

The Frances Taylor Foundation Brentford Supported Living

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

The inspection took place on 3 November 2015 and was unannounced. The service was last inspected on 23 and 27 August 2013 and at the time was found to be meeting the regulations we looked at.

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.

The service provided care to nine people who lived in rented accommodation. It provided care and support to older people and people with a learning disability.

People told us they felt safe living at the service and we saw there were systems and processes in place to protect people from the risk of harm. There were enough staff on duty to meet people's needs and there were always additional staff able to cover in the event of staff absence.

Staff had undertaken training in the Mental Capacity Act 2005 (MCA) and were aware of their responsibilities in relation to the Deprivation of Liberty (DoL). They ensured people were given choices and the opportunity to make decisions.

The provider had systems in place to monitor the management of medicines.

The provider ensured people's nutritional needs were met. People had choice of food and were involved in the shopping and cooking of all meals.

Staff received effective training, supervision and appraisal, and they told us that this made them feel supported and gave them confidence in their ability to deliver good care and support for people.

Staff were caring and treated people with dignity, compassion and respect. Support plans were clear and comprehensive. They recorded people's individual needs, detailed what was important to them, how they made decisions and how they wanted their care to be provided.

Throughout the inspection, we observed staff caring for people in a way that took into account their diversity, values and human rights. People were supported to make decisions about their activities, both at their home and in the community.

There was a clear management structure at the service, and people and staff told us that the management team were supportive and approachable. There was a transparent and open culture within the service and people and staff were supported to raise concerns and make suggestions about where improvements could be made.

The provider had effective systems in place to monitor the quality of the service and where issues were identified, they were addressed promptly.

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.

There were procedures for safeguarding adults and the staff were aware of these.

The risks to people's safety and wellbeing were assessed and regularly reviewed.

People were given the support they needed with medicines and there were regular audits by the management team.

The service employed enough staff and contingency plans were in place in the event of staff absence. Employment checks were in place to obtain information about new staff before they were allowed to support people.

The provider had processes in place for the recording and investigation of incidents and accidents. Risks to people's safety were identified and managed appropriately.

Is the service effective?

Good ●

The service was effective.

Staff received the training, supervision and support they needed to deliver effective care to people.

People had consented to their care and support. The service had policies and procedures in place to assess people's capacity, in line with the Mental Capacity Act 2005.

People were supported to make choices about the food they wished to eat and staff respected those choices. All staff received food hygiene training and regular refreshers.

Is the service caring?

Good ●

The service was caring.

Feedback from people was positive about both the staff and the management team.

People and relatives said the staff were kind and caring. People told us they had a trusting relationship with them.

People were involved in decisions about their care and support and staff promoted people's privacy and dignity.

The management and staff focused on providing care and support that centred on the individual. They had a good understanding of people's needs and supported people to make decisions about how they wanted to be cared for and supported.

Is the service responsive?

Good ●

The service was responsive.

People's individual needs and wishes were met when their care and support were being assessed, planned and delivered. People were fully involved in planning and reviewing their care.

People chose their own activities at home and in the community and were supported with those.

Information about how to make a complaint was available to people and their families, and they felt confident that any complaint would be addressed by the management.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives found the management team to be approachable and supportive.

Care workers had worked for the company for many years and were complimentary about the support they received. Staff were confident to raise any concerns they had and to suggest ideas that could improve the quality of the service people received.

There was a culture of openness and transparency, and robust systems in place to assess and monitor the quality of the service.

Brentford Supported Living

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 3 November 2015 and was unannounced. The inspection visit was carried out by a single inspector. An expert-by-experience interviewed people at the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert on this inspection had personal experience of caring for people in both residential and community-based services.

Before the inspection the provider completed a 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 reviewed the information we held about the service, including notifications we had received from the provider and the findings of previous inspections.

We looked at records, including four people's care records, staff records and records relating to the management of the service. During the inspection, we spoke with five people who used the service, the acting manager, acting deputy manager and a support worker.

Following our visit, we spoke to a social care professional and a healthcare professional to get their views about the service.

Is the service safe?

Our findings

People told us they felt safe. One person told us "I feel safe, I am happy". People told us that the staff encouraged them to maintain their independence and take risks but were always there to support them. This included attending healthcare appointments. Staff told us that they liked to be there to support them and ensure that they received safe care and treatment.

