

# The Frances Taylor Foundation St Raphael's

## 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 well-led?	Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

St Raphael's is a care home for up to 21 adults with learning disabilities. At the time of the inspection, 19 people were living at the service. The service is divided into three interconnected buildings, St Raphael's and Fatima House which offer accommodation in single bedrooms and Taylor House which is used as an activity centre.

The service is managed by The Frances Taylor Foundation, a not for profit Catholic organisation, offering accommodation and care for people with learning disabilities and older people in care homes and supported living services across the United Kingdom.

### People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

### Right Support

The size of the care home was large, but this did not compromise the quality of care or safety for people. There was a sense of community, which people using the service, their relatives and staff described. Shared communal areas were popular and people enjoyed spending time together.

The staff supported people to have the maximum possible choice, control and independence and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests. The provider gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. Staff enabled people to access specialist health and social care support in the community.

### Right Care

The service was part of a Catholic order and people had opportunities to celebrate their faith and religion. The provider's ethos included the aim to treat all faiths equally, and they ensured information about people's other faiths and religions was clear, understood by staff and their needs were met.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and

respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. Staff assessed the risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

### Right culture

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We carried out an unannounced comprehensive inspection of this service on 29 September 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Caring and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Raphael's on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection and update

The last rating for this service was requires improvement (published 10 November 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# St Raphael's

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by two inspectors 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 care service.

#### Service and service type

St Raphael's is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. St Raphael's is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at all the information we held about the provider. This included information the provider sends us each month giving an overview of the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We met with people who lived at the service and one visiting professional. We met staff on duty and observed how people were being cared for and supported. Our observations included the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records used by the provider for managing the service. These included the care records for three people, staff records, audits, checks, meeting minutes and records relating to the management of medicines.

# 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 rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection, we found the provider did not always deploy enough suitably qualified staff to keep people safe and meet their needs. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 18.

- There were enough suitable staff deployed to keep people safe and meet their needs. The provider had some staff vacancies, but they had sourced the same regular temporary workers to these. These workers were treated as part of the staff team, attending meetings and completing training at the service. They knew people well and provided continuity of care.
- There were always permanent full-time staff working at the service who were able to direct and guide other staff. The provider always aimed to maintain good staffing ratios. People did not have to wait for care.
- The recruitment procedures helped to ensure staff were suitable and had the necessary skills, experience and knowledge to care for people. The provider carried out a range of checks during recruitment and whilst the staff were completing their inductions.

### Assessing risk, safety monitoring and management

- We found a small number of potential risks within the environment which we made the registered manager aware of and they addressed immediately. They also took action to help prevent these risks reoccurring.
- The risks to people's safety and wellbeing were assessed, monitored and mitigated. The staff carried out assessments of risks relating to their health, the care being provided, and activities people took part in. The assessments included plans to help keep people safe. Assessments and plans were regularly reviewed.
- People lived safely and free from unwarranted restrictions. People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.
- The staff did not use physical restraint and supported people in the least restrictive way when they became agitated. They monitored and recorded any episodes of agitation or aggression and learnt from these so they could plan care and interventions that helped to keep people safe and feel in control.

Systems and processes to safeguard people from the risk of abuse

- There were suitable systems to safeguard people from the risk of abuse. Staff were aware of procedures and had appropriate training. They also had opportunities to discuss how to recognise and report abuse. They demonstrated they understood about this.
- People using the service felt safe. They had good relationships with staff and felt able to speak up if something was wrong.
- The provider worked with other agencies to report, investigate and respond to allegations of abuse.

#### Using medicines safely

- People received their medicines safely and as prescribed. Medicines were safely stored, recorded and administered.
- There were suitable procedures for managing medicines. The staff understood these and had appropriate training. The management team assessed staff competencies and knowledge to make sure they knew how to handle medicines safely.
- The staff worked with the prescribing doctors to monitor and review people's medicines. They made sure these remained suitable and did not have adverse effects. They had worked hard to help reduce people's medicines where this was possible.
- The service ensured people were not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

#### Preventing and controlling infection

- There were systems to help prevent and control infection. There were clear procedures and the staff had training to understand about good infection control.
- The environment was clean and there were regular audits to help ensure this. There were suitable processes for managing clinical waste, laundry and other waste.
- The staff wore personal protective equipment (PPE) to help limit the spread of infections.
- The provider had updated their procedures in line with government guidance responding to the COVID-19 pandemic.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

#### Learning lessons when things go wrong

- There were systems to learn when things went wrong and to improve the service because of this. All accidents, incidents and other adverse events were appropriately responded to. Records of these showed they were investigated, and action taken to prevent these reoccurring when possible.
- The staff told us they had regular meetings where they discussed any incidents and how they could learn from these.
- The provider worked with other professionals to review their practices to help make sure lessons were learnt and they had the information they needed to care for people safely.



# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection, we found the provider did not always ensure staff had the training, skills and experience needed to care for people safely and well. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 18.

