

The Frances Taylor Foundation Laverstoke Gardens

Inspection report

49 Laverstoke Gardens
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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 23 December 2014 and was unannounced. The service met the regulations we inspected at their last inspection which took place on 2 January 2014.

The home provides care and accommodation for up to seven women with learning disabilities. It is located in the Roehampton area.

There was a registered manager at the service who had only been at the service since September 2014. 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 using the service and their relatives told us they felt safe living at Laverstoke gardens. They told us that staff were caring and treated them well. People had access to a range of activities, the majority attended day centres during the day. Some people worked part time in the community.

Summary of findings

Staff told us they had access to good training opportunities at the home and were happy with the support they received from the registered manager.

There was clear guidance for staff on how to recognise and respond to abuse and how best to support people with special dietary requirements. We saw that staff were familiar with this guidance and followed it. We found that there were sufficient staff on duty to meet people's needs which helped to make sure people were kept safe.

Medicines, including controlled drugs were stored securely and safely. However, some aspects of medicines administration were not always safe. We saw one medicines summary that contained out of date

information, we highlighted this to the manager who rectified this during the inspection. The manager had also implemented changes to the way medicines were administered to try and reduce medicines errors.

Care plans were person centred and contained easy to follow steps to help staff support people. Some aspects of the care plans were lacking detail, such as identifying goals and positive outcomes for people to work towards.

The registered manager had only been in post since September 2014 and had identified some of the shortfalls we identified during our inspection. She had implemented some positive changes for the benefit of people using the service. These included changes to the staff rota and more support for staff around safer medicines administration.

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?

Some aspects of the service were not safe. Some people's risk assessments had not been updated.

Medicines were stored appropriately. Although there had been a few medicine errors, we saw that the manager had taken steps to try and minimise the chances of these occurring in the future.

There were enough staff to meet people's needs.

People told us they felt safe. Staff knew how to recognise and report abuse.

Requires Improvement



Is the service effective?

The service was effective. People were supported by staff who received regular training and supervision to enable them to carry out their roles effectively.

Staff were aware of people's dietary needs and provided appropriate support to those who required assistance with their meals.

People were referred to healthcare professionals such as their GP which helped to ensure their health needs were met. The provider followed guidance from healthcare professionals when supporting people.

The provider was aware of their responsibilities and notified the relevant authorities when people were being deprived of their liberty in line with the Mental capacity Act and Deprivation of liberty Safeguards (DoLS).

Good



Is the service caring?

The service was caring. People told us that staff were caring and we observed staff talking with people in a friendly manner.

Staff demonstrated a good understanding of people's needs and their likes and dislikes.

People were able to visit their families and have family members come to visit them.

Good



Is the service responsive?

The service was not always responsive. Care plans were not always fully completed. For example, the section relating to goal setting for people was not always completed to enable staff to support them to achieve positive outcomes.

People had access to a range of activities and were able to pursue their interests.

People using the service or their representatives felt able to raise any concerns.

Requires Improvement



Summary of findings

Is the service well-led?

Not all aspects of the service were well-led. Some of quality monitoring systems were ineffective. For example, lessons were not always learned from incidents that occurred.

The registered manager encouraged feedback from staff and was highly regarded by people, relatives and staff. She had identified areas of improvement, some of which had been implemented.

Requires Improvement



Laverstoke 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 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 inspection took place on 23 December 2014 and was unannounced. The inspection was carried out by an inspector.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service and safeguarding alerts raised.

We spoke with three people using the service, two relatives, and three staff. We also spoke with the registered manager. We looked at records including three care records, three staff files which included training records, three medicine records, audits and complaints. We contacted healthcare professionals such as commissioners and social workers to ask their views of the service.

Is the service safe?

Our findings

People using the service told us, “I like it here”, “Staff look after me” and “If I’m not happy I would speak to [the manager].” Staff told us, “People are safe, I am sure of it” and if they had any concerns about people’s welfare, “I would report it to the manager and inform social services.” One relative told us, “Staff are fine, I don’t get any bad vibes.”

We checked three staff files and saw that appropriate checks had been carried out to ensure they were suitable to work with the people using the service. These checks included identity checks, references and criminal record checks.

Five people were out at the day centre on the day of our inspection and there were enough staff on duty to provide care for the two remaining people who were at home. There were two staff on duty during the day with another one starting in the afternoon to provide extra support when people returned from the day centre. At night there were two staff on duty, one waking and one sleep-in.

