

The Fremantle Trust

Lewin House

Inspection report

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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

Our inspection took place on 12 July 2018 and was unannounced.

Lewin House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection.

The service can provide nursing care and treatment for up to 70 adults. At the time of our inspection, the service accommodated 64 people across four separate units, each of which had separate adapted facilities. Some of the units specialised in providing care to people living with dementia.

The provider is required to have a registered manager as part of their conditions of registration. 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. At the time of our inspection, there was a registered manager in post.

At our last inspection on 10 and 11 August 2016, we rated the service "good". At this inspection we found the evidence continued to support the rating of "good" and there was no information from our inspection, or ongoing monitoring, that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good:

We found people were protected against abuse or neglect. There were personalised risk assessments tailored to people's individual needs. Sufficient staff were deployed to provide support to the person and ensure their safety. Medicines were safely managed. There was appropriate infection prevention and control.

At our last inspection, we found a breach of the regulations regarding obtaining and recording people's consent to care and treatment. The service was now compliant with the requirements of the Mental Capacity Act 2005 (MCA) and associated codes of practice. People were assisted 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.

Staff received appropriate induction, training, supervision and support. This ensured their knowledge, skills and experience were relevant to their role. Access to other community healthcare professionals ensured the person could maintain a healthy lifestyle.

Staff had developed positive relationships with people who used the service and their relatives. There was

complimentary feedback from people, relatives and other healthcare professionals about staff and the service. People's privacy was respected and they received dignified support from staff.

The service provided person-centred care to people. We made a recommendation about equality, diversity and human rights training. People's care plans were detailed and contained information on how staff could provide the right care. There was a satisfactory complaints system in place. Care of people with dementia was a strength of the service, and staff were passionate to develop this area to an outstanding level.

The service was well-led. There was a positive workplace culture and staff felt that management listened to what they had to say. The management had appropriate methods in place to measure the safety and quality of care.

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 has improved to 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 ●

Lewin 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 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.

Our inspection took place on 12 July 2018 and was unannounced.

Our inspection was completed by three adult social care inspectors 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.

We reviewed information we already held about the service. This included notifications we had received. A notification is information about important events which the service is required to send us by law. We also requested information from local authorities, clinical commissioning groups (CCGs) and other health or social care professionals. We checked records held by the Information Commissioner's Office (ICO), the Food Standards Agency (FSA) and the local fire inspectorate.

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 spoke with eight people who used the service and received feedback from eight relatives.

We spoke with the registered manager, deputy manager, three registered nurses and eight care workers about people's care. We also spoke with the kitchen assistant, chef, housekeeper and activities coordinator and two cleaners. We received written feedback from the clinical commissioning group, local authority and a commissioner.

We looked at eight people's care records, staff personnel files, the medicines administration charts and other records about the management of the service. After the inspection, we asked the registered manager

to send us further documentation and we received and reviewed this information. This evidence was included as part of our inspection.

Is the service safe?

Our findings

People and relatives told us the service remained safe. Comments included, "I feel my brother is very safe and happy at Lewin House", "I feel my husband is very safe here", "I am contacted immediately if there are any issues with my husband", "It feels safe here", and "Yes, I feel safe."

All staff we spoke with were knowledgeable about where to find the safeguarding and whistleblowing policy and they would report and record abuse or neglect. Staff told us, they "Follow the health and safety guidance, safeguarding vulnerable people policy, and look out for signs of abuse." Staff knew the different types of abuse and signals for detecting them.

Risks to people were assessed and minimised. Staff told us, "When the person stays in their room but may not be able to use the call bell, [we] check them every hour. There is always someone [a staff member] in the lounge with people." Another staff member said, "It's a good layout and care home environment; good for staff observation [of people]."

The building and equipment were safely maintained. This included fire risks, gas safety, lifting or moving equipment, Legionella prevention and control, portable appliance testing, and pest control. Maintenance records were completed to show which checks were done and when the checks were next due.

Sufficient staff were deployed to safely meet people's needs. Staff told us there was, "Enough staff on a unit for 15 people. We have one nurse and three carers." We observed that staff were responsive to people's requests for help, that call bells were answered quickly, and that the staffing was based on people's dependency and any changes in their conditions. Personnel files contained the required information for staff. This included criminal history checks, references, health declarations and prior qualifications.

Medicine management was robust and staff showed us how they followed the provider's policy and ensured medicines were administered safely. Each unit had its own medicines room for storage of medicines, but if the room temperature became too high for safe storage of medicines, then the trolleys were moved into the main clinical room with air conditioning. Records showed the room temperatures were within safe guidance. All clinical and medicine rooms were locked, so supplies were stored safely. Accurate records for ordering, administration and safe disposal of medicines were maintained. Spare stock was kept to a minimum. Each unit had a copy of the provider's medicines policy dated February 2018, in their own clinical rooms. Oxygen tanks, wound dressings, and food supplements were all safely managed by the nursing staff.