Staff told us they received training in safeguarding people and whistleblowing. Training information we viewed confirmed this. Staff were aware of the policies and procedures in place for safeguarding people from abuse. Staff told us that training, discussions in staff meetings and supervision helped them develop a good understanding of the different kinds of abuse and how to report any concerns. A safeguarding policy and procedure was in place and included a staff toolkit and flowchart. This ensured that staff understood the steps to take if they had any concern regarding the safeguarding of people they provided care for. The acting manager told us that safeguarding was discussed in team meetings and the policy circulated. Team meeting records confirmed this.

We looked at the care and support plans for four people using the service. Detailed personal risk assessments and plans were available and were based on individual risks that had been identified. Risks were assessed at the point of initial assessment and regularly reviewed and updated where necessary. The support plans were split into areas which included choice and control, health and wellbeing, everyday tasks and taking risks, family and relationships, managing money, community life, learning, leisure and work and behaviour. Each section had details of what each person could do for themselves, what they needed help with and their goals. A risk assessment was in place for each section and we saw that they were reviewed monthly. In one person's support plan, we saw evidence that a risk assessment had identified that they were unable to manage their money safely and were giving money to people they had met when they went out. Staff had taken steps to involve the person and relevant professionals to agree ways to support them in managing their money in a safe way. The agreement was signed by the person, and reviewed regularly. The person confirmed to us that they were happy with the arrangements and had been involved to reach this agreement. This meant that the person was protected from the risk of financial abuse. Each person's support plan included a finance file. This contained details of their income and benefits, their invoices, payments and statements. One person told us that they liked having all their financial information in one file and the staff supported them with financial matters. Records confirmed that staff had taken steps to protect people from the risk of financial abuse.

We saw that a general fire risk assessment had been carried out and had not highlighted any issues. Each person had a Personal Emergency Evacuation Plan in place. This document contained details of the person's ability and what assistance they would need in the event of a fire. The acting manager told us that people using the service took part in yearly fire training so that they would also know what to do if there was a fire at the home. Records confirmed their attendance.

There were guidelines for staff in the event of an emergency situation leading to the evacuation and relocation of service users on a temporary basis. Details of useful numbers, who to contact and where to go

were made clear. Staff told us they were familiar with the guidelines and would know what to do in the event of an emergency.

The provider employed sufficient staff to meet people's needs, and there were systems in place to ensure that staff absences were appropriately covered and people received their care as planned.

There were appropriate procedures in place for recruiting staff. These included checks on people's suitability and character, including reference checks, a criminal record check, such as a Disclosure and Barring Service (DBS) check and proof of identity. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. There was evidence that staff had completed application forms and given a full employment history. New care staff attended a formal interview to assess their suitability to the role.

The service had a medicines policy which included information about legislation, principles, storage, administration and disposal of medicines. It also contained information about self-medication, recording, training and errors. We were told that people were prescribed very few medicines but some needed support taking them. We saw that medicines were stored safely in a locked medicines cupboard. Where people were able to manage their own medicines, a risk assessment was in place which was signed by the person. Medicines Administration Records (MAR) were recorded and signed by staff, which indicated that people were receiving their medicines as prescribed. Not all staff had received training in the administration of medicines, and when they were on duty, a member of the management team went over to the home to assist people with their medicines. We were told that this happened two to three times a week and provided the management team with an opportunity to carry out regular medicines audits. This meant that people were protected from the risk of not receiving their medicines safely. Medicines risk assessments were in place and were reviewed to ensure they were accurate. We saw training records which showed that staff who had received training in medicines administration were offered yearly refresher training. The acting manager told us that when errors had occurred in the past, appropriate actions had been taken. These included additional training and competency assessments. New staff completed a shadowing period prior to them assisting people with their medicines. This meant that the provider had taken steps to ensure that people were receiving their medicines safely.

We checked the accidents and incidents records. They were recorded appropriately and there was evidence of follow up actions, including for a person who had had several falls within a short period of time. The provider had identified the risk and had consulted the GP who had initiated several health checks and a referral to the falls clinic. We saw evidence of this recorded in the person's care records. Identified risks were reviewed regularly and records updated accordingly, therefore steps were taken by staff to ensure that people living at the service were protected from harm through the management and mitigation of highlighted risks.

