

The Frances Taylor Foundation

# Frances Taylor Foundation Homecare Services

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

About the service.

Frances Taylor Foundation Homecare Services provides support and personal care for people with learning disabilities who live in their own accommodation. This was people living in their own accommodation or in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the service provided personal care to six people in their own homes.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

At the last inspection the service was rated as Good. The inspection report was published on 23 June 2016. The service remains Good, although we identified improvements were needed to ensure all risks to people were fully assessed and recorded. More information about this is in our full report below.

People's experience of using this service:

People received safe care, with the exceptions of improvements being needed to assessing risk and reducing the likelihood of any harm to people. We made a recommendation about this. People said they felt safe with staff. The staff had a good awareness of people's rights regarding safeguarding procedures.

People received individualised care and support which was person-centred. Each person or their relative said they were very satisfied with the service provided. People told us their care needs were discussed with them so they got the care they needed. One person, for example said, "They (staff) know me well and know how I like to be helped." Staff provided support to people at the agreed times. People said they had built good relationships with the staff who they valued. For example, one person said of the staff, "The people we get are very lovely people. All the staff are marvellous." We observed people and staff together and it was clear people looked to the staff for reassurance and support. For example, people asked if a staff member could be present when we spoke with people on their own. People said they were able to choose which staff supported them and this was considered in the provider's assessment of people's needs.

People received support with social and recreational activities which they enjoyed. For example, people told us they went on holiday and day trips with staff support. People were supported to develop independence and to have control over their lives, such as choosing what they would like to do and having access to community facilities.

The provider and staff were committed to promoting people's rights to a good standard of care, to providing choice and having equal access to facilities in the community. Staff were motivated to learn and to enhance the quality of life and experiences of people they supported. For example, one member of staff said, "I am passionate about what I do. I can make a difference to people. We can help build confidence and help people to do new things. It is a joy to come to work."

Staff were well trained and supervised. Staff felt supported and said they worked well as a team.

The views of people and their relatives were obtained using survey questionnaires and the results of these were used to make improvements.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service has dropped to Requires Improvement.

Details are in our Safe findings below.

### Is the service effective?

**Good** 

The service was has improved to Good.

Details are in our Effective findings below.

### Is the service caring?

**Good** 

The service has remained Good.

Details are in our Caring findings below

### Is the service responsive?

**Good** 

The service has remained Good.

Details are in our Responsive findings below.

### Is the service well-led?

**Good** 

The service has remained Good.

Details are in our Well-Led findings below.

# Frances Taylor Foundation Homecare Services

## **Detailed findings**

### Background to this inspection

**The 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.

**Inspection team:** The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

**Service and service type:** The service is a domiciliary care agency and provides personal care to people who have a learning disability in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** The inspection was announced. We gave the service 48 hours notice of the inspection visit because we needed to make arrangements to visit people in their own homes and to ensure staff would be at the provider's office.

**What we did:** Before the inspection we checked information that we held about the service provider. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who received care and support from the agency. We spoke with two other people via a telephone interview. We also spoke to two relatives of people who received care and support. We visited the provider's office. We spoke with two care staff, two members of the management team and the registered manager. We sent survey questionnaires to people, their relatives, staff, and health and social care professionals to ask them to give us their views of the service; we received completed surveys from one person, eight staff and five health and social care professionals. We also received feedback from a contract commissioning officer from a local authority.

We looked at the following records:

- care plans and associated records for four people
- the provider's internal checks and audits
- training records, supervision and recruitment records for four staff
- staff rotas
- accidents and incidents reports
- policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At our last inspection we found people received a safe service. At this inspection we found some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. This was because people were generally safely supported but not all assessments and care plans showed risks were fully addressed.

### Assessing risk, safety monitoring and management

- Assessments of risk to people were carried out but these were sometimes incomplete. For example, one person was supported by staff to go swimming but there was no risk assessment for this or the procedures staff would need to follow to keep the person safe. Staff told us what the procedures were to support the person getting in and out of the swimming pool. The registered manager acted immediately to implement an assessment of the risks regarding swimming and the actions to mitigate any risks.
- A care plan referred to supporting someone with their mobility needs and said, 'may need two staff,' but no other details were recorded. We observed a member of staff supporting this person appropriately with their mobility. A relative told us the staff helped people to move safely. There was therefore no adverse impact on people but the records did not show this was fully assessed and plans in place to ensure people were always safely supported.
- The provider had identified someone was at risk of choking on food as they had difficulties swallowing. Incidents were reviewed and action recorded to help the person to cut up their food. The staff told us the person had mental capacity and had refused any further assessments or referral about this. This decision by the person was not fully recorded to demonstrate this had been fully discussed with the person.
- We recommend assessments and care plans are reviewed and updated to ensure risks are fully assessed and plans in place to mitigate the risks. We also recommend the provider takes steps to enhance the staff knowledge regarding the risks and procedures when people have problems with swallowing.

### Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding procedures and had a good knowledge of the procedures for identifying and reporting any suspected abuse.
- People and relatives said they felt safe with the staff.
- The provider had policies and procedures for safeguarding people and made appropriate referrals to the local authority safeguarding team. Records showed staff had raised concerns which were then referred to the local authority safeguarding team.
- People were supported so their finances were safely managed, which also involved the input of the local social services department.

### Staffing and recruitment

- People said staff arrived at the agreed times.
- Staff also confirmed there were enough staff to meet people's needs.
- Sufficient numbers of staff were provided to meet people's needs. Staff were assigned to work with people as contractually agreed with the funding authority. This showed staffing was organised well.
- The management team organised staff on a duty roster. This showed staffing was organised well and staff were assigned to work with people as agreed.
- Checks were made that newly appointed staff were suitable to work in a care setting. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

#### Using medicines safely

- The provider confirmed each of the six people who received personal care handled their own medicines.
- Staff were trained in handling and supporting people to take their medicines which involved an assessment and observation of their competency to do so.
- The provider had policies and procedures regarding the handling and administration of medicines.

#### Preventing and controlling infection

- Staff were trained in food hygiene and infection control.
- Staff had access to disposable aprons and gloves to use when supporting people for the purposes of infection control and prevention.

#### Learning lessons when things go wrong

- The provider had a system whereby all accidents or incidents were recorded and reviewed. These were recorded by the management team. These included any additional action which may be needed to prevent a reoccurrence. Incidents were also discussed at staff meetings to update staff on any revised procedures.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance.

- 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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were no people subject to any restrictions on their liberty.
- People told us staff always asked them how they wanted to be helped and sought their consent before doing so.
- The provider confirmed each person who received personal care had capacity to consent to their care. Records showed this was identified and people had consented and agreed to the content of their care plans and assessments. Staff were trained in the principles of the MCA and said they knew the importance of seeking people's consent before they supported them. □

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and reviewed at regular intervals. This included assessments of need prior to people having a service. Records showed people were involved in reviews of their care and support needs.
- The service had access to the provider's behavioural support team for guidance and current practice regarding the management of behaviour including behaviour which may be challenging.
- The provider had introduced tablet IT devices for staff to use so they had ready access to care plans and information about people. This also enabled staff to receive updates to any care arrangements.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to support people effectively.
- Newly appointed staff received an induction which they said prepared them for their job. This included enrolment on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers.

- Staff confirmed they received an induction which prepared them for their role.
- There was a programme of training for staff including courses considered mandatory for their job such as emergency first aid, moving and handling, food safety, nutrition and hydration as well as health and safety. Completion of this training was monitored. Staff were also supported to attend other courses such as in lone working, autism and diabetes.
- Staff and the management team were supported to compete nationally recognised qualifications in care and management such as the Diploma in Health and Social Care.
- Staff were motivated to learn and enhance their skill level. One member of staff had introduced their own reflective learning tool to assess how training helped them in their work.
- Staff said they worked well as a team, communicated well and received regular supervision.

#### Supporting people to eat and drink enough to maintain a balanced diet

- The provider confirmed people were independent in making their own meals. People confirmed this and said they ate at the catering facility in their accommodation.
- Where people needed guidance or support with food this was recorded in the care plans.
- People were supported to shop for food with staff, which people confirmed. The provider said people were supported to buy health food. One person said they were supported to eat healthy foods which had health benefits for them.

#### Staff working with other agencies to provide consistent, effective, timely care

- The staff worked well with other agencies who also supported people. These included health and social care agencies such as social services, GPs and community nursing teams as well as other care providers.
- People were supported by staff to attend appointments with counselling and bereavement services and for assistance with the safe management of their finances.

#### Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives and had access to a range of healthcare professionals and services.
- Staff supported people to attend appointments with health care professionals including health checks at their GP surgery and from hospital appointment. People confirmed staff helped them to attend appointments.
- Each person had a 'Hospital Passport' with details of their health care needs which could be passed to any medical staff.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People said the staff treated them well. For example, one person said of the staff, "They're all very nice. I'm very happy. They're very kind and help you a lot."
- Staff demonstrated they had values which promoted equality and diversity, where people were treated equally irrespective of any disability.
- Staff and people confirmed they had built good working relationships. One person said the staff were their friends. Staff said how much they valued people and were committed to treating people well. Staff said they treated people in the same way they would treat a family member.
- We observed staff and people together. The staff supported people well because they knew people well and it was evident the people looked to the staff for reassurance.

Supporting people to express their views and be involved in making decisions about their care

- People said they were consulted about their care. For example, one person said of the staff, "They always ask me what I want."
- Staff said they always consulted people about their care and sought their agreement.
- People's assessments and care plans showed they were consulted and involved in decisions about how they were supported.

