

## The Thomas More Project

# The Thomas More Project - 33 Fallodon Way

### Inspection report

33 Fallodon Way  
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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 

### Overall summary

33 Fallodon Way is a care home for up to 11 people. It provides care and support to people who have autism and learning disabilities. We carried out an unannounced inspection of the home on 10 November 2014.

A registered manager was in post at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirement of the law; as does the provider.

People were well supported in their living environment and felt safe and happy. People who used the service told

# Summary of findings

us that they felt safe and had no concerns about their safety. Comments included; “I am happy and I like it here. “I feel safe here and when I use the call bell staff come quickly”.

There were enough staff to keep people safe and meet their needs. We looked at the staff rota which confirmed that the staffing levels were enough for the day and night and reflected the numbers and circumstances of people living at the home. We saw that staff were deployed in accordance to their experience and skills.

There were systems in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). (MCA) is legislation used to protect people who might not be able to make informed decisions on their own about the care they receive. We also saw that the Deprivation of Liberty Safeguards (DoLS) legislation was considered, when people were at risk of having their liberty restricted due to their assessed needs. The registered manager had taken steps to ensure that correct authorisation was in place.

Staff received appropriate training relevant to the people they cared for. These were in areas such as; person centred planning, autism and dementia awareness. Staff also received structured opportunities to review their practice and performance in form of supervision and appraisal meetings.

People’s privacy and dignity were respected when staff assisted them. Staff knocked on the doors and waited for an answer before going into people’s bedrooms. Bedrooms were locked by the people when not occupied to protect their privacy and independence.

People were supported by kind and caring staff. We saw that staff interacted with people in a positive and considerate manner. One person told us “The staff are alright caring and kind they treat me well”. I’m involved with my support plan with my keyworker” and “they are good to me. I feel they meet my support needs.

Each person had their own weekly activities that they enjoyed. We saw that each person had an activity plan. This told us about how people liked to spend their time during the week and how staff needed to support them. One person told us “I enjoy going to see my parents, shopping”. Another comment was “It’s great”.

People were supported to make choices around the care they received. A relative told us “they (staff) always try their best to give people choice of what they want to do within their limits”.

There was a complaints procedure in place and people were supported to make complaint. This was in easy read language to enable people who had communication needs to know how to make a complaint and their rights.

There were quality assurance systems in place to improve the service. These included audits, house checks, provider internal compliance visits and the annual support plan review.

The registered manager undertook an annual survey to find out the views of people living at the service and their relatives and staff and visitors. The most recent was in September 2014. Action was taken to address suggestions made to improve the service.

# Summary of findings

## 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 was safe.

Systems were in place to ensure managers and staff learnt from events such as accidents and incidents, complaints, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve.

A recruitment policy and procedure was in place to help ensure a comprehensive approach to recruitment that the staff employed were of good character to keep people safe.

There were safe systems to manage people's medicines. This enabled support workers to have a good understanding of the medicines they were giving to keep the people who used the service safe.

Good



### Is the service effective?

The service was effective. People who used the service were supported to live as independent lives as possible with people able to use to a range of services within the local community.

People were provided with nutritious meals and plenty to drink and were involved in planning their menu. This promoted their health and wellbeing.

People's right were protected as staff acted in accordance with Mental Capacity Act 2005. Deprivation of Liberty Safeguards were applied for appropriately.

There was an advocacy service available if people needed it, this meant when required people could receive additional support.

People's health and care needs were assessed with them. They were involved in development of their support plans to ensure that their needs were met.

Good



### Is the service caring?

The service was caring. Care plans were written in a personalised way based on the needs of the person concerned. They included people's likes and dislikes, interests and hobbies, family histories and people's cultural and religious preferences.

People were supported by kind and attentive staff.

Staff had a good knowledge and understanding of people's needs including their routines and preferences.

The service had worked well with the hospital and the community learning disabilities team to make sure people received the support they needed when they returned to the home from hospital.

Good



### Is the service responsive?

The service was responsive. The complaints procedure was in picture format which allowed people to understand how they could make a complaint.

People had individual activity plans that included domestic and leisure activities important to them.

Good



# Summary of findings

People were registered with a GP and saw other health professional to ensure that their health needs were met.

## Is the service well-led?

The service was well led. The service worked well with other agencies and services to make sure people received their care in a coordinated way.

There were several quality assurance systems in place that enabled the registered manager to identify and address shortfalls to improve the service.

The registered manager promoted a culture of openness and transparency through being approachable and listening to people, relatives and staff.

**Good**



# The Thomas More Project - 33 Fallodon Way

## 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 checked 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 10 November 2014 and was unannounced. The inspection was undertaken by one Inspector. At our last inspection on 8 December 2013 there were no breaches of the legal requirements identified.