Is the service effective?

Our findings

People were supported by staff who had appropriate skills and experience. Staff we spoke with told us they had received a thorough induction when they started to work for the service. They told us that this included training and working alongside other staff members. The subjects covered during the induction included safeguarding, health and safety, first aid, medication, food hygiene, moving and handling and infection control. Staff records included an individual assessment to identify what training was needed. This included additional training such as Mental Capacity Act (MCA), Dysphasia, nutrition, record keeping, care planning, dignity and end of life. The acting manager told us that staff received training from another part of the company which ran the service, as well as from the local authority. All staff had obtained a National Vocational Qualification (NVQ) in care at level 2 or 3. New staff had started to study for the new Care Certificate qualification which was more in depth and covered various areas of working in social care. Training records confirmed that staff training was delivered regularly and refreshed annually. The deputy manager told us that the provider was very effective at educating staff with the aim to improve the service and the care and support delivered to people. The variety of training courses offered confirmed this.

During the inspection we spoke to members of staff and looked at four staff files to assess how they were supported within their roles. Staff told us they received supervision every six weeks and a yearly appraisal. Records confirmed this. There was a clear structure in place and the manager monitored that supervision was happening at regular intervals.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, and as an important aspect of their daily life. People had capacity to choose what they wanted to eat and drink. People shopped for their food supplies assisted by staff and took turns in shopping, cooking, and washing up. They told us that they enjoyed working together and devised their menus together. One person told us "We have a say in our menus", and another said "the food is good, they ask you what you like". We saw that staff were supportive of staff's individual nutritional needs and those were recorded in their support plans and regularly reviewed and updated. This included support for a younger person using the service who wished to attend Slimming World meetings following weight gain.

People told us that the service was responsive to their health needs and that the staff accompanied them to medical appointments if they wished to be accompanied. The support plans we looked at contained individual health action plans. They were clearly written and contained pictures to ensure people who had difficulties with reading were still able to understand. They contained details about people's health needs and included information about eyesight, hearing, medical conditions, mental health, dental, medicines, eating habits, lifestyle and general information. Records of healthcare appointments included the date, name of the person, the outcome of the appointment, any action needed and the next appointment date. These included routine appointments with the optician, dentist, hospital outpatient appointments, and specialist appointments.

Staff told us that they encouraged people to be as independent as they could be. People confirmed that staff gave them the chance to make daily choices. Staff had received basic awareness training in the Mental

Capacity Act (MCA) 2005. The acting manager told us that all the people using the service had capacity to make decisions, but they were aware that if there were concerned about a person's ability to make decisions, they would liaise with the local authority to request a mental capacity assessment. We saw evidence in the care records we checked that people were consulted and consent was obtained. People had signed the records themselves indicating their consent to the care being provided.

The provider and registered manager were aware of the legal requirements relating to the MCA and knew they would need to identify if people had any restrictions so they could take appropriate action to make sure these were in the person's best interest and were authorised through the Court of Protection.

Is the service caring?

Our findings

People we spoke with were complimentary about the service and the care and support they received. They told us the care workers were kind and caring. One person told us "Everyone is nice", another said "The carers are very good, they're great to us" and "they are nice and helpful". People told us that staff respected their privacy. We witnessed people being treated with dignity and kindness throughout the inspection, and noticed good communication between staff and people.

People were involved in discussions and reviews about their care and support, and had signed their own records. The management and staff spoke respectfully about the people they supported. They spoke about valuing people and respecting their rights to make decisions. Staff told us they found the care plans to be easy to use and that they contained relevant and detailed information for each person they provided care for. The care records we viewed confirmed that care and support was planned according to individuals' needs and choices. Each record included a "last wishes" document. This contained details of the person's wishes for the end of their life. Details included their choice of funeral, where they chose to die, the music they wanted for the service, what colour they wanted people to wear, favourite flowers and photographs for their coffin. Each section had a picture to ensure that people who had difficulties reading would still understand the meaning of the questions.

Staff told us they had received training in person-centred care planning, and we saw that the culture of the service was based on providing care that met each person's unique needs, abilities, likes and dislikes and preferences. Staff had been working at the service for many years and knew people and their needs very well. This was evident when we spoke to them during the inspection.

The provider carried out regular monitoring visits and reviews. Records of these reviews indicated that people were happy with the service and the support they received.

