

The Frances Taylor Foundation Laverstoke Gardens

Inspection report

49 Laverstoke Gardens
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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

We conducted an inspection of Laverstoke Gardens on 9 February 2016. The inspection was unannounced.

At our last inspection on 23 December 2014 we identified some concerns around risk assessments not being updated and care plans not being fully completed. We also identified some concerns around quality monitoring as lessons were not always learned from incidents that occurred. As part of this inspection we checked that improvements had been made.

Laverstoke Gardens provides care and accommodation for up to seven women with learning disabilities. It is located in the Roehampton area. At the time of our inspection there were six women using the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff followed safe practises for administering and storing medicines. Staff had completed medicines administration training within the last year and were clear about their responsibilities.

Risk assessments and care plans contained clear information for staff. Separate action plans were in place to monitor people's progress against their goals and these were evaluated every month with the person's key worker.

Staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005. People's rights were protected and their liberty was only deprived in accordance with legal requirements and for their own safety.

Most staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way.

People using the service and their relatives were involved in decisions about their care and how their needs were met. People had care plans in place that reflected their assessed needs.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role. Staff were provided with appropriate training to help them carry out their duties. Staff received regular supervision. There were enough staff employed to meet people's needs.

People who used the service and their relatives gave us good feedback about the care workers. Staff respected people's privacy and dignity and people's cultural and religious needs were met.

People were supported to maintain a balanced, nutritious diet. People were supported effectively with their health needs and were supported to access a range of healthcare professionals. Some people had complex needs and staff demonstrated a clear understanding of this.

People using the service, their relatives and staff felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was a complaints policy and procedure in place.

People were encouraged to participate in activities they enjoyed. People had a separate activities schedule which was discussed with people.

The organisation had adequate systems in place to monitor the quality of the service. Feedback was obtained from people through residents meetings and annual questionnaires and the results of these were positive. There was evidence of auditing in many areas of care provided and action plans were in place to secure improvement.

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. The service had adequate systems for recording, storing and administering medicines safely.

The risks to people's health were identified and appropriate action was taken to manage these and keep people safe.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

Is the service effective?

Good ●

The service was consistently effective. The service was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff demonstrated a good knowledge of their responsibilities under the MCA.

People were supported by staff who had the appropriate skills and knowledge to meet their needs. Staff received an induction and regular supervision and training to carry out their role.

People were supported to maintain a healthy diet. People were supported to maintain good health and were supported to access healthcare services and support when required.

Is the service caring?

Good ●

The service was caring. People using the service and relatives were happy with the level of care given by staff.

Relatives told us care workers promoted people's independence and we found that care workers knew people well.

People's privacy and dignity was respected and care staff provided examples of how they did this.

Is the service responsive?

Good ●

The service was responsive. People's needs were assessed before they began using the service and care was planned in response to these.

People were encouraged to be active and participate in activities they enjoyed. Care workers also worked with people to improve their well-being and assessed their moods.

People told us they knew who to complain to and felt they would be listened to.

Is the service well-led?

Good ●

The service was well-led. People, their relatives and staff gave good feedback about the registered manager.

Quality assurance systems were thorough. Feedback was obtained from people using the service and their relatives in the form of questionnaires as well as in person through relatives and residents meetings. The registered manager completed various audits and we saw action plans were in place to implement improvements.

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 and sustaining improvements previously made to the service, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 9 February 2016. This inspection was carried out by one inspector.. The inspection was unannounced.

Prior to the inspection we reviewed the information we held about the service. We also looked at the service Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted a representative from the local authority safeguarding team and spoke with two more healthcare professionals who worked with the service to obtain their feedback.

We spoke with three care workers and the registered manager of the service. We also spoke with three people using the service and six relatives of people using the service. We looked at a sample of three people's care records, four staff records and records related to the management of the service.

Is the service safe?

Our findings

At our previous inspection which took place in December 2014 we found some concerns in relation to record keeping as some risk assessments did not reflect changes in people's health. At our recent inspection we found all inconsistencies had been addressed and risk assessments reflected people's current circumstances.

We looked at three people's care plans and risk assessments. We saw detailed risk assessments which covered generic risks including mobilising, personal care and eating and drinking, but we also saw very specific risk assessments which were relevant to the person's daily habits, routines or social preferences so staff could help them to safely manage these. Documentation contained practical advice for staff which was concisely written and easy to understand. There was also an additional one page profile on each person's file that provided a quick guide to all of these details.

People were involved in decisions relating to risks they wanted to take in order to increase their independence. Some people's goals were to be more involved in the running of the home by completing household tasks which included cookery. We saw action plans were in place which specified how staff could help people to achieve this goal by helping them to manage the risks of individual activities. We saw this taking place on the day of our inspection as one person offered us a hot drink and made themselves one. Staff helped to manage the risk of scalding by supervising the completion of this task. When we spoke with this person they told us "I like living here, this is home."