The registered manager had made some changes to the staff rota to provide more effective support to people during busy periods and to ensure people’s needs could be met. These changes included starting the early shift an hour earlier. The registered manager told us that this was to ensure that the staff handover between the night shift and early shift was not taking place when people needed support with personal care or taking their medicines. Staff told us this was of benefit to people who used the service and said it was a lot less hectic in the mornings since the changes had been made. We checked staff rotas at the home and saw evidence that these changes had been implemented. Where people required one to one support, this was provided by extra staff being brought in rather than using those on the existing rota. There were two staff vacancies at the home at the time of our inspection which had been advertised. Agency staff were being used to provide cover for the vacancies.

There was a safeguarding poster and a flow chart advising staff on what steps to take if they had concerns on display in the staff room. Staff were aware of their responsibilities in terms of reporting abuse and were able to identify potential signs of abuse. They confirmed that they had received training on protecting adults from abuse. The

provider reported allegations of abuse to the local authority and worked with them to try and ensure people were kept safe by taking appropriate action when concerns had been raised. This showed that the provider took steps to try and keep people safe from the risk of abuse because staff knew the signs of potential abuse, how to raise concerns and the provider took appropriate action in response to concerns.

Staff were aware of the potential risks they had to manage. For example, they knew which people were unsteady on their feet and who required support with eating. Risk assessments were reviewed and were individual to people’s needs. Some areas of risk that were considered included, medicines, psychological condition, showering and bathing, finances and going out. Some of the risk assessments were out of date, for example one person’s medicines risk assessment dated 24/01/2013 said that they self-administered their medicines. However from speaking to the person it related to, staff and the registered manager we found that this information was out of date and this person now required staff support with their medicines. This person’s mobility had also decreased and her risk assessment had not been updated to reflect this. We found after speaking to this person that these risks were being managed by staff and the record keeping needed improving.

Staff confirmed they had attended training in the safe administration of medicines. Medicines were stored in a locked cupboard in the staff room and medicines that required storage at low temperatures were kept in a locked fridge in this room. Daily temperature checks of the fridge were taken to ensure it was operating within the correct temperature range. We checked the dates of medicines stored in the trolley and in the fridge and saw they were in date. Therefore medicines were stored safely.

Controlled drugs were stored and administered safely. Staff checked the controlled drugs daily and a weekly audit was also carried out. There were guidelines for staff on administration and storage of controlled drugs. Two people were required to be present when these medicines were given and records showed that staff were following this guidance.

We looked at the medicine administration record (MAR) charts for three people which were filled out correctly. We checked the amounts of medicine in storage against the records of medicines administered and saw that all

Is the service safe?

medicines were accounted for. Staff told us that daily checks were carried out on all MAR charts. We looked at a sample of these checks and saw that action was taken to address any shortfalls such as medicine administration errors. We saw that the manager had taken action to try and minimise these from occurring such as changing the start time of the morning shift so that staff were not busy handing over when they were required to administer medicines and also sectioning off a small area of the dining area so that staff that were administering medicines were not disturbed unnecessarily.

There were protocols on display for staff for reporting medicines errors and a medicines policy as well. There was

information available to staff about how some medicines should be administered. Input and authorisation from a GP was sought where homely remedies such as cough syrups were given to people. People had a medicines summary sheet, we saw one example where there was conflicting information provided for staff. There were two copies of a summary sheet for one person using the service. One stated that a person was on 100mg of lamotrigine and another which said they were on 200mg. Lamotrigine is a medicine used for epilepsy. We raised this with the manager on the day of the inspection who removed the incorrect copy.

Is the service effective?

Our findings

People using the service did not give feedback about the training or supervision of staff. We asked staff about the training and support they received. Some of the comments included, “I do feel supported” and “I have regular supervision and regular training.” We looked at training records for staff and saw that the training delivered was relevant to the needs of people using the service. For example, staff had attended training in person centred planning, care and administration of medicines, assisting and moving individuals, promoting dignity and compassion in care and safeguarding. Staff had to take a medicines administration observation assessment before they were able to support people with their medicines. The records confirmed these had been completed. The staff records showed that staff received regular supervision.

