean and regular checks were carried out to ensure it was safe.

There were enough staff to meet people's needs. Staff had been recruited using robust procedures. People provided positive feedback about staff, although a couple of people felt there were some barriers to how their care was delivered where English was a second language for staff. For example, in how they were spoken with.

People received their medicines safely. Records were well-maintained and staff were regularly assessed to ensure they followed safe medicines procedures. We have made a recommendation regarding improving protocols for medicines prescribed for occasional use, in order that these are centred on the needs of each person.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service had experienced changes of managers over recent years. This was something staff, relatives, people who used the service and external agencies commented on. They were keen for the new manager to stay and told us about the improvements they had made in the short time they had been at the service.

Improvements had been made to records management and governance systems. There were systems to engage with people and seek their feedback. Staff were kept up to date with people's health and well-being through handovers and daily morning meetings.

Community professionals spoke positively about how staff and managers engaged with them and listened to their advice, to improve people's care. Relatives also told us how their family members' health and well-

being had improved since living at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (report published 8 February 2023).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about medicines and staffing. A decision was made for us to inspect and examine those risks. We did not find evidence people were at risk of harm from these concerns.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fremantle Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Fremantle Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors visited the service on the first day of the inspection, 1 was a medicines inspector. They were accompanied by 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. One inspector visited the home for the second day of the inspection. A third inspector contacted staff by telephone after the site visits.

Service and service type

Fremantle Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Fremantle Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A manager had recently been appointed and started at the home a few weeks prior to the inspection. They intended to apply to become

registered.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 1 August 2023 and ended on 18 August 2023. We visited the location's service on 1 August 2023 and 4 August 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service and sought feedback from the local authority.

We used this information to plan our inspection.

During the inspection

We met and had discussions with staff including a quality manager, the manager, deputy manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with members of care, nursing and housekeeping staff.

We observed mealtimes and joined a daily heads of department meeting. We spoke with 10 people who used the service and 5 visitors.

We looked at all or part of 6 care plans, risk assessments and associated care and nursing records. We checked medicines practice and observed medicines administration. We checked records of audits and monitoring carried out by the provider. Other records we read included accident and incident logs, staff training records, recruitment files, staff rotas and records relating to safety and upkeep of the premises.

We contacted relatives by email to invite them to provide feedback about the service. We also contacted health and social care professionals. An inspector spoke with 26 staff on the telephone.

After the inspection

We requested and received additional records and evidence after the site visits and continued to review these until 18 August 2023.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home. Comments included "It's pretty much as safe as it could be." "Staff quality of work is exceptionally good, they come in the morning to check if I am okay, it makes me feel safe that somebody is here if I need any help." "It's much safer here than when I was in my (own) home." A relative said "I think this is a good place because my relative is happy and safe."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff told us they received safeguarding training as part of the provider's induction programme, completed prior to starting work at the service.
- Staff could describe potential indicators of abuse and told us they would not hesitate to report concerns. Staff knew how to report concerns internally and had also been given information about how to report abuse externally, via whistleblowing processes.

Assessing risk, safety monitoring and management

- Risk to people's health and safety were identified and measures were put in place to reduce the likelihood of injury or harm. Risk assessments were in place in people's care plans and these were regularly reviewed.
- Staff demonstrated their awareness of a variety of areas of risk, including the needs of people who required thickeners for drinks, people's behavioural needs, tissue viability and risk of falls.
- Staff told us there were not frequent accidents or incidents at the home and they did not have concerns about poor practice.
- There was an awareness amongst staff that falls had occurred. Staff told us they received training and reminders about falls prevention. Staff could describe how falls should be responded to, and were aware of factors which could increase the likelihood of falls.
- A range of checks was carried out to check safety at the premises. This included equipment to assist with moving and handling and checks of electrical, water and gas supplies.
- Fire safety checks were carried out and evacuation plans were in place for each person, to advise on the assistance they would need in an emergency.
- We expressed concern fire drill training rates were low, at 57% completion; this had been identified in a provider audit in February this year, but no further action appeared to have been taken. The provider took prompt action in response to our concerns and increased this to 88%, with additional measures put in place to carry out further training.

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 MCA 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Appropriate legal authorisations were in place to deprive a person of their liberty.
- Copies of lasting power of attorney records had been obtained, to show who was legally authorised to act on behalf of people who lacked mental capacity.

Staffing and recruitment

- People were cared for by staff who had been recruited using robust procedures.
- Personnel files showed recruitment checks included a Disclosure and Barring Service (DBS) check. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We received a range of feedback from people about staffing. Comments included "This is a caring home", "There is one who deserves top marks, her name is (staff name) and she should be commended for the excellent quality of her work", "Staff are very polite and accommodating, I can see they are pushed for time when helping me but they never rush." A relative commented "Some staff she likes very much and others she is okay with. I think she has all the help she needs."
- Another family member told us "The staff are all we could wish for, patient, kind, caring and helpful. Mum is chatty and they always seem to have time for her. She's also very proud and particular and they always go the extra mile whatever her request...they really are the jewel in the crown of Fremantle."
- Some people felt there were some barriers due to being cared for by staff from a range of cultures. For example, 1 person said "Some staff treat me with dignity, and some do not, it's just the way it is. If I tell them directly they would not know what I am talking about because they do not understand." Another person commented "A few carers have very little command and understanding of the English language. They do get on with basics but, for example, when they offer us food, many will say 'what do you want' not realising it sounds offensive."
- We received variable feedback from staff about whether there were sufficient staff on shift to meet people's care needs. We saw there were enough staff to meet people's needs, although they were stretched at times. For example, when 1 on each wing needed to concentrate on giving medicines, which took time and meant there was 1 less staff to assist people.
- Staff were satisfied the service acted promptly to fill gaps caused by staff absence. The service contacted relief staff and, if this was not successful, used agency staffing to meet planned staffing levels. Staff spoke positively about the reduction in reliance on agency staffing. This had eased pressure on permanent staff and enhanced continuity for people who used the service.