Respecting and promoting people's privacy, dignity and independence

- People said the staff helped them to develop and maintain their independence, such as in supporting them to go out and to help them maintain their homes.
- People and their relatives said staff treated people with dignity and promoted people's privacy.
- Staff showed they were committed to enabling people to build their confidence and to try new activities so people could develop their independence.
- The provider had had a charter of rights which was contained in each person's records; these included rights to independence, privacy and participation.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care that was responsive to their needs. Each person's needs were assessed and reviewed on a regular basis. The assessments covered needs such as personal care, hearing, sight, speech, continence and social needs. Care plans included details on supporting people with personal care which reflected people's needs and preferences.
- We saw people were involved in the assessment of their needs and in any care reviews. This included risk assessments.
- Health and social care professionals reported the service was person-centred and responsive to people's changing needs.
- Care plans were individualised to show person centred care was provided. Details of the care and support people needed was recorded although we noted some omissions which are detailed in the Safe section of this report.
- As well as a being supported with personal care staff helped people with social needs such as household tasks, managing finances and bills. People told us this helped them to live independently in their homes. Details of this support was recorded.
- People told us the staff supported them to go on holiday with staff accompanying them, as well as to day trips, theatre visits and anything they would like to do.
- A health and social care professional said they attended a care review at which the manager listened. The result of this was that the staff achieved a good outcome for the person, which the professional said, "This is a reflection of the support provided by the service which is bespoke and person centred but will allow the client to develop and try new things which benefits them."
- We looked at how the service was meeting the requirements of the Accessible Information Standard (AIS) as required by the Health and Social Care Act 2012. This requires service providers to ensure those people with disability, impairment and/or sensory loss have information provided in an accessible format and are supported with communication. Staff were trained in sign language for people who lived with a learning disability. People's communication needs were assessed. Care plans were also written in a way to make it easier for people to understand, such as using pictorial diagrams. Information was also provided in easy read formats for easier understanding by people.

Improving care quality in response to complaints or concerns

- People's complaints and concerns were listened to and responded to improve the quality of care.
- People said they knew what to do if they had a complaint. For example, one person said, "I would tell

them," and another said, "I would call the office."

- The complaints procedure was in a pictorial format and was in each person's care folder.
- The provider informed us of two complaints which had been made in the last 12 months. There was a record of each complaint, an investigation report with supporting evidence and a response to the complainant.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager was aware of the duty of candour policy and the need to be open and transparent when dealing with any complaints or concerns.
- Staff told us they were able to raise any concerns and contributed to decisions about people's ongoing care needs
- Staff said they worked well as a team and there were good communication channels between the management team and care staff
- Each person had a charter of rights which set out the provider's commitment to values of involving people as well as promoting privacy and dignity
- The service promoted person-centred care, which was demonstrated by the staff who were trained in person centred values. For example, a member of staff told us, "In the time I have worked with the organisation, I have always found all the staff to be very supportive of each other and the communication is excellent. All staff members work in a person-centred way that makes sure each client is supported to make individual informed choices."
- A health and social told us, "I have been really impressed by the person-centred approach of the agency and clear communication with them. I have a lot of confidence in them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had system of delegation, with a registered manager and two senior support staff who took responsibility for the coordination of care to people
- The registered manager was aware of their roles and responsibilities
- Staff were supported, well trained and supervised, which they said helped them to enhance their skills
- Regular staff meetings took place where the needs of people and any changes in the organisation could be discussed
- The provider promoted staff involvement as well as staff welfare. There was a development plan for the staff team and support for staff well-being.
- The registered manager completed a monthly report to their head office on subjects such as staff training and recruitment, quality audit checks and safeguarding in order that the provider had an oversight of the

## service performance

### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality assurance survey questionnaires were used to obtain the views of people and their relatives about the standard of care. Action plans for service improvement were compiled based on the results. This was recorded in the form of a statement of 'You said. We did,' so it was clear the action being taken.
- People were able to get involved in the production of a newsletter and in community events organised by the staff.
- There was a good communication to people and their relatives in the form of a newsletter which people showed us.
- A copy of the last CQC summary report was sent by the provider to each of the people who received a service, their relatives and to staff

### Continuous learning and improving care

- Accidents and incidents were reviewed and recorded. These were discussed at staff meetings in order that improvements to the care people received were communicated. The staff meetings also included reference to a number of areas where the staff reflected on ways in which the service could improve and ranged from people's needs to complaints and the safety of people.
- The provider had resources to support staff with their learning and more specialist areas of care such as from their behavioural support team.

### Working in partnership with others

- The provider worked well with other organisations. This included joint working with housing, social services, health care professionals, other care providers to ensure people received coordinated care.
- The provider attended forums and groups within the Brighton area to discuss current issues regarding the care of people with a learning disability.
- The provider told us their links with other organisations also helped to raise staff awareness of the rights of people from the lesbian, gay, bisexual and transgender community.
- The local authority commissioners considered the provider to be performing and other health and social care professionals said the staff worked well with them to meet people's needs.