The provider had an infection prevention and control policy dated March 2018, which the service followed. Soap dispensers and paper hand towels were available in communal toilet or bathroom areas. Best practice handwashing posters were observed in handwashing areas. One sluice room we observed was very clean and tidy. All bathrooms we visited were clean and tidy. Chemicals were securely locked away. The service followed the national cleaning code (a set of coloured cleaning products for cleaning different areas). Personal protective equipment, such as gloves and aprons, was used by staff.

Incidents and accidents were reported, recorded and investigated. The service collated the reports and looked at root causes, trends and themes. Where there was a pattern of injury, the management team acted to prevent the recurrence of the injury.

Is the service effective?

Our findings

At our last inspection on 10 and 11 August 2016, there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because consent was not obtained and recorded in line with the requirements of the Mental Capacity Act (MCA) 2005 and associated codes of practice. Following our last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key question effective to at least good. At this inspection, we consider the service had made satisfactory changes to ensure consent was correctly obtained and recorded. The service is now compliant with the requirements of Regulation 11.

Significant effort was made to ensure the service was compliant with the MCA. This included staff awareness of consent, best interest decision-making, and deprivation of liberty through a revised induction programme and ongoing training. All the care plans were reviewed and updated to ensure that people's consent was correctly recorded. Where people's capacity to make a care-related decision was lacking, individual care plans were implemented to show how a best interest decision was reached. Record keeping training was attended by 39 staff to ensure that information about mental capacity, consent and deprivation of liberty was obtained and stored. People's power of attorney documentation was requested, copied and placed on file. This ensured that the service used the correct decision-maker when a delegate was legally appointed.

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). The management team showed evidence that DoLS applications were made to the relevant supervisory bodies (local authorities). Authorisations were kept on file and staff ensured care complied with any conditions imposed by the best interest assessors. The registered manager kept a record of DoLS authorisations and expiry dates, and had submitted new applications where the DoLS was due to, or had expired.

Staff continued to receive effective support that enabled them to have the necessary knowledge, skills and experience to perform their roles. There was evidence of a robust induction programme, which was revised and improved since our last inspection. Staff confirmed they had regular opportunities for training and skill development. Staff received training in topics which included fire safety, safeguarding, food hygiene, moving and handling and dementia. There were records of regular one-to-one sessions between staff and their line managers. Staff were also required to take part in annual performance appraisals. Several staff had completed additional higher-level qualifications which provided advanced knowledge in care of older adults in residential settings.

We checked systems and records in place to support people at risk of malnutrition. National tools, such as the malnutrition universal screening tools (MUST) were used and registered nurses reviewed and monitored these weekly or monthly. Where appropriate, referrals were made to the community dietitian or speech and language therapist. Management were following best practice guidance provided by the local clinical commissioning group, which detailed how to increase food's nutritional content for people who are at risk of malnutrition. People had a varied diet which was healthy and balanced. We observed staff offered

frequent drinks to people, to prevent dehydration during the hot weather. People and relatives told us the food was good.

We were told by the GP that in addition to their medical rounds they have regular administrative sessions with registered nurses to ensure that records are up-to-date and accurate. The GP said Lewin House was, "One of the best in comparison to other homes...particularly because of their preventative, proactive approach in seeking advice early and exploring alternatives for people."

People had access to a wide variety of health and social care professionals. These included GPs, dietitians, tissue viability nurses, audiologists, opticians and dentists. This ensured people were effectively supported to live healthy lifestyles.

The premises were modern and purpose-built. There was ample space in people's bedrooms, as well as large, open-plan communal spaces. People had access to ensembles in their room, but communal toilets and bathrooms were located throughout the units. All areas of the building were accessible for people who used wheelchairs or had mobility impairments. Outside the building, there were expansive landscaped gardens and entertainment areas. Units were tastefully decorated and homely. There was appropriate adaptation and decoration for people who lived with dementia.

Is the service caring?

Our findings

There was complimentary feedback about the service from everyone we spoke with and contacted prior to and at our inspection. Community health and social care professionals commented that the service was caring. People, relatives and others also felt staff had developed and sustained good relationships with people who used the service. Comments included, "Fantastic [here]. [I am] impressed by the care, the staff, the way everyone interacts with people", "We are so happy those so precious are so well looked-after and loved", "This is the best [care home], and we looked at many before coming to this service" and "There is a good level of activity. Every day is interesting [for people]. People and relatives told us how staff ensured people were involved in celebrations for the recent royal wedding, staff set up a model in a bridal dress which had encouraged memories of people's own weddings and other topics. Other comments included, "It doesn't feel like a care home; it's light and bright", "The relationship between nurses, carers and managers...they listen and work so well together; such nice staff, caring" and "Every day is a new day. Staff share their own life [stories]. It's just like a big family."

