

# The Frances Taylor Foundation

# 11 Tooting Bec Gardens

## 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 

## Overall summary

This unannounced inspection took place on 10 September 2015. The last inspection of 11 Tooting Bec Gardens took place on 28 August 2013 and met all the regulations inspected.

The service provides care and accommodation to seven people who have a learning disability.

The service has a registered manager. 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.

People received safe care and support and received their medicines as prescribed. People were supported by caring and polite staff in a friendly and comfortable environment. People and their relatives were happy with

# Summary of findings

the service and gave positive feedback on how care and support was provided. One person told us, “This is my home and I like it here”. People were treated with respect and dignity by staff who supported them.

People’s needs were identified and assessed. Records showed people and their relatives were involved in the planning of their care and support. Staff prepared individualised care plans to meet people’s needs. People received support from staff who understood their health needs.

The registered manager carried out risk assessments. These were reviewed regularly to accurately reflect people’s changing needs. Staff had sufficient guidance to manage identified risks safely.

People’s consent was sought before they received support and care from staff. Staff followed the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were supported by a consistent, knowledgeable and motivated staff team. The registered manager provided effective leadership and guidance and ensured staff received on-going training.

Staff received regular supervisions and appraisals and used feedback to improve their practice.

People were involved in the running of the home through regular meetings organised by the registered manager. People and their relatives found the registered manager approachable and supportive.

People had access to healthcare services when needed. People had sufficient nutrition and hydration and enjoyed their meals.

The registered manager held regular joint people and relatives meetings and carried out surveys to seek feedback on the quality of care and support they received. Records showed the registered manager took into account people’s views and used them to develop the service.

People’s complaints were acknowledged and swiftly addressed by the registered manager using the service’s complaints procedure. People and their relatives were satisfied with how the complaints were investigated and resolved.

The registered manager monitored the quality of the service and effectively used audit systems in place to continuously improve the care and support provided to people.

# Summary of findings

## 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 safe. There was sufficient and suitably experienced staff to meet people's needs. People received their medicines safely as prescribed.

Staff understood the different types of abuse and neglect and knew how to report their concerns.

Risks to people's health and wellbeing had been appropriately assessed and plans were in place to manage the risks.

Good



### Is the service effective?

The service was effective. Staff received training and had the knowledge and skills to meet people's needs.

People received sufficient food and drink and were supported to access healthcare.

People's choices were respected. Staff understood and supported people in line with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Good



### Is the service caring?

The service was caring. People told us staff knew them well and were friendly and caring. Staff respected people's dignity and privacy.

People made decisions about the care they received and their wishes were respected.

People and their relatives were supported to manage end of life care in a respectful and compassionate way.

Good



### Is the service responsive?

The service was responsive. People received care and support which met their individual needs.

People were supported to undertake activities of their choice and follow their interests at the service and in the community.

People were asked for their views of the service and their feedback used to improve the service.

Good



### Is the service well-led?

The service was well led. People and their relatives told us the service was managed well. Staff told us the registered manager was approachable and inspired the team.

People, staff and volunteers made suggestions about how to improve the service and felt their views were listened to.

There were robust audit systems in place to monitor the quality of care and to continuously drive improvements and best practice within the service.

Good



# 11 Tooting Bec Gardens

## 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 was 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 10 September 2015 and was announced. A single inspector and an expert by experience undertook the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we checked the information we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred in the last 12 months.

During the inspection, we observed care and spoke with people, their relatives and staff. We used the Short Observational Framework for Inspection (SOFI) and observed how people were supported during activities and whilst they had breakfast. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection, we spoke with four people, five members of care staff, one support staff, the registered manager and a visiting service manager. After the inspection, we spoke with six relatives, a volunteer, a local authority commissioner and a social worker.

We looked at records the service is required to maintain in relation to all aspects of care provided, for example, records of complaints and safeguarding incidents. We reviewed six people's care records, four staff files, staff training plans, staff duty rotas, records of complaints and safeguarding incidents. We looked at monitoring reports on the quality of the service and other records relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe at the service. A person told us, "We've got staff to look after us, whether we're sleeping or relaxing in the home". Another person told us, "I have a personal alarm for protection". A relative told us, "[relative] is kept safe. When we take her out she is always happy to go back."

People were supported by staff who knew how to recognise signs of abuse or neglect and what action to take to protect them. Staff had the skills and confidence to raise concerns if they suspected abuse. Staff **knew who to talk to within the organisation so concerns could be** dealt with quickly and appropriately. People were protected against the risk of abuse.