People told us they felt safe using the service. Comments included "It's a very nice safe building" and "It's safe here." Relatives confirmed this and one relative told us, "I've never had any concerns about her safety."

The provider had a safeguarding adults policy and procedure in place. Staff told us they received training in safeguarding adults as part of their mandatory training and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. Staff also confirmed they knew how to escalate concerns if they felt they were not being listened to, by accessing the provider's whistleblowing procedure. Whistleblowing is when a care worker reports suspected wrongdoing at work. A care worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. A member of the safeguarding team at the local authority confirmed they did not have any concerns about the safety of people using the service.

Staff received emergency training as part of their mandatory training which involved what to do in the event of an accident, incident or medical emergency. Care workers told us what they considered to be the biggest risks to individual people they cared for and they demonstrated an understanding of how to respond to these risks. Some people had complex medical conditions which could be easily triggered if they were not given appropriate care. One care worker demonstrated a detailed knowledge of one person's condition and explained in detail what steps they took to manage this. They also explained what they would do if the person had an adverse reaction and this included conducting their own assessment of the person and

contacting the GP or ambulance as necessary.

Relatives we spoke with told us enough care workers were provided to meet the needs of their family members. One relative told us, "There are now" and another relative said "staffing is fine now, but this needs to remain stable." People using the service also confirmed there were enough staff to help them when needed. Comments included "There are enough staff" and "Enough staff work here."

The registered manager explained that they assessed the numbers of staff that were needed on a weekly basis. She said there were sometimes necessary variations in staffing numbers due to the activities people were participating in which could necessitate higher staff numbers. We looked at the staff rota for the week of our inspection and saw that an appropriate number of staff had been scheduled for the week. We also saw the number of staff on duty reflected what was on the rota. We noticed that staff did not appear rushed when conducting their duties and they had time to talk to people. Staff confirmed that they felt there were enough of them on duty at any time. Comments included "Staffing numbers have improved. It is much better now" and "There were problems before, but things are fine now."

We looked at the recruitment records for four staff members and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms.

Staff followed safe practices for administering and storing medicines. Medicines were delivered on a monthly basis for named individuals by the local pharmacy within 28 day blister packs. Medicines were stored safely for each person in a locked cupboard and we saw the temperature for refrigerated medicines was controlled, monitored and recorded on a daily basis. The temperature was at a safe level on the day of our inspection.

We saw examples of completed medicine administration record (MAR) charts for four people for the month of our inspection. We saw that staff had fully completed these. We checked the medicines available for four people and counted the amounts stored. We saw these tallied with the records kept.

We looked at the controlled drugs that were kept at the service. These were stored in an appropriately constructed cabinet which was locked. Administration of these medicines was recorded in a separate book and the amounts given were signed by two people. We saw the amount of medicines tallied with the records kept.

We saw copies of monthly medicines checks. The weekly checks we saw did not identify any issues. However, medicines audits did not provide specific information as to what was being checked.

Staff had completed medicines administration training within the last two years. When we spoke with staff, they were knowledgeable about how to correctly store and administer medicines.

Is the service effective?

Our findings

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 Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and found that the provider was meeting the requirements of the MCA. Staff had received MCA training and were able to demonstrate that they understood the issues surrounding consent. We saw some people were being deprived of their liberty. Mental capacity assessments had been conducted appropriately to document that some people had the capacity to consent to being deprived of their liberty for their own safety. One other person had been assessed as lacking the capacity to make this decision and a lawful DoLS authorisation was in place.

People told us staff had the appropriate skills and knowledge to meet their needs. Relatives said, "They seem to know what they're doing" and "Staff understand my [relative's] needs." The registered manager told us, and care workers confirmed, that they completed training as part of their induction as well as ongoing training. Records confirmed that all staff had completed mandatory training in various topics as part of their induction. These topics included safeguarding adults, medicines administration and first aid. Staff completed additional training which was relevant to the care of the people they were supporting. This included training in diabetes, epilepsy, communication techniques and training in behaviour that challenges.

Care workers confirmed they could request extra training where required and they felt that they received enough training to do their jobs well. Records reflected that care workers training was up to date. One care worker told us, "We get plenty of ongoing training."

Staff told us they felt well supported and received regular supervision of their competence to carry out their work. We saw records that indicated staff supervisions took place every two months. The registered manager told us annual appraisals would be conducted of care workers performance once they had worked at the service for one year and we saw evidence of these in the files of staff members who had worked at the service for this length of time. We were told by the registered manager and care workers that they used supervision to discuss individual people's needs as well as their training and development needs.