The provider's dementia focus and vision were evident through our observations of care workers' insightful and discreet support for people with dementia, as well as the organisation's structure and learning culture in this area. For example, one member of staff said a person with dementia was supported to settle-in and orientate herself successfully by placing a familiar item from home on her bedroom door. For another person, care workers learned about the person's history and placed a meaningful object within view from their bed. We were told this was an effective calming strategy and the person's episodes of distress were minimised as a result. This meant that staff had a good understanding of people's dementia and could meet individual needs in this area.

The structure of the organisation, including the established appointment of a dementia practice development lead, and a home dementia champion meant that dementia learning and understanding was a key value. Management continued to explore dementia approaches and we saw a completed audit tool which considered environmental changes. The registered manager told us she planned to submit a budgetary proposal in support of these changes, to enhance the experience of with people with dementia further.

People and relatives told us they were involved in care planning and review. We saw that their input was included in the care documentation. Regular meetings were held with people who used the service and relatives to share information and listen to feedback. There was also signage throughout Lewin House which provided useful updates about the service.

People's privacy and dignity was protected and promoted. We observed staff spoke with the people in a polite manner and called them by their preferred name. People's bedrooms were tastefully decorated in line with their own preferences. People were well-dressed and liked to choose their own clothing. We observed that people wore shoes or 'booties' to protect their feet, even when they were seated or moving about. This promoted their independence in mobilising safely. We observed staff assisted people only when they required help. Staff encouraged people to perform tasks for themselves, such as during eating and drinking.

Doors were closed and curtains were drawn when intimate care in bedrooms or bathrooms took place.

Confidential information about people who used the service, staff and others was protected. At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO), as required. The General Data Protection Regulation requires every organisation that processes personal information to register with the ICO unless they are exempt. We found the service complied with the relevant legislative requirements for record-keeping. Records were secured when not in use. People's, relatives' and staff's confidential information was protected.

Is the service responsive?

Our findings

Staff we spoke with demonstrated they valued and respected people's diverse and individual needs and were knowledgeable of people's backgrounds. People's preferences, including religious or cultural beliefs, family history, personal interests, and food preferences were captured within pre-admissions assessments and essential information records. These records did not include prompts for other areas of protected characteristics as defined under the Equality Act 2010. We asked management how they identified people with diverse needs, and how the provider supported staff to protect and promote people's rights. Management said there was no specific training for equality and diversity or systems in place to ask people for such information. However, they felt that staff gained understanding indirectly through other training courses such as mental capacity. Management gave an example of practice where one person had felt comfortable with care workers and provided confidential personal information.

We recommend that the provider reviews their policies, procedures and training to raise awareness of equality, diversity and human rights.

We were told of examples where staff were considering aspects of people's diverse needs in practice. The activity co-ordinator reflected there was a need to provide a more diverse range of activities to be inclusive of the smaller male demographic at the service. After discussion in a 'residents' meeting it was agreed that an all-male group would participate in a trip to an agriculture museum due to the interest they had shown. Staff reported the impact of the trip was very positive, with people appearing "energized" from the event and engaging in conversation about it. Another person was supported to regularly visit a local multicultural community centre with his wife, and to meet their group of friends. Staff reported this contact was important to the person's identity and emotional wellbeing, who appeared contented after these trips.

People and relatives provided positive feedback about the activities coordinator. Comments included, "She [the activities coordinator] is fabulous and really engages with my mother", "She is always ready to have a chat", "She has such a good energy about her" and "Seems super organised." Activities were varied and inspired meaningful interaction and engagement between people. We observed that people were having a sing-a-long together in the lounge, supported by care workers, which people appeared to visibly enjoy. There were photos of people in the lounge holding and looking at a barn owl which a volunteer brought once a week. The photos captured people's response of happiness and engagement with this activity. The general environment was enriching with tactile objects of interest in communal areas, art work and homely furnishings. We saw that people's sensory needs had been considered, and there were discreet metal studs at the end of handrails to help them navigate their way around the service independently.

The Accessible Information Standard (AIS) 2016 is a framework put in place making it a legal requirement for all providers to ensure people with a disability, impairment or sensory loss can access and understand information they are given. People must have the information necessary to make decisions about their health and wellbeing, as well as their care and treatment, and to access services.