Using medicines safely

- People's medicines were managed safely.
- Medicines including controlled drugs were stored securely and at appropriate temperatures.
- Medicine administration records (MAR) were in place for prescribed medicines. Some MARs were handwritten, and these were appropriately checked and signed by 2 members of staff. This ensured transcribed information matched the prescription.
- We observed staff give medicines to people. They were polite, gained consent, and signed the record for

each medicine after they gave it. This followed good practice guidance.

- Some people were given medicines covertly. We reviewed the records of 3 such people. Assessments had not been carried out before administering medicines covertly. Covert administration is when medicines are administered in a disguised format. Action was taken in consultation with the GP practice, in response to our feedback about this.
- Staff were regularly assessed, to make sure they handled medicines safely. There was a medicines policy in place and a process to report and investigate medicines incidents.
- Some people were prescribed medicines such as pain relief, laxatives and inhalers to be taken on a 'as required' (PRN) basis. Guidance in the form of PRN protocols was in place. However, there was very limited information and the protocols were not sufficient to ensure staff gave these medicines in a consistent way. Medicines care plans were in place, however, these were not always person-centred.

We recommend work is undertaken to ensure medicines care plans and protocols for 'as required' medicines are written in a person-centred way.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People's visitors told us they were free to see them at the home, with no restrictions in place.

Learning lessons when things go wrong

- Learning from safety alerts and incidents was shared with the staff team, to help keep people safe.
- Action was taken following accidents and incidents. For example, care plans and risk assessments were updated where people had falls.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure people's records were complete and up to date. It had also failed to always use its quality assurance systems effectively. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The records we reviewed as part of the inspection were up to date and had been kept in good order. The provider promptly updated minor contradictory information in care records, when this was queried. Records were kept securely at the home.
- Lessons had been learnt regarding completion and monitoring of food and fluid charts, following a complaint.
- Governance systems were in place to monitor and improve the service. A range of audits had been undertaken to check standards of care, including infection control, medicines management and dining experience. In our feedback to the provider, we mentioned our observation of mealtimes as an area for further development, such as staff being mindful about noise and creating a calming ambience.
- Operations managers visited the home regularly and reported on their findings.
- We had been informed of all relevant events which had occurred since the previous inspection. We were able to see action was taken where people experienced injury or harm, to help prevent recurrence.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There had been changes to management since the last inspection and several managers over recent years. We received positive feedback about the new manager from people who used the service, relatives, staff and external agencies.
- A relative commented "I...think the new manager has made some progress, the place seems better organised. I feel (they are) working towards improvement."
- A healthcare professional said during the time of their involvement "Fremantle Court has had 3 managers, which has caused some disruption to the day to day running. Since (name) has started as manager, the

home has taken on a new and positive atmosphere."

- We received consistently positive feedback from all staff about the manager. Staff told us the manager was committed to making positive changes and had sought staff feedback to develop improvement plans. Staff described the manager as supportive and visible within the service and working to drive up standards.
- Relatives commented on the positive outcomes since their family members had lived at the home. One relative told us "She looks and I think she feels far better now and we feel relieved she is looked after 24 hours." Another relative said "We like the place, staff are excellent, attentive, caring, helpful...she looks well looked after." Another relative told us "This has been an excellent move for mum...by moving to Fremantle she has flourished and made new friends too. It's a win win for mum and all of the family."
- There was a policy on duty of candour. We could see from records that relatives were informed when people had accidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to engage with people about the service. This included complaints and feedback procedures.
- Staff consistently told us they felt comfortable speaking up to raise any concerns or feedback with senior staff and management. Where staff had done so, they were satisfied appropriate action was taken.
- Staff told us formalised systems ensured they received relevant information and updates, such as changes in people's needs. Staff benefited from a structured handover process on each shift. Staff told us a handover document acted as a grab sheet, with helpful reminders about people's needs. The service also held daily morning meetings and systems such as a communication book were in place.
- One person told us "(The manager) organised a meeting, told us all about themselves, made a proper introduction and openly said 'Come and talk to me...make a list of things you would like to ask and come and talk to me any time.'"
- We saw there was a 'You said, we did' board, to let people know what action had been taken where they made suggestions. For example, in residents' meetings.

Continuous learning and improving care; Working in partnership with others

- We received positive feedback from community professionals about how the home worked with them and improved people's care.
- A social care professional told us 1 of the management team was "Always very responsive to my enquiries, all of which were in relation to (investigations)." A healthcare professional said staff "Advocate for the residents that I have reviewed and are in communication with (other agencies) and family, in order to meet the residents' needs." Another healthcare professional commented "I have no concerns with the leadership team and the care delivered by the home, and feel it is a home growing in strength after a difficult few months."
- There was a service action plan for the home, to ensure improvements were made, monitored and sustained. The provider also met regularly with the local authority care commissioning team, to discuss its services.