Staff told us they knew how and when to whistle-blow if they came across suspected abuse. Records showed where safeguarding concerns had been raised, the registered manager had taken appropriate action to ensure people were protected from abuse. People were protected from harm as staff knew how to escalate concerns where necessary.

On the day of inspection, a service manager had carried out a financial audit on people's money and staff's understanding of financial procedures. A person told us, "My money is kept in the safe. I have a book I sign together with a member of staff each time I take out some money". We saw staff followed procedures and people's money was accounted for. People's money was safe because staff used robust systems in place to reduce the risk of potential abuse.

People told us they received their medicines safely as prescribed. People we spoke with knew what medicines they were taking, why and when they needed to take them. A person told us, "Staff offer me my medicines when I get up and when I go to bed. It helps with my condition." During our inspection, we saw people supported to receive their medicines safely. We observed staff explain to people instructions on how to take their medicines. One member of staff administered medicines whilst another member of staff witnessed. This ensured people received their correct medicines at the time they needed them and in a safe way.

The registered manager made regular medicine audits, including Medication Administration Record (MAR) charts to ensure staff followed good practice and administered

people's medicines safely. People's MAR charts were accurately completed and it was clear people had received all their medicines at the right times. Medicines were kept secure in a locked cabinet and this reduced the risk of misuse and unauthorised access.

The registered manager ensured staff with the right skills and experience were employed by using a robust recruitment process. We reviewed a member of staff's employment interview notes which checked their qualifications, work history, and considered them safe to work with vulnerable people. Records showed staff started work after a return of satisfactory references, criminal and identity checks. People were supported by staff who had been employed through the use of safe recruitment practices.

People's needs were met as there was enough staff to support them. People told us there were always sufficient staff on duty to meet their needs. A person told us, "There are enough staff and they look after me well." A relative told us, "[My family member is] safe because there is always a member of staff to make sure [he/she] is". We observed staff respond promptly to call bells and people received the support they needed.

The registered manager had used disciplinary procedures appropriately to ensure people were supported by staff with the right competence and level of integrity. Staff rotas showed a consistent number of staff on duty with the right mix of experience and competence to keep people safe. Staff absences were managed well and cover was drawn from a pool of bank workers.

People's care records showed individual risk assessments had been carried out and support plans were in place to manage identified risks. For example, a person's record had details about how they used kitchen equipment in meal preparation and the support they required. Records confirmed staff had supported the person to use the equipment as outlined in their risk management plan.

People's risk assessments were regularly reviewed and support plans updated to ensure they were current and appropriate. A person told us, "I like some independence of being on my own. I now walk to the high street road by myself". Records showed staff had discussed with a person their outings and a plan was put in place to support them with the identified risk of staying out late. People were supported to take calculated risks.

## Is the service safe?

Staff monitored incidents and completed records of such events. Staff had recorded details including what had worked well, what had gone wrong and what could be done in future to minimise the risk of a similar incident happening again. People were safe as staff knew what actions to take in case of emergency.

People were supported by staff to have good relations and understanding with other people from different

backgrounds in and out of the service. People and their relatives told us they had not experienced any discrimination and felt safe as staff got involved to clear any misunderstanding between them.

People's human rights were encouraged. People told us they were supported to access job opportunities. People exercised their right to independent living and went to live with their relatives some of the time. People had equal rights and opportunities as everyone else and were not discriminated against because of their disability.

# Is the service effective?

## Our findings

- People and their relatives told us staff were skilled and understood their needs. One person told us, “I am well looked after here”. A relative told us, “Staff invest a lot of time to help and meet [his/ her] needs”. People were effectively supported by staff who understood their needs.

A member of staff told us, “I learnt a lot about the service and people during my induction. This was useful as I fully understood what was expected of me”. Recruitment records of new staff showed they undertook a thorough induction before they started to support people. The registered manager monitored staff’s performance during probation and asked for feedback from people on the support they had received before confirming them in their post. People were supported by well trained staff who understood their needs and how the service was run.

Staff told us they received on-going training to effectively support people. Records showed staff had received training in safeguarding and managing medicines. A member of staff told us, “We receive a lot of training and the registered manager shows us how to apply the knowledge in our work”. Staff received targeted training to furnish them with the right knowledge and skills to support people with specific needs. For example, staff had attended end of life training to support a person at the end stage of their life. People were supported by staff who were up to date with their skills and knowledge.