People were encouraged to eat a healthy and balanced diet. People's care records included information about their dietary requirements depending upon whether people required support in this area of their lives. Some people had very complex dietary requirements due to their health conditions. We spoke with a specialist dietitian who had worked with staff at the service in respect of one person. They explained this person's requirements to us. We compared what we were told with this person's care records. We saw that

the dietitian's advice had been incorporated into their care record. The person's key worker and two other care workers we spoke with were able to demonstrate that they understood people's dietary needs and the support they needed. A key worker is a care worker who was assigned to work closely with the person using the service.

Care records contained information about people's health needs and these were also recorded in greater detail in specific health files. The service had up to date information from healthcare practitioners involved in people's care, and senior staff told us they were in regular contact with people's families to ensure all parties were well informed about peoples' health needs. When questioned, care workers demonstrated they understood people's health needs. For example one care worker had detailed knowledge about the health needs of people we asked them about. They were able to describe their health conditions and exactly which medicines they were required to take and at what times.

We saw separate hospital passports were contained within people's health files. These included information about their health needs as well as other matters including how they communicated and what their likes and dislikes were in relation to various matters. We were told that people carried this document with them when they were admitted to hospital in order to ensure that hospital staff were aware of the person's particular needs.

Is the service caring?

Our findings

People who used the service gave us good feedback about the care workers. Comments included "Staff are nice and caring. They listen" and "I like the staff." Relatives also told us they were happy with the care provided. Their comments included "The staff care for her the way I would", "She has a key worker who has known her for a very long time, she's almost like a mother to her" and "I'm very impressed. The staff are very supportive."

Staff demonstrated a good understanding of people's life histories. They told us that they asked questions about people's life histories and people important to them when they first joined the service and we saw these details recorded in people's care records in a separate document which included photographs. Staff members we spoke with gave details about people's lives and the circumstances which had led them to using the service. They were well acquainted with people's habits and daily routines. For example, staff were able to tell us about people's likes and dislikes in relation to activities as well as things that could affect people's moods.

Relatives confirmed staff encouraged people to be as independent as possible. Comments included "Staff promote her independence" and "They keep my [relative's] skills up which is good. They give her little jobs."

People's future goals were targeted towards developing people's skills and encouraging them to be as independent as possible. This included helping people to access activities they enjoyed and to participate more with the running of the home. Care workers spoke passionately about promoting people's independence. Their comments included "I help people, but I don't do things for them" and "We give people opportunities to do things for themselves without limitations."

Relatives confirmed that care workers respected people's privacy and dignity. They told us "[Staff] seem to be very respectful. They're not imposing" and "They seem to be very respectful. Staff are very self-aware." Care workers also explained how they promoted people's privacy and dignity. For example, one care worker said "I always close the door when I'm giving person care and I will cover them with a towel - it's respectful." Our observations demonstrated that people were treated with respect. For example we saw staff knocking on people's doors and waiting for a response before entering.

Care records demonstrated that people's cultural and religious requirements were considered throughout their stay at Laverstoke Gardens. People's cultural and religious requirements were recorded in their support plans and staff supported people to attend church on Sundays if they wanted to. We saw that attendance at church was included in some people's activity plans.

Is the service responsive?

Our findings

At our previous inspection which took place in December 2014 we found some concerns in people's care records, particularly in relation to the monitoring of their goals as documentation relating to this area was not always completed. During this inspection we found people's goals were considered in depth and reviewed on a monthly basis by their key worker. This was recorded in specific action plans and we saw there was a separate action plan for each of the person's goals.

People were encouraged to express their views and be involved in decisions regarding their care. People were given information when first joining the service in the form of a 'service user guide' which included details about how to make a complaint, specific details about their rights and an explanation about the type of service on offer. We saw all care records were written from the perspective of the person and the notes from key worker's monthly evaluations indicated discussions were held to review people's progress with their goals.

People using the service and relatives we spoke with told us they were involved in decisions about the care provided and staff supported them when required. People told us "[Staff] do anything I want" and another person said "Staff are very helpful. They bring me whatever I want." Relatives confirmed that they were involved in decisions and kept informed about their relative's care. They told us "They always keep me informed. They're very good like that" "Staff ring us every week to let us know what [my family member] is up to" and "They let me know of anything that happens. They're good at communication."

People's needs were assessed before they began using the service and care was planned in response to these. Assessments were completed of people's mental and physical health needs as well as their ability to complete daily living skills. The care records we looked at included a care plan which was a comprehensive overview of their health and social needs, a support plan which indicated their likes and dislikes in relation to a number of areas including food and drink, activities and their preferred routines and a separate action plan which monitored their progress with their goals.

Care workers also worked with people to regularly assess their wellbeing and stress levels. Care records included details about people's emotional health and provided guidance to staff about how they could help people to improve their emotional wellbeing. This was discussed with people at their monthly key worker meetings and we saw daily records also included notes about people's moods. Care workers explained what action they were taking to help one person who had recently been through a traumatic period in their lives. We saw from records that appropriate health care professionals had been consulted and they had encouraged the person to be as active as possible as this helped their mood. The person's relative confirmed that staff were working to encourage this person to be as active as possible.