Before our inspection, we asked the provider to complete 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 all the information we held about the service including notifications. A notification is information about important events which the provider is required to tell us by law.

On the day we visited we spoke with three people who used the service, four members of care staff including the deputy manager. We looked at all areas of the building, including people's bedrooms the kitchen, bathrooms and shared areas. We also looked at relevant records, which included two people's care records and records relating to the management of the home. We also observed how staff interacted with the people who used the service throughout the day.

Following our visit we spoke with three health care professionals, who were involved in the care of people living at the home. We also spoke with two relatives of the people who use the service.

# Is the service safe?

## Our findings

There were sufficient staff to ensure that people received safe care, One relative told us “there was always enough staff when I used to visit”.

The staff rota showed that the staffing levels were enough for the day and reflected the numbers and circumstances of people living at the home. For example, there were two staff members from 07:30 to 2:30pm and one staff member from 09:30 to 4:30 pm and two staff members from 2:30 pm to 10 pm. The night time staffing levels consisted of one sleeping staff and one waking night member of staff. Staff we spoke with confirmed the details of the staff rota and that levels were increased when needed. There were systems in place to contact bank or agency staff when needed. Staff also had information to guide them in an emergency.

We saw that staff were allocated in accordance to their experience and skills. Staff told us that new workers worked alongside more experienced workers to ensure there was a suitable mix of skills and experience.

Staff showed a good understanding of their role and responsibilities. Staff said they were confident if they reported any safeguarding concern to the registered manager it would be acted on appropriately. Staff confirmed they had attended safeguarding training and records we viewed confirmed this.

The provider had a safeguarding adults and whistle blowing policy and procedure available to staff along with the local authorities’ multi-agency safeguarding adult procedures.

The provider responded appropriately to allegations of abuse. We knew from the information we received from the provider that incidents of possible abuse were reported and responded to appropriately; including working with the local authority safeguarding team.

There was evidence of learning from incidents, the investigations that followed and changes were implemented. Accidents and incidents were recorded and the registered manager monitored them to identify what

actions were required or if lessons could be learnt. An example of this was that some further ‘challenging behaviour’ training had been arranged to keep one person safe.

There were arrangements in place to deal with foreseeable emergencies. People had a personal emergency evacuation plan to inform staff of how individuals were to be supported in the event that the building needed to be evacuated during an emergency. We looked at the home's business contingency plan that is used in the event when failure of essential utilities or other unforeseen events, such as fire or flooding.

People’s medicines were managed safely by staff. Medicines support plans provided staff with detailed information about medicines. This enabled staff to have a good understanding of the medication they gave people. Medicines were kept safely and ensured that only specific people could access the medicines. The temperature of the medicines fridge was regularly monitored to ensure that people’s medicines were stored at the correct temperature so they were effective.

The provider ensured that staff were suitable to work with people. A recruitment policy was in place to help ensure a comprehensive approach to recruitment. The staff files for recent employees showed that this policy was followed. There were a number of different checks that had been made. These included references from previous employers and checks on people’s identity and entitlement to work in the United Kingdom. Other checks included evidence of any relevant qualifications. New employees were not allowed to start until Disclosure and Barring (DBS) checks had been completed. These checks helped the provider to make safer recruitment decisions.

The home was clean and some areas of the building had recently been refurbished to provide a comfortable environment. However, the hot water tap in the upstairs bathroom was not working and the shower room needed some minor repairs. These were feedback to the registered manager and the repairs were to be carried out.

A maintenance repair book completed. For example, a broken hot tap in the utility room was reported in October 2014 and was repaired immediately to minimise risks to the people who lived in the home and staff.

# Is the service effective?

## Our findings

People were involved in decisions about their care and were kept informed. Family and friends' views about how well they were involved in decisions were consistent. Family members told us they were always consulted and felt involved. One relative told us "they keep me involved and informed".

One person said that the member of staff contacted their GP and district nurse when they felt this was needed. A relative told about an occasion when staff noticed the health of their relative was deteriorating and had contacted a GP. This had led to the person being assessed to improve their health need.

We saw that members of staff communicated sensitively and effectively with people who used the service. For example, at lunchtime we saw two staff members asked people what they would like to eat and or drinks. Other people were supported based on the most effective way of communication for them. For example, use of pictures, symbols and basic makaton sign language.

In the two care files we looked at we saw a communication passport was present. A communication passport is a document that records what a person's communication need is. It also provides guidance on how to support and assist the person with communication. We found the information detailed and personalised. Both these documents are well recognised as good practice within learning disability services. We saw staff communicated with people as written in their support plan.