Staff were supported by the registered manager. A member of staff told us, “The manager listens to my concerns and helps to find solutions”. Records confirmed staff had regular supervisions and appraisals and were encouraged to recognise and achieve their individual training needs and improve their practice. Another member of staff told us, “In my supervisions I discuss dealing with risk in the service. I feel more prepared to support people after my supervision”. Staff received sufficient guidance which ensured they made positive contribution to the team’s work to support people.

Staff understood the requirements of the Mental Capacity Act (MCA). Staff involved people in decision making by explaining the available options to them and took extra care in communicating with people with complex needs. People were supported people in line with the Deprivation of Liberty Safeguards (DoLS). Staff knew how to support people in a way that did not unlawfully restrict their freedom. A relative told us, “There was a best interest meeting with social services as [relative] cannot answer questions about their care”. People received appropriate support with their health needs.

People received good nutrition and hydration. A person told us, “There is always a good choice of food. If I don't like some food, staff will offer me something else.” People were involved in planning the menu and their individual requests were considered. A person told us, “Yesterday, I prepared lasagne as pork was on the menu and I do not like it”. People had easy access to fresh fruit, snacks and drinks at any time. A person told us, “We have fruit when we want and there is a wide choice of drinks to choose from”.

People’s care records had detailed information on their dietary needs and the level of support they needed with eating. For example, records showed a dietician and a speech and language therapist had been involved about how a person should be supported with their complex dietary needs and swallowing difficulties. People were supported in line with the advice given by healthcare professionals.

People told us they were supported to access without delay healthcare services. A person told us, “The GP surgery is just on the other road and staff support me to make appointments if I am unwell”. Staff monitored people’s health and took appropriate action. For example, a person had started to show signs of ill health. A relative told us, “I have been to the GP with [relative] for a number of tests until a diagnosis was made. A member of staff came with us. It worked well”. People received appropriate healthcare services on time to prevent illness from affecting their wellbeing.

# Is the service caring?

## Our findings

People told us, "There is a calm and friendly atmosphere in the house". A relative told us, "Staff are very amenable. They stayed with [person's name] for most of the day after an operation and spent time reassuring her". Staff team knew people well and meaningful interactions with them. A person told us, "I enjoy my cooking sessions and have a laugh with staff when doing this". A relative told us, "One can tell people are well cared for by the pleasant conversations they have with staff."

People told us their visitors were welcome and could come and go as they pleased. Relatives told us they were kept in touch as people wished and were invited to attend activities and functions in the service. People were supported to maintain important relationships in their lives.

People's rooms were individualised, decorated with photographs of their family, childhood mementos and painted in colours of their choice. A person told us, "I like the décor of my room." People were supported to be different and staff respected their diversity.

We saw a member of staff take time to explain the day's menu to a person who wanted to know how the food was going to be prepared. People were supported in a sensitive manner and were not rushed in their communications. A person told us, "Staff help me with whatever I need". We saw staff regularly check and chat with people who were sitting in the lounge or in their own rooms and reassured them as appropriate.

People's relatives were encouraged to be involved in their lives and support them in making decisions about the care they received. Staff told us they were aware of advocacy services and would refer people when necessary to ensure their views and wishes were considered.

People told us staff were respectful of their privacy and dignity. We saw staff knock on people's doors and waited before they entered their rooms. We observed staff speak discretely with people about their personal care needs. Staff moved out of earshot of people when they needed to discuss issues about other people to ensure confidentiality.

During our inspection, we found the service to have a lively atmosphere. People were involved in decisions of their day to day living. One person told us, "I lay the tables for lunch and clear the plates after meals". People told us staff encouraged them to do things for themselves. We saw a person hang out their laundry. Another person told us, "I go out to have my hair done and do my shopping". People were made to feel useful and have a sense of purpose in life.

People were encouraged and supported to make decisions about their wishes relating to end of life care. Records showed people were supported in line with their wishes and had appropriate professional support when needed. Relatives told us staff provided refreshments and offered them a comfortable private room when they visited. People were confident they would stay in the home until the end of their lives and their wishes would be respected.



# Is the service responsive?

## Our findings

People's needs were identified and appropriate plans were in place to support them. Staff assessed people's needs before they came to the service. A person said, "I visited the service with my family to get a feel of the home and to see how everything worked". People and their relatives were involved in the planning of their care and support. People's assessment records had information on their life history, medical needs and preferences. Staff used all the information to draw the care plan and included individual's abilities to promote their independence.

Records showed staff regularly reviewed people's care plans to reflect their changing needs and support plans we updated accordingly. One person told us, "I have regular meetings with an allocated member of staff where I discuss the support I need. Staff help me with my changing needs as I request".

