The Frances Taylor Foundation

Lansdowne Road

Inspection report

Marina
3d Lansdowne Road
Hove
East Sussex
BN3 1DN

Tel: 01273731380
Website: www.ftf.org.uk

Date of inspection visit:
07 November 2018

Date of publication:
14 December 2018

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 the 7 November 2018 and was announced.

Lansdowne Road is one of a number of services provided by the Frances Taylor Foundation, a faith based organisation. Lansdown Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Lansdown Road was designed, built and registered before the Care Quality Commission (CQC) 'Registering the Right Support' policy and other best practice guidance was published. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. Care and support is provided for up to nine for people with a learning disability. At the time of the inspection nine people were living in the service. The service is situated in a residential area with easy access to local amenities and transport links.

At our last inspection on 16 March 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Systems had been maintained to keep people safe. The building and equipment had been subject to regular maintenance checks. Infection control procedures were in place. People remained protected from the risk of abuse because staff understood how to identify and report it. People's care and support plans and risk assessments continued to be developed and reviewed regularly. Medicines were stored correctly and there were systems to manage medicine safely. Issues in relation to medicines highlighted as needing improvement at the last inspection had been addressed.

People and their relatives told us they had continued to feel involved and listened to. The culture of the service remained open and inclusive and encouraged staff to see beyond each person's support needs. The registered manager worked with care staff to develop the service with people at the heart of the service. People had detailed care and support plans which had been regularly reviewed.

A robust recruitment process had been followed and there was ongoing recruitment to maintain sufficient staffing levels. Staff continued to have the knowledge and skills to provide the care and support that people needed. Staff told us they felt well supported and had received supervision and appraisal's.

People continued to live in a service with a relaxed and homely feel. They were supported by kind and caring staff who treated them with respect and dignity. A relative told us, "The staff here are very nice." They were spoken with and supported in a sensitive, respectful and professional manner. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff had a good understanding of consent.

People were supported with their food and drink and this was monitored regularly. People continued to be supported to maintain good health and access healthcare professionals when needed.

Care and support plans were detailed and had been reviewed to ensure any changes in people's support needs had been identified. People had been supported to join in a range of activities.

People, relatives, staff and visiting health and social care professionals told us the service continued to be well led. Staff told us the registered manager was always approachable and had an open-door policy if they required some advice or needed to discuss something. A system had been maintained to respond to any concerns raised. Senior staff had carried out a range of internal quality assurance audits to ensure the quality of the care and support provided. People and their relatives were regularly consulted about the care provided through reviews, residents meetings and by using quality assurance questionnaires. Relatives told us staff kept in touch with them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service becomes Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Lansdowne Road

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 7 November 2018 and was announced. The provider was given 24 hours' notice so that key people could be available to participate in the inspection and people could be made aware that we would be visiting the service. Two inspectors undertook the inspection. This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

The provider had 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 looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted the local authority commissioning team to ask them about their experiences of the service provided and four visiting health and social care professionals, and received two responses.

Not everyone was able to tell us their experiences of the care and support provided. We spoke with four people individually. We spent time observing how people were cared for and supported and their interactions with staff to understand their experience of living in the service. We observed the lunchtime experience and sat in for part of a handover meeting. We spoke with the registered manager, the deputy manager and three care staff. We also spoke with two relatives and a visiting healthcare professional. We spent time looking at records, including three people's care and support records, three staff recruitment files, staff training records, and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for two people using the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to

capture information about people receiving care.

We previously carried out a comprehensive inspection on 16 March 2016 and rated the service overall 'Good'.

Good

Is the service safe?

Our findings

At the last inspection on 16 March 2016 the management of medicines was an area in need of improvement. Care staff knew people well. However, where people had 'as required' medications they did not have guidance in place to ensure these medicines were given consistently and in accordance with prescribed instructions. There were sufficient medicines in stock. However, stock balances were not maintained which meant that any discrepancy or error in the administration of medication could be difficult to identify. Two liquid mediations did not have the date of opening recorded. This meant that people were at risk of receiving expired medicine which could be less effective. At this inspection we found these issues had been addressed.