People were encouraged to participate in activities they enjoyed and people's feedback was obtained to determine whether they found activities or events enjoyable or useful. We saw from people's care records that some of their future goals related to social activities. For example, one person was encouraged to access facilities in the local area and their relative confirmed that they also encouraged this. Each person had their own activities plan which indicated what type of activities they did on a daily basis. Most people

attended a local day centre and in the morning of our inspection we noted that most people were out of the home attending this. People also accessed different facilities depending on their preferences and personal tastes. This included singing groups, and trips to the theatre, museums and pubs. The service organised an annual holiday for people to the seaside or other venues. People confirmed this. One person said "We went to Centre Parcs last year which was good."

The service had a complaints policy which outlined how formal complaints were to be dealt with. This was also available in an easy read format. The people using the service and relatives we spoke with confirmed they would speak with the registered manager if they had reason to complain. One person told us they had made a complaint to the registered manager and this was dealt with appropriately. They told us "Things are much better now." We saw records of complaints and saw these were dealt with in line with the provider's policy. Care workers we spoke with confirmed that they discussed people's care needs in their supervision sessions and their team meetings. They told us if there were any issues they would discuss them at these times.

Is the service well-led?

Our findings

The service had an open culture that encouraged people's involvement in decisions that affected them. People who used the service and staff told us the registered manager was available and listened to what they had to say. When asked about the registered manager, one person said "She is nice" and relatives commented "She's very easy to get on with" and "She's great. She's been very calm and organised. She's always responsive if we have any queries." We observed the registered manager interacting with people using the service throughout the day and conversations demonstrated she knew people well and spoke with them regularly.

Information was reported to the Care Quality Commission (CQC) as required. We spoke with a member of the local authority and they did not have any concerns about the service.

We saw evidence that feedback was obtained from people using the service and their relatives. Feedback was sought in the form of annual questionnaires. We saw the results of the questionnaire from the previous year and saw associated action plans were being implemented. Additional separate monthly meetings were held for residents and relatives. Minutes were kept of each of these meetings and we saw details of further actions which were taken in response to feedback given. Relatives gave good feedback about the meetings. Their comments included "We are invited to meetings. We are kept in the loop" and "We go to the meetings. They are very productive."

The registered manager and care workers gave a consistent view about their vision of the service and their purpose in working for the organisation. A care worker told us, "I am here to promote people's independence and to help them lead the lives they want to lead." Another care worker told us, "I am here to help people achieve their life goals." Care workers confirmed that the provider's vision for the organisation was covered in their induction when they started working at the service and this was also something that was reinforced in supervision meetings and in general discussions with their manager.

Staff told us they felt able to raise any issues or concerns with the registered manager. One member of staff told us, "She's approachable. She interacts with everybody and isn't afraid to get her hands dirty" and another care worker said "She's a very good manager." The registered manager told us monthly staff meetings were held to discuss the running of the service. Staff told us they felt able to contribute to these meetings and found the topics discussed were useful to their role. We read the minutes from the most recent staff meeting. These showed that numerous discussions were held with actions and identified timeframes for completion.

The provider had good links with the local community. People who used the service participated in activities at other organisations such as local day centres. People regularly visited these organisations and we saw their care records detailed the type of activities they participated in.

We saw records of complaints, and accident and incident records. There was a clear process for reporting and managing these. The registered manager told us they reviewed complaints, accidents and incidents to

monitor trends or identify further action required and we saw evidence of this.

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with detailed explanations of what their roles involved and what they were expected to achieve as a result. We saw people's job descriptions were also included in their files.

At our previous inspection which took place in December 2014 we found some concerns in relation to a lack of evidenced learning from medicines errors. At our current inspection we found that no further medicines errors had taken place and relatives confirmed this. We saw evidence of extensive action planning in relation to feedback received and in relation to other audits where improvement requirements were identified. General quality audits were completed by the registered manager. These included a monthly report which covered issues such as learning and development and health and safety and a two monthly manager's audit of two care records. The contract monitoring team at the local authority also conducted an additional annual inspection which covered numerous issues including staff checks. We saw evidence of action planning and written updates to document what action had been taken in relation to the action plans.

The provider worked with other organisations to ensure the service followed best practice. We saw evidence in care records that showed close working with local multi-disciplinary teams, which included the GP and dietitians. The registered manager was a member of the Wandsworth Learning Disability Providers forum. We saw minutes from the last meeting which included discussions about end of life care and the 'outcomes star' which is a specific tool used for assessing and monitoring change in different groups of people. We spoke with two health and social care professionals and they commented positively on their working relationship with staff at Laverstoke Gardens.