People told us that they liked the food at the home. One person said, “Food is good, I had sausages, potatoes and peas last night.” Staff told us they planned the menus a week in advance and encouraged people to make suggestions as to what they wanted to eat. One staff member said, “We plan meals together, every weekend we come with menus so they can choose.”

The kitchen was clean and tidy and the fridge was well stocked with food and fresh fruit and snacks were available. The weekly menu was on display in the kitchen area. Pictures were used to make them more accessible to people and to enable them to make informed decisions. Some people had specific dietary needs and we saw that individual menus were on display so that staff could refer to them when preparing meals. Individual menus incorporated guidance from dieticians as to the most appropriate food to give to people and which foods to avoid. Staff were aware of the individual requirements of people using the service and told us they always referred to the guidelines when preparing meals. One relative said that diet was their main worry when their family member came to the service as their needs were quite specific, but they had no concerns. Another told us, “Staff are fully aware of what [my family member] can and can’t eat.”

The Mental Capacity Act 2005 governs decision-making on behalf of adults who may not be able to make particular decisions because of a learning disability or another illness.

The Act and its codes of practice set out who can take particular decisions on someone else's behalf, when and how a decision can be taken. The deprivation of liberty safeguards (DoLS) is supplementary to the main MCA code of practice on what providers have to do if they think that it is in someone's best interests to be deprived of their liberty so that they can get the care they need in a care home, and the person does not have capacity to make a decision about what is being proposed for them.

The provider took steps to ensure people consented to their care and treatment and were able to express their preferences and make informed choices. There was evidence that the provider took into consideration people's capacity to understand decisions related to their care. The provider consulted people and asked them for their opinion when deciding on what colours to paint parts of the home. Staff told us they asked people's permission before they started to support them. One care worker said “You ask for their permission, step by step.”

Some people were restricted from leaving the home alone as it was not safe for them to be out unaccompanied by staff. Where people had been deprived of their liberty in this way and had restrictions placed on them, the provider had followed appropriate guidance and had submitted an application to the local authority requesting a standard deprivation of liberty safeguards (DoLS) authorisation to help ensure that people's rights were protected. The provider was able to demonstrate that they knew about and considered a Supreme Court ruling that had broadened the scope of DoLS. Relatives told us that they felt staff made adjustments to enable their family members to have as much freedom as possible.

People had their healthcare needs met by the service. Their care records contained a health action plan, with details of the healthcare professionals involved in their care such as their GP, epilepsy nurse, psychiatrist and dentist. Records of health appointments and any hospital admission records kept. Staff told us, “If we see someone under the weather then we make an appointment with the GP.” During the inspection, we saw two people supported to attend an optician's appointment. Two people were under the care of district nurses who visited them to manage their medical needs.

Is the service caring?

Our findings

People told us that the service was caring. Some of the things they said included, “I’m happy here”, “Staff are nice” and “I like living here.” Relatives told us that they were satisfied with the way their family member was treated. One relative said, “When I first visited, I felt it was just right”.

Health professionals who we contacted after our inspection told us that staff were friendly and caring. They said that people were very settled at Laverstoke Gardens and always appeared happy on the occasions they had visited the service.

The atmosphere was calm and relaxed throughout our inspection. We observed that staff treated people with dignity and respect. It was evident they knew people well, speaking to them in a kind and caring manner about how their day had been.

Staff told us they enjoyed caring for people and getting to know them. One member of staff said, “I love my job” and “I enjoy working with them.” Staff gave us examples of people’s preferences in relation to what they liked to eat

and the activities they enjoyed. People’s care records had a section entitled ‘Me and my life’, which gave information about people’s backgrounds and what was important to them. It was person centred and contained relevant information such as old photos.

People using the service were supported to maintain relationships with their family and friends. Relatives told us they were able to visit their family member and were made to feel welcome. One person using the service told us, “I visit my mum.” During our inspection, we saw that people were friendly and spent time together, either in the lounge or their bedrooms. People told us they were friends with each other. Staff told us, “They like each other’s company” and “They are friends.”

People showed us their rooms which were maintained well. They told us they were able to personalise their rooms which made them feel at home. We saw that the bedrooms were individual and people were given the opportunity to paint their room of a colour of their choosing and have their personal belongings such as pictures, mementos and their choice of soft furnishings.

Is the service responsive?

Our findings

Five people spent most of their weekdays at day centres where they took part in a range of activities. One person told us she had a part time job which she went to three times a week. In our conversation with her, it was clear that she really enjoyed this job.