Medicines were stored correctly and there were systems to manage medicine safely. Where staff administered medicines, they had received training and their knowledge was checked through competency assessments. One member of staff explained that their medication training was undertaken at the end of their induction and that they could not administer medication until assessed as competent. Another member of staff told us, "I am quite confident now to do the medicines now." The administration of medicines was person centred and given at the times that suited people or in accordance with the dispensing instructions. People were supported to self-administer their medication subject to risk assessment.

There continued to be a maintenance programme in place, which ensured repairs were carried out in a timely way, and checks were completed on equipment and services. Maintenance checks were carried out by staff or external companies. For example, staff had completed checks of the fire alarm system, in between the checks and maintenance made by an external company. Regular fire drills had been carried out. Personal emergency evacuation procedures (PEEPs) had been completed, reviewed and met people's needs. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people, who may need assistance during an emergency. There was an emergency on-call rota of senior staff available, for help and support. Contingency plans were in place to respond to any emergencies, such as flood or fire.

People were protected by the infection control procedures in place. Staff had good knowledge in this area and had attended training. PPE (Personal protective equipment) was used when required, including aprons and gloves. The provider had detailed policies and procedures in infection control and staff had been made aware of these.

Systems had been maintained to identify risks and protect people from potential harm. Each person's care plan had risk assessments completed which were specific to their needs. Staff told us what continued to be in place to support people who displayed behaviours that challenged others and could talk about individual situations where they supported people, and what they should do to diffuse a situation. Where needed, people had a positive behaviour support (PBS) plan (To guide staff when working with challenging behaviour) in place which informed staff of triggers that could upset a person. Records allowed care staff to capture any changes in behaviours or preferences to quickly respond to situations. These were reviewed on

a regular basis, which reduced risk of further incidents and ensured learning, to provide a responsive service.

People remained protected from the risk of abuse because staff were confident and understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records.

Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Records we viewed confirmed this. We looked at staff rotas and our observations showed that there were sufficient, suitably trained staff on duty to support people using the service. The registered manager looked at the staff and skills mix needed on each shift, to ensure sufficient staff were on duty and people were safe. They considered the activities planned to be run, where people needed one to one support for specific activities, and anything else such as appointments people had to attend each day. A member of staff told us of the staff team, "So many different people, personalities and we all get on so well."

Good

Is the service effective?

Our findings

People and relatives told us staff continued to be skilled to meet people's care and support needs and provide effective care. We observed care staff interacting with the people and taking the time to meet their needs.

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Staff had a good understanding of the MCA and the importance of enabling people to make decisions and had received training in this area. The registered manager could tell us about the process followed and the decisions made for one person in their 'Best interest' to support them with a healthcare procedure. There was a system in place to request and update DoLS applications when needed. Staff were aware what it meant for people who had a DoLS in place. We observed staff asking people for their consent before any care and support was provided. A member of staff told us, "We keep trying, but there gets a point and you have to respect their choice. We try to explain why it's necessary or try another staff member." Another member of staff gave us an example when asking for consent and said, "We respect that if someone says they would like to leave it until nine, instead of eight."

People continued to be supported by staff that had the knowledge and skills to carry out their role and meet individual people's care and support needs. New care staff had completed an induction and shadowing programme. Staff had access to essential training and regular updates. They had been supported to complete professional qualifications such as a National Vocational Qualification (NVQ) or Qualifications Credit Framework (QCF) in health and social care. A member of staff told us, "Fantastic training. If there's anything I want to do I just need to ask." Care staff had attended regular supervision meetings throughout the year and had completed or were due to complete a planned annual appraisal.

The registered manager completed an assessment of people's care and support needs before they started using the service. Where appropriate, family members and health and social care professionals were also consulted. People's differences were respected during the assessment process and there was no discrimination relating to their support needs or decisions. Staff had a good understanding of equality and diversity and told us how people's rights had been protected.