People were supported with their communication and were provided with information to access services

and to make choices. We looked at a care plan for a person with communication difficulties. This included a brief description of the person's difficulty to express herself and how staff were to support her to communicate; to use short sentences and phrases, maintain eye contact, as well as showing familiar pictures. Large print was used to help people access information about events, and we observed generally staff were communicating with people in a way they could understand. However, one care worker was observed to place a meal in front of a person, who was registered blind, without explaining what it was, how the meal was arranged on his plate, or checking with the person their spectacles were on. We observed this affected the person's independence as he was tentative about eating whilst he worked out what food was on his plate. This was fed back to the management team to follow-up and make sure staff had the skills and knew how to support people with sensory impairments.

Complaints were recorded and followed-up by management, overseen by the regional manager during monthly service visits. There was a complaints policy in place which defined timescales and an outcomes process. We saw "Your opinion matters" leaflets clearly displayed for people to access, including details of how to provide feedback. There were also further appropriate internal and external contacts in the leaflets should the complainant feel dissatisfied with the final response. We saw there was a system for recording and auditing compliments and complaints. One example of a compliment, was a "thank you" note regarding the service's high standard of care towards their relative. This was shared with staff in a team meeting, and we saw that similar cards from people and relatives were displayed for people to access.

At the time of the inspection we were told one person was receiving palliative treatment. The service completed end of life plans and peoples' preferences. End of life care planning included people, relatives and relevant medical practitioners. We looked at records and systems in place to support people at the end of their life. National tools such as "advance care plans" and "anticipatory plans" for end of life planning were in use, and the GP had been involved with these processes. Where people had made advance care directives, their decisions, personal preferences, and choices were respected and recorded in their care plans. For example, choice of treatment, the location of palliative care to preserve dignity, and burial arrangements in respect of religious beliefs were documented in line with people's wishes. Relatives were involved in the process where appropriate and in line with established lasting power of attorney. Signed and dated records showed that an end of life plan was regularly reviewed with relatives.

Is the service well-led?

Our findings

People, relatives and staff felt the service was well-led. Comments included, "We have a very helpful deputy manager, who makes it [care] better", "I know the [registered] manager and she is very approachable; yes, a very good manager", "I think this place is so well-run", "Managers know capabilities of the nurses, encourage and appreciate [their skills] and [you are] trusted as a nurse" and "They are very good at keeping me informed." Staff told us they had a good working relationship with the management team and that they could discuss any work or personal matters with them. Staff also said there were regular visits from the provider's representatives such as the regional director, human resources business partner, quality and compliance manager and the nominated individual. There was good oversight of the service by the provider.

The service had a clear strategy to provide safe care and treatment. Staff we spoke with were aware of the provider's mission statement, and could tell us some of the values such as "celebrate the uniqueness" of people, "exceeding expectations" and "acting in an honest and open manner." The provider's strategy, mission statement and values were clearly displayed throughout the premises, and within various documentation including the 'service user guide'.

There was a positive workplace culture. Staff were cheerful and positive about their roles in supporting people who used the service. We observed staff worked well together as a team and put people at the centre of the care. There were regular planned staff meetings, which included various departments and night staff. Minutes reflected that the management provided updates to staff, communicated any planned changes and asked for ideas and feedback. Information discussed at the staff meetings included results of any checks or audits completed, and how care processes could be improved, when needed.

Robust processes were in place to ensure good governance of the service. Audits and checks were completed by a variety of staff, relevant to their respective area of practice. For example, the premises were checked by the estates manager and the nursing care was assessed by the lead nurses, deputy manager and registered manager. Audits included areas such as recruitment and personnel files, medicines management, care documentation, staff training, safeguarding and complaints or compliments. Where shortfalls were found, an action plan was used to record and address the risks. Results of all audits and checks of performance were recorded in the "manager's workbook". A 'dashboard' within the workbook indicated the compliance level of the service. At the time of our inspection, the provider had rated the safety and quality of care as "excellent".

We found evidence of strong links to the community which contributed to meaningful social opportunities for people. Management showed us where the local Beavers group helped people to plant a garden, and we saw the fences were re-painted and decorations updated to provide an aesthetically pleasing environment for people to enjoy. The service had links with the local nursing college, and student nurses regularly took work experience opportunities and contributed to activities in the service such as quizzes. The local school were also involved and students read books to people as part of their visits.

The service was required to have a statement of purpose (SoP). A SoP documents key information such as

the aims and objectives of the service, contact details, information about the registered manager and provider and the legal status of the service. We found the SoP for the service contained all the necessary information and was up-to-date.

There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the registered manager, they could explain the circumstances under which they would send statutory notifications to us. We checked our records prior to the inspection and saw that the service had notified us of relevant events. This ensured we could monitor the quality and safety of the service between our inspections.

The service's previous rating was conspicuously displayed at the location and on the provider's website. The service had complied with the requirements of the duty of candour regulation.