Support plans were personalised and provided staff with detailed information about people's needs were and how to meet them. For example, a plan to support a person with mobility needs. We saw support plans were evaluated monthly by keyworkers and reviewed by the manager. A keyworker is a named support worker who has specific responsibilities for people who use the service.

The support plans included emergency information sheets for emergency admission to hospital. Staff planned to adapt the National Health Service (NHS) traffic light plan. This document is used when a person is admitted to hospital, enabling health professionals to be aware of the person's health and social care needs.

There were systems in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguard (DoLS). (MCA) is legislation used to protect people who lack mental capacity to make some decisions about their care and support. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. We saw in support plans a document that considered people's needs around capacity and provided support workers with guidance of things to consider to help people to make decisions such as; information in form they could understand. We also saw a 'Support Plan Agreement' that advised the support plans were developed on behalf of the person through observation, known preferences and information received from others who knew the person.

The service had a restraint policy to ensure that people were not unduly restricted. We saw 'best interest' decisions had been made for a person who required the use of a walking frame as a form of support to keep them safe but was declining to use it. We noted that staff encouraged and supported them to use their frame.

DoLS legislation was followed, when people who lacked capacity were at risk of having their liberty restricted due to their assessed needs. We saw that applications had been submitted and authorised by the relevant local authority to restrict people in the least restrictive way in their best interest. Staff we spoke with had a clear understanding of DoLS and how application should be made.

People were assisted by staff that were trained to provide them with effective care. Records showed that all staff had received induction training before they worked independently with people. This was to ensure they had knowledge and skills to support people. 60% of staff had gained a National Vocational Qualification (NVQ) or equivalent at level 2 or higher. Staff had received appropriate training for the people they cared for such as; person centred planning, autism awareness and dementia. Training certificates looked at confirmed the training record information we looked at.

Staff received support through supervision and appraisal meetings. These were structured opportunities for staff to meet with their line manager to discuss and review their practice and performance. Staff commented positively "I have received supervision regularly". The training is good here, for new workers the training is very informative.

## Is the service effective?

People were provided with choices of food and drink to meet their individual needs and provided with a balanced diet to support good health. Food was freshly prepared and home cooked by staff. There was a four weekly menu in place with choices and options for every meal. People told us menus and food options were regularly discussed at 'residents' meetings. This was so that meals could be varied in line with people preferred options at the time.

We noticed over lunch how people enjoyed their meal and that people who need assistance were well supported by staff. One person told us "the food was good". There were plenty of drinks available for people at any time.



# Is the service caring?

## Our findings

People were supported by kind and attentive staff. Staff spoke to people in a caring manner and were patient and understanding in respect of their varying support needs. For example we observed a member of staff supported a person with their mobility. The staff member walked patiently with them to find a comfortable place to sit.

People spoke positively about the support they received. They told us that they spoke to staff about their preferences in regards to their care needs. Everyone commented on the kindness of staff at the home. Comments included; I am happy and I like it here. I enjoy going to see my parents, shopping” and “It’s great. The staff are alright; caring and kind they treat me well. I’m involved with my support with my keyworker” and “they are good to me. I feel they meet my support needs”.

People told us that they had their privacy and dignity respected when staff were assisting with personal care.

One person told us they washed and dressed themselves independently and staff respected how they wanted their personal care provided. Staff also closed the door. Staff knocked on the doors and waited for an answer before going into people’s bedrooms. We saw that the bedrooms were locked by the individual when not occupied so they had privacy and independence.

Bedrooms were personalised with people’s belongings. For example, family photographs and other items important to them to give their bedrooms a familiar feel.

Staff had good knowledge and understanding of people’s needs including their routines and preferences. We observed good interaction between support workers and people who used the service. People were relaxed and comfortable in the presence of staff who showed people respect and dignity. One person said that all the staff knew that they preferred to be known by their first name. The person told us “they call me by my first name which I like”.

# Is the service responsive?

## Our findings

People were able to take part in part in activities of their choice and we saw that people were supported to go out into the local community. One person told us they were going to 'dragon club' for arts and craft and a disco. Another person told us they were going out shopping and left with a support worker to do so. Other people attend the local church on Sundays and monthly communion service attended singing groups and bingo local cafes.

People had individual activity plans. These included domestic and leisure activities and promoted community involvement and independence. For example, people were encouraged to participate in domestic tasks such as laundry and clearing away after mealtimes. One person told us they put themselves to bed and dressed themselves in the morning. The person told us "this helps me to remain independent".

People were registered with a General Practitioner and other health professional were involved in their care to ensure that their health needs were met. We saw that, when a person had been admitted to hospital, the service had worked well with the hospital ward staff and the community learning disabilities team to make sure they received the support they needed when they returned to the home.