Is the service responsive?

Our findings

People's needs were assessed before they started using the service. Some people had been living there for many years. We saw that people were involved in discussions about their care, support and any risks that were involved in managing the person's needs. The social care professionals we spoke with said that the service provided care and support according to people's individual needs. Support plans included a hospital passport which was a document containing detailed information about the person's personal and medical needs. This was to ensure that hospital staff would know how to provide consistent care and support for people in the event of an admission.

Support plans were written from the person's perspectives, were clear and contained detail of what was important to people, and how they wanted their care and support to be provided. There was information about people's choice and control, health and wellbeing, everyday tasks, living safely and taking risks, family and relationships, managing money, community life, learning, leisure and work and behaviour. Each of the sections included were split into two sections which included "strengths and what I can do for myself" and "what I need support with/goals". One person told us "my care plan is updated every month" and "I have a weekly meeting with my keyworker to see how I am getting on". We saw records of monthly keyworker meetings in care plans. They included details of discussions, concerns, actions needed and were signed by people.

People had been issued with a service user guide, and a service user contract. These contained pictures and clear text and included what the service provided, the facilities, terms and conditions. These were signed by people. The provider took into account people's diverse needs when planning and providing care and support to them. This included the spiritual and cultural needs of people for whom religion was important. They told us that they were supported to attend a church service regularly.

People told us they would know who to complain to if they had a concern, one person told us they would speak to the manager, and added "the manager handles complaints well". The service had a complaints policy and procedure in place. This information was supplied to staff, relatives and people using the service. There was also a complaints procedure adapted for people who had a learning disability. This contained clear text and pictures to facilitate understanding. There were also photographs of staff they could report their concerns to, as well as contact information for CQC and the local authority. The service had not received any complaints in the last year. We did not see any records of compliments, and the acting manager told us that all their positive feedback was verbal so they had no records on file.

People told us they sometimes went to another of the provider's locations to take part in activities such as arts and crafts, painting, colouring and bingo. They also went out whenever they wanted to go shopping or visiting people. Staff told us that people let them know where they are going and what time they will be home. This information was recorded in the daily notes.

Is the service well-led?

Our findings

The registered manager had been in post for several years. At the time of our inspection, they were on leave. The deputy manager was acting up in their place and the team leader was acting up as deputy manager. This provided consistency and stability to the running of the service. The staff we spoke with said they enjoyed working at the service and were committed to delivering good care and support to people. People we spoke with told us that they liked and trusted the management team. One person told us "the manager is lovely", another said "the management are good".

Staff told us there was a clear management structure at the service and the management team were supportive and approachable. Staff said they felt listened to. There were regular team meetings where staff and people were encouraged to participate. They told us that they felt their views and opinions mattered and were taken into consideration. The service also held monthly service user meetings. We saw evidence of these in people's files. They included any issues raised by the person and what action the service had taken to resolve it. The acting manager told us that they sent weekly reports to the directors. These included details about staffing issues, training, service users, complaints, safeguarding, health and safety, repairs and maintenance and any other issues. They also told us that they participated in three monthly managers meeting which included the Trustees of the company. The service manager also carried out monthly visits of the service.

Monthly staff meetings were held and people using the service were invited to those. Management meetings and monthly service user meetings were also held. All minutes were circulated and signed by people and staff. People and staff told us they thought the meetings were useful and important subjects were discussed. People said they felt involved in the service.

The provider had systems in place to monitor the quality of the care provided. These included audits for the management of medicines, staff records and care records. The audits were recorded and evaluated. Recommendations and actions plans were put in place where required to make improvements in the service. The acting manager told us that where they had identified errors in the recording or administering of medicines during an audit, they had taken appropriate action in relation of the staff member. This included additional training, and competency assessments.

The provider involved people, staff and relatives in seeking feedback about the quality of the service. People were given a quality assurance questionnaire every six months. These were written in plain english and had pictures to facilitate understanding for people who had a learning disability. The surveys were analysed and rated. We saw that 80% rated the service as excellent and 20% as good. Relatives were also consulted every six months and the results showed a high level of satisfaction. Staff were sent a questionnaire yearly. Theirs included areas such as pay, pension, annual leave, workload, performance and training. These showed that the service was committed to providing a high quality service.