Staff had accurate and up to date information about people's needs before they started their work. A member of staff told us, "Handover meetings give me up to date information to help me support people fully". Staff used daily handover meetings to share information on changes to people's health or care needs, appointments or any planned activities.

People were supported to participate in activities they enjoyed and encouraged to be part of their local community. One person told us, "I go to outside organisations where I like doing voluntary work. I have positions of responsibility there and I am happy I'm able to do that". Another person told us, "I go out for a coffee when I want to. I love musicals and have been to see Lion King and Hairspray". People benefited from activities which provided them with a creative and intellectual stimulation.

People were supported by staff to visit job centres to apply for work. The service had organised work placements for people who wanted to gain an understanding of employment. People held stable employment and achieved their aspirations and a sense of fulfilment when they achieved their goals.

People told us they made choices on their day to day living and were supported by staff to make their decisions. We saw a record of how the service had responded positively to feedback on menu planning. A person said, "Each person has a turn to plan and prepare a meal for everyone in the service. I prepared a quiche and salad. That was my choice." Another person told us, "We agreed that we could either choose to watch a particular programme together in the living room and if anyone wanted to watch something different they could go to their rooms and watch it from there".

People and their relatives told us they knew how to raise concerns and felt they were listened to. A relative told us, "I am not backward in coming forward. I can talk to the manager about anything and am confident action would be taken". A relative told us they had received a written response from the registered manager to a complaint they had raised; which was fully resolved. The registered manager kept a record of complaints received and ensured appropriate action was taken to address them in line with the service's complaints procedure.

People and their relatives told us the registered manager organised meetings and asked for their feedback. A person told us, "I am asked about my views of things at meetings". A relative told us, "I attend meetings once in a while. Things have changed for the better as a result of our feedback in meetings". People's views were considered and acted on by the registered manager.

# Is the service well-led?

## Our findings

People and their relatives told us, “The manager is approachable”. A person told us, “I like the manager, he comes round and talks to me.” A relative told us, “Everything is well organised. I hold my hands up to them. It’s beautiful there”.

The registered manager valued the role of a well-motivated staff. Staff told us their morale had been low and had improved since the arrival of the registered manager who was supportive. Staff also told us they felt valued and listened to. People and their relatives told us the service had an open culture and were encouraged to develop the service.

Healthcare professionals we spoke with were positive about the management of the home and felt the registered manager was improving the quality of care and support to people. The registered manager had confidence in own knowledge of managing the service and was clear on its vision. Records showed some people in the service had made good progress and could benefit from living in supported housing. The registered manager had engaged people’s relatives and healthcare professionals to discuss this to ensure people realised their full potential.

People told us the registered manager sought their views and encouraged them to give feedback through surveys, other professionals and joint people and relatives meetings. The registered manager used the daily interaction with people for chats about their views of the service. Results of an annual people and relatives June 2015 survey were very positive. We saw records of letters sent to people and relatives with analysis of results. People’s views were taken into account and used to improve the service.

Minutes of staff meetings showed how the concerns they raised were attended to and resolved by the registered manager. Staff told us senior management visited the service and sought their views which they used to improve the service.

The service had a formal quality assurance visit carried out by senior managers from other services to monitor the quality of care and to identify any areas where improvements could be made. On the day of inspection, we saw a senior manager speak with people, their relatives and staff and asked the views on the quality of services provided and a tour of the premises was undertaken. The team reviewed all the issues identified in the previous visit to ensure these had been actioned. The registered manager told us the service benefitted from the interaction as they shared good practices from other locations managed by the provider.

The registered manager carried out regular audits on medicines, health and safety, infection control, food stock rotation to monitor the quality of care and areas of improvement. The service used the findings to improve on its practice.

People’s and staff records were well organised. The registered manager kept records of all complaints and ensured staff learnt from the concerns raised. Staff had easy access to the information they needed to fully support people. Records showed novel approaches the registered manager had used to meet people’s individual care needs. For example, people were supported to handwrite their highly personalised care plans. This enabled people to be in control and shape the way they wanted to live their lives.

The registered manager fostered good relationships with healthcare professionals and discussed improvements for the service. Records showed the registered manager had agreed with people and their GP to have them consult at the practice as they were capable of going out by themselves. People were happy with the arrangement. The registered manager had made a complaint on behalf of a person who was not attended to within a reasonable time at a health centre and received an apology and assurance people would be served within their appointment time. People told us the registered manager supported them to attend hospital appointments and care reviews. The registered manager was passionate about the service and advocated for people’s rights to receive appropriate support and care.