

# The Frances Taylor Foundation

# 11 Tooting Bec Gardens

## Inspection report

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

11 Tooting Bec Gardens is a residential care home providing personal care to up to eight people. The service provides support to people with mild to severe learning disabilities or autistic spectrum Disorder. At the time of our inspection there were seven people using the service. The care home accommodates people in one adapted building in the London borough of Lambeth.

### 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

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. People received support from staff to make their own decisions about medicines wherever possible. Staff received support in the form of continual supervision, appraisal and recognition of good practice. People were referred to health care professionals to support their wellbeing and help them to live healthy lives.

### Right Care

People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff supported people to express their views using their preferred method of communication. People had the opportunity to try new experiences, develop new skills and gain independence. People received support to eat and drink enough to maintain a balanced diet.

### Right Culture

Staff provided people with personalised, proactive and co-ordinated support in line with their communication and support plans. The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture.

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.

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

### Rating at last inspection

The last rating for this service was good (published 18 October 2017).

### Why we inspected

This inspection was prompted by concerns identified at another of the provider's services in relation to failure to submit statutory notifications to the Care Quality Commission.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 11 Tooting Bec Gardens on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# 11 Tooting Bec Gardens

## 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 carried out by two inspectors.

#### Service and service type

11 Tooting Bec Gardens is a care home. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with 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. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people using the service to gather their views. We spoke with four staff members including care workers, the deputy manager and registered manager. We reviewed three people's care plans, medicines records, staff recruitment records and other records relating to the management of the service.

# 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected against the risk of abuse, as staff had a comprehensive understanding of how to identify, respond to and escalate suspected abuse. Staff confirmed they were confident should the registered manager fail to act they would whistleblow to the local funding authority.
- Records confirmed staff continued to receive regular safeguarding training to ensure they were up to date with current guidance.

Assessing risk, safety monitoring and management

- People continued to receive support from a service that monitored identified risks. People told us they felt safe living at the service. The service had an ethos that ensured people were protected against restrictive practices wherever possible.
- Risk management plans ensured guidance for staff to mitigate identified risks. Risk management plans included for example, personal care, eating and drinking, finances, engaging in behaviours that demonstrate dissatisfaction and anxiety and falls.
- Risk management plans documented the potential hazard, potential consequences, the risk rating score and the control measures in place to minimise the risk.
- Staff were clear on the actions they would take should new emerging risks become evident. For example, this information would be shared with the registered manager, staff team and where required external behavioural support would be sought.
- Accidents and incidents were reviewed by the registered manager and where appropriate shared with both senior management and external professionals. This meant that trends and patterns were identified, and action taken to minimise repeat occurrences.

Staffing and recruitment

- People continued to receive support from staff that had undergone a robust recruitment process. However, we found gaps in one staff member's employment history, the registered manager ensured this information was promptly obtained and we were satisfied with their response.
- Staff were subject to suitable reference checks, a robust interview process and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People felt there were enough staff on duty each day to care for and support them. They told us, "Yes, lots [of staff]" and "I can call them if I need anything." A staff member told us that where one person enjoyed a community activity additional staff were brought in so that they could be supported.
- We reviewed the staff rotas and found that enough staff were scheduled for each shift to ensure people's

needs could be met.

#### Using medicines safely

- People's medicines continued to be managed safely and as intended by the prescribing G.P.
- People's Medicines Administration Records (MAR) were completed with no gaps or omissions.
- People confirmed they could request pain relieving medicines should they be required.
- Staff continued to receive regular medicines training, had their medicines administration competency assessed and knew what action to take should they identify any medicines errors.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The home ensured that current government guidance and best practice was adhered to; to ensure people visiting the home did so safely.

#### Learning lessons when things go wrong

- People continued to benefit from a service that learned lessons when things went wrong. The registered manager placed emphasis on sharing information with the staff team to mitigate repeat incidents.