People continued to be supported to access a varied and nutritious diet and to follow any dietary requirements. People chose the weekly menu and where needed pictorial prompts were used to help them make their choices. A member of staff told us if people did not want what was on the menu, "We always find an alternative. It's knowing what people like and dislike. "People's dietary needs were recorded in their care

plans. Staff told us they had monitored what people ate and if there were concerns they had referred to appropriate services if required. For example, where people were at risk of choking. We observed the lunchtime experience and there were sufficient staff on duty to support people as needed.

People continued to be supported to maintain good health, attend an annual health check and had on-going healthcare support. Care staff monitored people's health and liaised with health and social care professionals, involved in their care, if their health or support needs changed.

The registered manager told us general repair and maintenance requests had been fulfilled and worked well. Lansdown Road was designed, built and registered before the Care Quality Commission (CQC) 'Registering the Right Support' policy and other best practice guidance was published. There were plans for further developments to the building to improve the environment and the accessibility of the building to ensure people's changing needs continued to be met.

We recommend the provider consults with CQC, 'Registering the right support' document to ensure any planned or future alterations are in line with current guidance.

Good

Is the service caring?

Our findings

People benefited from staff who were kind and caring in their approach. One person told us, "I have led some lovely years here. I am happy and contented." People were treated with kindness and compassion. Staff asked people if they were happy to have any care or support provided. They provided care in a kind, compassionate and sensitive way. We observed staff talking to people politely, giving them time to respond and a choice of things to do. We heard staff patiently explaining options to people and taking time to answer their questions. Staff were attentive and listened to people. They showed an interest in what people were doing. A visiting health and social care professional told us, "I have always found the care and support provided to be excellent. When visiting, I observe the carers to be polite and friendly to visitors and I also observed very person-centred interactions with service users."

The care and support provided continued to be personal and met people's individual needs. People were addressed according to their preference. A key worker system was in place, which enabled people to have a named member of the care staff, to take a lead and special interest in the care and support of the person. Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care files and staff were knowledgeable about their likes, dislikes and the type of activities they enjoyed. Staff spoke positively about the standard of care provided and the approach of the staff working in the service. People had a care and support plan in place which detailed their goals for working towards being more independent. These had been discussed with people and their family and their progress towards their goals was regularly reviewed. People had a great deal of independence. They decided where they wanted to be in the service and what they wanted to do, deciding when to spend time alone and when they wanted to chat with other people or staff. People were involved, where possible, in making day to day decisions about their lives.

Care staff had received training on privacy and dignity. Maintaining people's dignity was embedded within their daily interactions with people. People had their own bedroom for comfort and privacy. This ensured they had an area where they could meet any visitors privately. A member of staff told us they would ensure, "It's only the member of staff and resident in the room. Close the blinds and door. It's a routine for the residents. We know how they like things done." Another member of staff said, "It's knowing what works with them."

People were supported in a homely and personalised environment. People were encouraged and supported to have their rooms decorated with their choice of décor, and with items specific to their individual interests and likes and dislikes. People were well presented and dress in clothes of their choice. People continued to be supported to keep in touch with relatives and friends. People could have access to advocacy services if they required assistance to make their needs known. An advocate can support and enable people to express their views and concerns, access information and services and defend and promote their rights.

Care records continued to be stored securely. Information was kept confidentially and there were policies and procedures to protect people's personal information. There was a confidentiality policy, which was accessible to all staff. Staff demonstrated they were aware of the importance of protecting people's private

information.

Good

Is the service responsive?

Our findings

People and relatives consistently told us how the service continued to be personalised to meet people's individual needs.

Work had continued to maintain the detail within people's individual care plans, which were comprehensive and gave detailed information on people's likes, dislikes, preferences, care and support needs, goals and targets. Feedback from people, relatives and care staff was that information was regularly updated and reviewed. People were actively encouraged to develop their life skills. Goals and targets were identified on regular basis to ensure people were learning new skills and progressing.