Feedback from health and social care professionals who were involved in the care of people living at the home was positive. They told us that staff contacted them for advice and support when needed and this had helped make sure people's healthcare needs were met.

Care plans were written in a personalised way and included people's likes and dislikes, interests and hobbies, family histories and people's cultural and religious preferences. People had been involved in regular reviews of their care.

We saw evidence that staff had provided people with support and encouragement to make choices about their care and wellbeing. Care plans reflected people's risk assessments. For example care plan was in place for a person who had been assessed to be at risk of fall.

Care plans provided staff with clear guidance to follow when giving support and care to people. They also contained information to help staff recognise early signs of deterioration in people's wellbeing and health. Staff told us and we saw how they used observation and management strategies to support people with their care needs. For example a person whose behaviour challenged. Care plans and review documents had been signed by people who used the service, or where required their relative or advocate, to confirm their agreement and understanding.

Complaints and comments were used as opportunities to improve the service. The complaints procedure was in easy read language to enable people to understand how to make a complaint and know their rights. People knew how to make a complaint if they were unhappy but had never been given reason to. One person said "I will complain to my keyworker and staff if I am not happy but I am happy no complaint". There were no recorded complaints made in the last 12 months. People were therefore assured that complaints were investigated and action would be taken as necessary when required.

The registered manager told us that any issues, concerns or complaints were followed up. One person we spoke with said, "I know if I make a complaint it will be quickly sorted". The deputy manager said they had dealt with verbal concerns as they arose. There were recent minor concern raised by a person using the service which was recorded in their care file and the action taken. The manager had demonstrated the service acted upon any concerns in a timely way.

# Is the service well-led?

## Our findings

People were actively involved in monitoring the quality of service they received. People who used the service, their relatives, staff and visitors had completed an annual satisfaction survey two months before our inspection to find out the views in order to improve the service. The most recent was undertaken in September 2014. These focussed on topics such as activities which asked people about whether they felt the activities provided for them met their needs or if anything more should be added. We saw an action plan included increase in activities and this had been implemented. Overall feedback showed that people were generally happy with the care and support they received.

Meetings were held regularly with people who used the service their relatives and staff. People told us that staff also consulted with them about their care and always asked them about their preferences on a day-to-day basis.

The registered manager had an effective system to regularly assess and monitor the quality of service that people received. We saw there were a range of audits in place. These included weekly and monthly checklists which monitored people's care, accidents and activities, medication and health and safety. Staff also signed to confirm when they had read the report of these audit checks. The provider's representative made unannounced visit to the home. The visit looked at different aspects of the home in regards to care provision. The last visit was on 22 October 2014 and action had been taken in relation to the issues identified in the report. For example recent refurbishment at the home.

Evening and night spot checks were done by the registered manager regularly who visited the home out of hours to observe and assess staff working practice. The observation and concern if any was discussed with staff. For example, appropriate documentation of any event. This helped to improve the quality of service.

Staff understood their role and responsibilities and lines of accountability were clear. An on call system operated throughout the evening was shared between the registered manager and the team leaders and so ensured that staff on duty had appropriate support.

Staff attended regular staff meetings. We looked at a sample of staff meeting records on 15 October 2014 and

saw discussions and actions were recorded. Staff told us they found these meeting beneficial and that they felt confident to raise any issues, concerns or suggestions. Comments included, "we have regular meetings, we have a set agenda but we are encouraged to add anything ourselves. I feel confident to raise anything and feel that I am listened to". Another comment was "I like my job. It is very rewarding".

An accident/incident book was in place and fully completed. Since January 2014, 14 accidents mostly related to falls, had occurred which were appropriately recorded and followed through, showing actions taken. This information was used to improve the service. For example, care plans and risk assessment reviews.

People told us that the registered manager was approachable and would listen, they would not hesitate to voice any worries with the manager and staff.

There was a communication book and dairy to provide important information to staff. Staff told us these were the "first things" they looked at coming in for work after the handover session. We noted a range of messages were recorded to make staff aware of any changes in people's care needs and staff issues.

Policies and procedures were available in the home to provide staff with appropriate information on how to care for the people who used the service. Staff understood the procedures to follow during the course of their duties which helped to minimised risks to individuals. For example in the event of fire emergency.

The provider told us in the Provider Information Return (PIR) that they promoted a culture of openness and transparency. They told us their priority was the wellbeing of people.

People told us the registered manager and deputy were approachable and they could talk to them anytime and that they would listen. One person told us "the manager is always here. You can talk to her about anything". People told us their friends and family could visit them any time. One relative told us "the home is well managed it is very good there. The manager always gets in touch and whenever I ring the home they are always welcoming". Staff told us the registered manager was visible, had an 'open door policy' and would listen to their suggestions to improve the service

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.