# 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 good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed in line with best practice. This included the use of the Waterlow scoring system to assess people's skin integrity.
- Where people's needs had been assessed and changed, information was shared with staff within the service and care plans updated to reflect these changes.

Staff support: induction, training, skills and experience

- People continued to receive support from staff that underwent regular training to enhance their skills and knowledge.
- Upon commencement staff undertook a suitable induction, including shadowing more experienced staff, to allow them to understand the requirements of the role and day to day tasks.
- We reviewed the training records and found staff received training in all aspects of their role. For example, learning disabilities, autism, mental health awareness, safeguarding, first aid and Mental Capacity Act 2005.
- Staff were complimentary about the training they received and confirmed they could request additional training should the need arise.
- Records showed that staff received regular supervision. They told us, "At the supervision you will discuss the actions from the previous one and any other business you want to talk about" and "Useful, as any worries or if you're not sure about anything, line management are very accommodating outside of supervision."

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

- People were supported with their nutritional needs. Each day of the week one person chose the meal for all to eat at dinner, with suitable alternatives offered. People told us, "There's a menu in the kitchen, we can choose something else or choose from what there is. We have takeaway on birthdays."
- Where one person needed support to manage their cholesterol levels there was clear guidance within their support plan.
- We observed one person being supported with their meals and saw that staff were at their level, went at a pace that was comfortable to the person and explained the task they were carrying out.

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 professionals to monitor and maintain their health and well-being.

- The staff team were responsive to recognising and taking action when people needed support to address their healthcare needs. They told us, "We have a communication book, we write medical reports so whenever we go on an appointment with them [people] we take notes and write a report. We might need to contact the GP for a medicines review, then the keyworker updates the care plan otherwise the secondary keyworker."
- Each person had a health action plan that detailed the healthcare professionals involved in their care. This included dental assessments to ensure people received appropriate oral healthcare. People told us that staff either reminded them or escorted them to their appointments.

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

- The premises were well kept and maintained. The decking area at the back of the house required some maintenance to ensure it could be safely accessed. The registered manager had taken steps to remedy this and we will review their progress at our next inspection
- People were encouraged to take pride in their personal living space and were encouraged to decorate them in a manner of their choosing. For example, with pictures, photographs and ornaments.

#### 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were clear on the principles of the MCA telling us, "We have to assume they [people] have got capacity, then have to support them in making their decision. They have the right to make unwise decisions, and we support in their best interests and do that in the least restrictive way."
- The registered manager submitted standard DoLS authorisation requests to the relevant funding Local Authorities.

# 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 good. The rating for this key question has remained 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

- People continued to have their diverse needs respected and encouraged. People felt well supported by staff. They told us, "[Staff] very good, yes nice. If you are worried you can go to the staff about it" and "Sometimes the staff talk to you and they help keep you safe."
- Care records detailed whether people had any religious or cultural needs. Staff told us of how one person was attended the local church and the positive impact this had on their well-being. Care records also gave staff clear guidance on how to support one person whose religious needs and beliefs frequently changed.
- During the inspection we observed positive interactions between people and staff. People appeared at ease in the presence of staff and there was a warm and welcoming atmosphere throughout the service.

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

- People continued to have their decisions respected and encouraged. People told us they were supported to make choices about their care and how they received it. This included their day to day activities and support needs.
- Care records expressed people's views on how they would prefer to receive their care. This included what was important to them and how they could best be supported with their personal care needs; such as areas of the body.
- People and their relatives were encouraged to set achievable goals that were regularly reviewed, for example, meal preparations, attending activities in the community and gaining further independence with a view to living in their own flat.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People told us staff knocked on their doors and asked permission before entering.
- People were supported to be as independent as they were able to. Staff ensured they were on hand to give positive reinforcement and encouragement to people when attempting daily living tasks. This included baking and cooking in the kitchen with minimal support and suitable risk management in place.
- Two people living at the home told us they accessed the community independently or were supported to use the bus with staff. People told us this was important to them and were pleased this was something they'd achieved.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