- People were cared for by staff who were trained, experienced and had the skills needed for their roles. The provider helped make sure staff completed a thorough induction, which included a range of training. They also organised regular training updates for staff.
- The provider had sourced support from healthcare teams to provide specific training about people's healthcare needs and conditions.
- Staff received training to help them understand about learning disabilities and autism, including how to communicate with people and meet their needs.
- There were regular staff meetings where the staff shared information and discussed the service, key procedures and refreshed their knowledge about different areas of training.
- Staff regularly met with their line manager on an individual basis to review their work.
- Temporary (agency) staff were invited to take part in training and team meetings.

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

- No one new had moved to the service since the last inspection, but the provider had processes for assessing people's needs should this be the case.
- Staff reassessed people's needs and choices, and reviewed their care plans, regularly.

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

- People had enough to eat and drink to maintain a balanced diet. The provider employed catering staff who understood about people's dietary needs and preferences. They prepared a range of meals and snacks designed to meet these needs.
- People were able to make choices about the food they ate.
- The staff had assessed people's nutritional and hydration needs. There were clear plans in place to meet these. Where necessary, external professionals had been involved in developing and monitoring these plans.

- The staff monitored people's weight and food and fluid intake, (when needed), so they could respond to any changes which indicated concerns.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services. The local GP practice arranged regular visits to the service where they reviewed people's health and wellbeing. They worked with the staff to monitor this and to ensure people accessed other healthcare services, such as dentists, opticians and chiropodists.
- The staff had developed clear plans of care and risk assessments relating to people's individual healthcare conditions. There was evidence these conditions were monitored and that staff responded appropriately to changes in people's health.
- People had health actions plans and health passports which were used by health and social care professionals to support them in the way they needed.

Adapting service, design, decoration to meet people's needs

- People lived in a suitable environment. The service was divided into three main areas which included a number of different communal areas for relaxation and activities.
- People had their own bedrooms. They were able to choose the décor and furnishing for these and we saw rooms had been personalised.
- The provider was in the process of redecorating and refurbishing the home. People had been involved in choosing colour schemes and where pictures should be displayed.
- The interior and decoration of the service was adapted in line with good practice to meet people's sensory needs.
- The equipment people needed was in place and regularly checked to make sure it was suitable and safe.

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 MCA 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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The provider was working within the principles of the MCA.
- Staff empowered people to make their own decisions about their care and support. Where people lacked the mental capacity to make decisions, these had been made in their best interests with staff consulting professionals and people's representatives.
- The provider had applied for DoLS authorisations when needed. They monitored these and helped to make sure conditions were met.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

At our last inspection, we witnessed an incident where a person was not treated with respect. At this inspection, we found improvements had been made.

- People were well treated and supported. They knew staff well and had a good relationship with them.
- We observed the staff treated people with kindness. Staff used different way to communicate with people to help them feel relaxed, understood and respected. They were patient and supported people to make choices.
- The provider supported people to celebrate their religion and culture, as well as learning about and celebrating other cultures through fun activities.

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

- People were able to make choices and staff respected these. We saw the staff using different techniques to help make sure people understood the choices being offered.
- People had an assigned member of staff (a keyworker) who regularly met with them to discuss their care and any changes they wanted. Care plans reflected people's known choices and how best to involve them in making decisions.
- People's representatives and those who were important to them were consulted about their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were promoted and respected. We saw staff approaching people in a way which respected their privacy. They addressed them politely and made sure they were comfortable with support.
- At the time of our inspection, only women lived at the service and all personal care was provided by female staff.
- People were supported to develop their independence. There were plans to describe the things people could do for themselves and how they should be supported to be independent. People were able to make choices, and were involved in some tasks at home, such as making drinks and snacks and keeping their bedrooms clean.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection, we found the provider's systems and processes for monitoring and improving the quality of the service were not always operated effectively. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 17.

- There were systems to monitor and improve the quality of the service and these were operated effectively. These included regular checks and audits. We saw that audits included information about improvements which were needed and actions to address these.
- The provider's senior managers worked closely with the service, to assess and monitor improvements.
- The provider's policies and procedures reflected good practice guidance and legislation.
- The provider's aims and values showed they wanted people to achieve the best outcomes possible.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and person-centred culture. Many of the people who lived at the service had done so for years, in some cases decades. People felt part of a friendly and caring community. They knew the service and each other well.
- People told us they were happy and well cared for. They appeared relaxed, comfortable and had positive relationships.
- Staff, including temporary staff, felt well supported and happy in their work. They felt able to raise concerns and felt listened to and valued.
- The registered manager and senior staff worked alongside other staff, leading by example.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under duty of candour. They apologised when things went wrong. They had investigated and responded appropriately to complaints and other adverse events.

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

- The registered manager was suitably qualified and experienced. Staff and people living at the service knew them and felt happy speaking with them and discussing their experiences.
- The staff knew and understood the provider's values and vision and about regulatory requirements and best practice. These areas were discussed in team meetings.

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

- People using the service and other stakeholders were consulted and able to give their views on how to improve the service.
- There were regular meetings for staff and people living there, as well as opportunities for informal feedback.
- People using the service were encouraged to participate in a range of special events, celebrating diversity.

Working in partnership with others

- The staff worked in partnership with others to help meet people's needs. They regularly consulted with healthcare professionals to assess, monitor and meet people's needs.
- The provider worked closely with representatives from the local authority to monitor and improve the service.