People had benefited from a staff team who took account of their communication preferences and needs, and celebrated their successes as individuals. This strengthened the ethos of inclusion and participation. From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full. The AIS makes sure that people with a disability or sensory loss are given information in a way they can understand. Services must identify record, flag, share and meet people's information and communication needs. People's care plans contained details of the best way to communicate with them. Information for people could be created in a way to meet their needs in accessible formats, helping them understand the care available to them. The PIR detailed, 'Some service users have a specific speech impediment and time has been the best tool, being patient, understanding; considerate of their need to interact in a positive way and making their needs known. We use photo images, photo boards, photo books, sign language and different levels of speech to communicate with our service users.' This was supported by feedback and observations on the day of the inspection.

Staff continued to enable people to live life to the full and continued do things they enjoyed. People continued to be actively encouraged to take part in daily activities around the service such as cleaning their own room. People were in and out during the day of the inspection and were involved in a range of social activities in the local area. People had been able to choose and help plan their own holidays. When asked what the service did well a member of staff told us, "Keeping people's individual interests, accessing the community and being part of society. This place is wonderful. There is a structure of routine. People get yearly holidays. People's bedrooms are very personalised."

Technology was used to support people with their care and support needs. People had been helped with the use of sound bars for amplified sounds, flashing door bells, and flashing fire alarm beacons.

People and their relatives continued to be asked to give their feedback on the care through reviews of the care provided and through quality assurance questionnaires which were sent out. A further survey was in the process of being sent out. 'Residents meetings' had been held regularly. This had enabled people to find out what was going on in the service and agree menu options for the next week and discuss anything they wanted/needed. They had discussed their achievements, any changes they would like to make, or discuss trips out.

The provider had maintained a process for people to give compliments and complaints. No formal complaints had been received since the last inspection.

Where required peoples' end of life care had been discussed and planned through the review process to ensure people's wishes were recorded and respected. The registered manager told us, where possible, people would be able to remain at the service and supported until the end of their lives.

Good

Is the service well-led?

Our findings

People, relatives, staff and visiting health and social care professionals told us the service was well led. A member of staff told us, "It's friendly here and they value the people." Another member of staff told us when asked what the service did well, "They cater very well to the people they look after. People live very active lives and there is a lot of personalisation. They genuinely care about the people they look after." Another member of staff said, "It's the person's home. We have done a lot to make it homely and meet people's individual needs. They can really have what they want. We try to do the things they really want."

The service had a registered manager. 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 registered manager was supported by a deputy manager and two senior care staff. Staff told us they continued to be well supported. A member of staff told us of the registered manager, "She knows the place inside out, and has a great deal of knowledge of the people, and how the service is run. Whenever there is hard work to be done she will come in and help. She is very hands on."

Senior staff continued to monitor the quality of the service by regularly completing quality assurance audits of the care and support provided, for example in areas of building safety and maintenance, fire safety, and infection control. By speaking with people and their relatives to ensure they were happy with the service they received. Also by completing regular reviews of the care and support provided to ensure that records were completed appropriately. People and their relatives were asked to complete a quality assurance questionnaire. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans to drive up the quality of the care delivered. The regular supervision and staff meetings ensured that the care staff understood the values and expectations of the provider.

Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings. The registered manager and provider analysed this information for any trends. The PIR detailed, 'The provider now has a national Health and Safety Committee and one of our senior staff attends these meetings. They give an opportunity to share best practice and trouble shoot common problems. They review accident / incident forms and look for trends and common factors.'

Feedback from health and social care professionals was of a well-managed service. They spoke of adaptable staff who had worked well with them, who were very aware of people's needs and of person centred care and support being provided.

The registered manager had attended monthly manager meetings. This had been an opportunity to be updated on any changes in the organisation and legislation and learn from or share experiences with other managers. The registered manager continued to be committed to keeping up to date with best practice and

updates in health and social care. They told us how they had kept up-to- date by attending training to support them in their role and receiving regular periodicals and industry updates. They were also aware of the CQC's revised Key Lines of Enquiries that were introduced from the 1st November 2017 and used to inform the inspection process. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager was aware of the need to inform the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.