### End of life care and support

- End of life wishes were not always recorded within people's care records. We raised this with the registered manager who told us this topic had been refused for discussion by some people and their relatives, due to the distress it could cause. They told us they would update care records so that this was clear and review it annually. We were satisfied with their response and will review their progress at our next inspection.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued to receive care and support that was tailored to their individual needs and preferences.
- Staff were clear on the purpose of care plans to support delivery of personalised care. They told us, "It's [care plan] centred around the person, at the centre of everything we do. It's respecting their [people's] choices, wishes, goals, hopes and dreams."
- Care plans were reviewed regularly, with people participating in regular keywork sessions. This allowed one to one time with a named keyworker in order to review personalised goals and agree steps to achieve them.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Staff continued to receive training in people's specific diagnosis and disability, meaning staff were aware of people's preferred method of communication.
- Care plans had a specific detailed communication section that gave staff clear insight into how people communicated their needs. For example, one person's care plan described how their verbal communication style could be seen as rude, however this was not their intention. And, for staff to use short words in short sentences, enabling the person to digest and understand what is being asked of them before responding.

### Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People continued to be supported with social activities of their choosing. They told us, "If I want to, [I can do] music bingo and play cards", "Sometimes we go out" and "[I can go out to the café up the road]."

- Peoples' care records included a record of the activities they liked doing. One person's care plan reflected the community activities they had been involved in, and the educational skills they had developed.

#### Improving care quality in response to complaints or concerns

- People's complaints were reviewed, investigated and positive outcomes sought where at all possible.
- People told us they were confident any concerns raised would be actioned by staff and the registered manager.
- The registered manager provided us with copies of their complaints file which showed, three complaints had been fully investigated, action taken to mitigate repeat incidents and the complainant kept up-to-date during the process.

# 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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People continued to receive a service that was person-centred and continually sought good outcomes for them.
- The registered manager promoted a positive environment that meant people felt safe and well cared for. People were positive about the visibility and accessibility of the registered manager.
- Staff told us that morale and teamwork was of a good standard. They said, "I think we're really caring, we've had such positive feedback from outside agencies" and "By having team meetings and having a debrief if an incident has happened to look at what changes we need to make, is good."
- During the inspection we observed people and staff seek guidance and reassurance from the registered manager who was respectful, compassionate and professional.
- The atmosphere within the service was welcoming, inclusive and calm.

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

- People received a service whereby the registered manager had clear oversight of the service. Regular quality assurance checks ensured that service delivery and performance was monitored.
- Audits undertaken covered for example, care plans, risk assessments, medicines, fire safety, complaints, incidents and accidents, supervisions and training.
- The registered manager ensured appropriate notifications were made to the Care Quality Commission as required and was aware of their regulatory requirements.
- Frequent one-to-one meetings ensured staff members were clear about their roles within the service and organisation as a whole.
- Staff confirmed the registered manager was available to them and knowledgeable should they seek her guidance and support.
- The registered manager was clear on their responsibility to apologise where mistakes were made in line with the duty of candour.

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

- People's views were regularly sought. Annual questionnaires were completed with people to ascertain

their satisfaction with the service. This included people's views of the staff team, whether they felt respected, food and activities.

- We reviewed the responses from the 2022 questionnaires and found 95.7% of the feedback was positive.
- Staff told us, "I feel very able to speak up if something isn't going to work, staff will put views together and come up with a good solution." A second staff member said, "If I get a response [from the registered manager] I wasn't happy with, I'd feel able to say I disagree."
- Staff felt their views were heard by the management team to help improve the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager continued to strive to improve the service and was keen to address the concern identified at the inspection in relation to people's end of life wishes being documented.
- People continued to benefit from a service that worked in partnership with other external agencies to drive improvements.
- Records showed, those working in partnership with 11 Tooting Bec Gardens, included for example, the G.P, speech and language therapist, practice nurse, local authority and neurologists. Guidance provided by the healthcare professionals was implemented into the care people received.