There was an activities timetable on display at the home which had details of colleges, day centres, music sessions and workshops people attended. People attended activities and pursued interests that met their individual needs. We received feedback from healthcare professionals that the registered manager had successfully arranged for a person to attend extra day care sessions after consulting with their social worker. People's artwork was on display throughout the home. One person told us, "We had a party last Thursday, it was fun." We saw evidence that people had been on holiday to Butlins and that the home had organised events such as a barbeque.

Care plans were person centred and written from the perspective of people using the service. Care records contained a 24 hour summary which gave an insight into how people liked to spend their days. However, care records including the 24 hour summary were not always dated so it was difficult to tell if the information in them was up to date and still relevant to people using the service.

Care plans covered a number of areas such as emotional health and cognition, mobility, sleep pattern, communication, personal care, eating and drinking and

family relationships. Each identified area gave guidance for staff about how best to support people in these aspects of their care. There was evidence that care plans were reviewed regularly through annual review meetings which were attended by people using the service, staff, relatives and other professionals involved in their care such as social workers. Records of these meetings confirmed that people and their relatives were happy with the care and support they received from staff.

There was a section in the care plans called 'Hope's for the future' and 'My goals'. However, these were not completed which meant that people may not have been supported in setting positive outcomes for themselves and working towards goals with staff support that met their individual needs and aspirations.

We saw the records relating to meetings that were held for people using the service. These meetings gave people an opportunity to discuss various aspects of the service such as staffing, Christmas, activities, the menu and complaints. People generally had positive things to say during the meeting and gave suggestions for staff to follow up.

People told us they felt able to talk with staff or the registered manager if they had a concern or wanted to raise a complaint. One relative told us, "I would speak to staff if I see something I'm not happy with, I can approach them." Staff said they knew what action to take should someone in their care want to make a complaint. There had been no recorded formal complaints but there was a suggestions and complaints book available for people and staff to complete.

Is the service well-led?

Our findings

We looked at a record of incidents at the home, there had been 15 recorded incidents since May 2014 and seven of these were related to medicines. We saw that although the incidents had been picked up during the medicine audits some recommendations and follow up actions were not detailed enough. For example, we saw that on several occasions, staff had written ‘investigate and learn from error to avoid recurrence’. This meant there was a risk that the provider did not always learn from incidents to drive improvement and reduce the likelihood of a reoccurrence.

Laverstoke Gardens’ vision was for people to live life to the full, with their dignity respected, independence supported, and uniqueness valued. We found from speaking to people, their relatives and healthcare professionals that people were able to lead meaningful lives and were supported to maintain their independence.

There was a registered manager at the service who was aware of her responsibilities in terms of notifying authorities including the Care Quality Commission of any significant events that had taken place. The registered manager had been in post since September 2014 and had identified some areas of improvement and started to implement some positive changes to the service. Staff said, “She is approachable”, “The door is always open”, “She listens” and “She has brought in new ideas.” Staff told us that the changes had been for the benefit of people using the service. Relatives told us they were “impressed” with the new registered manager. One relative said “[She] is a good, qualified manager. Given time she will improve things.”

We saw evidence that the registered manager discussed changes to how the service was run and planned

improvements in staff meetings and tried to include staff in making decisions. Some of these improvements included changes to the staff rota and the way care plans were to be written and making changes to how medicines were administered.

The registered manager demonstrated a strong focus on teamwork and communication and told us that her first few months managing the service had been based around trying to drive improvement in these areas. There was a whistleblowing policy at the home and staff told us they would report any concerns they had immediately.

We spoke with professionals from the local authority who had recently carried out a contract monitoring review of Laverstoke Gardens and visited the scheme a couple of weeks prior to the inspection. They told us the service met their requirements and said they were impressed with the quality of the service. They did not raise any concerns.

A formal quality assurance questionnaire was sent to relatives/representatives of people using the service in November 2013. We were sent the results of these after the inspection and saw that 9 out of 9 surveys were returned and comments were left on 6 out of 9 surveys.

People were consulted about changes being made to the service, for example, we saw that people had been asked for their opinion on colour schemes for the re-decoration of the home. People also had opportunities to air their views during ‘resident’ meetings.

Other monitoring checks were carried out which included a fire and security service maintenance report which was current. We saw a copy of a food hygiene inspection and rating report which found the service to be satisfactory.