

The Frances Taylor Foundation

31 Woodbourne Avenue

## 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 responsive?

Good 

Is the service well-led?

Good 

### Overall summary

# 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. Staff understood their responsibility to identify abuse and neglect and to report any concerns to protect people from harm.

People consistently received their medicines as prescribed.

Identified risks were assessed and managed in a proportionate way.

Staff were competent and had sufficient time to support people.

Good



### Is the service effective?

The service was effective. People were positive about the care and support they received.

Staff received training and support to continually develop their skills.

People had sufficient food and drink that met their nutritional needs. People received support to meet their health needs.

People were supported in line with the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Good



### Is the service caring?

The service was caring. People were treated with kindness and compassion.

People had developed meaningful relationships with staff. People's views and wishes were respected and acted on.

Staff respected people's dignity and privacy. Staff understood the communication needs of people on their choices and preferences.

Good



### Is the service responsive?

The service was responsive. People's needs were assessed and reviewed regularly. Staff planned and delivered care and support to meet people's needs.

People were supported to follow their interests and take part in activities of their choice.

Complaints were investigated and resolved. People's views about the service were sought and taken into account.

Good



### Is the service well-led?

The service was well led. The management of the service was outstanding. The registered manager promoted an open culture centred on people and their needs.

People, their relatives and staff spoke highly of the service.

There was a strong drive for continual improvement. Audit systems in place were used effectively and appropriate action taken to improve the service.

Good



# 31 Woodbourne Avenue

## 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 unannounced inspection took place on 6 October 2015. The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) and this was returned to us. A PIR is a form that asks the provider some key information that we held about the service, what the service does well and any improvements they plan to make.

We reviewed information we had received about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used this information to plan our inspection.

During the inspection, we spoke with six people using the service, four relatives, the registered manager and three staff. After the inspection, we spoke with a social worker and podiatrist.

We reviewed six people's care records, six medication administration records (MAR) and medicine management audits. We looked at five staff files including their training, supervision and appraisal records. We checked staff training plans, staff duty rosters, complaints, service improvement plans and other records relating to the management of the service. We reviewed the feedback the service had received from people and their relatives.

# Is the service safe?

## Our findings

People told us they felt safe at the service. One person told us, “I’ve been here a long time. It’s lovely and I feel safe”. A relative told us, “I know [relative] is safe in the home. [He/she]’s more secure there than [he/she]’s been anywhere else”. Staff knew how to identify abuse and neglect and their responsibility to take action to protect people. They told us how they would use safeguarding and whistleblowing procedures to report any concerns and protect people from harm. Safeguarding records showed the service had effectively worked with the local authority to protect people from abuse and neglect.

People’s finances were safe as the service’s financial procedures reduced the risk of financial abuse. People had access to their finances when they wanted to. One person told us, “Staff look after my money and it’s kept in a safe in the office. I can always ask for it”. Records showed staff kept an audit trail of their cash withdrawals and receipts. People told us they signed for their money together with a member of staff and records we saw confirmed this. Staff carried out regular audits of people’s finances to ensure all money could be accounted for.

People received their medicines safely as prescribed. People knew the times, types and reasons for taking their medicines. One person told us, “Staff help me with [my medicine]. I take the tablets in the morning and the liquid [medicine] at night”. We observed one member of staff administer medicines whilst another witnessed to ensure people had received their correct dosages and at the right time. The Medication Administration Records (MAR) charts we checked were accurately completed and signed which showed people had received their medicines as prescribed. Records and our discussions with staff showed they had passed competency assessments on how to safely administer and manage people’s medicines and were signed off by the registered manager.

Staff understood the level of support people required to receive their medicines. One person told us, “I manage and keep some of my medicines”. Staff confirmed the person was able to manage some of [his/her] medicines with minimum support. Records showed people were assessed on their capacity to self-administer medicines. Staff had completed risk assessments to support a person manage

their medicines safely. Staff regularly reviewed people’s ability to self-administer medicines to ensure it was safe for them to continue doing so. We saw the service had access to advice from a pharmacist on people’s medicines.

People’s medicines were reviewed as appropriate. One person’s care record showed changes were made to their medicines. One person told us, “My GP changed my medicines as I was starting to feel better”. Records showed various healthcare professionals had contributed to the person’s medicines review.

People’s medicines were stored, recorded and administered appropriately in line with current regulations and guidelines. We saw unused and no longer required medicines were properly accounted for and their disposal was properly recorded. Records showed staff carried out weekly medicines audits and ensured errors were promptly addressed. We read a report on recommendations and changes made by the registered manager to medicines management because of a medicine error. Staff were supported appropriately and changes were applied to safely manage people’s medicines.

There was a management plan for dealing with identified risks, including contingency plans in case of an emergency and these had communicated to all who needed to know. One person told us, “I let staff know where I am with my mobile and when I get to my place of work”. People told us they felt safe as staff had discussed with them the plans put in place to protect them from harm. A person told us, “I enjoy preparing meals but need the staff nearby when I use the cooker”. People were supported and provided with sufficient information to weigh and manage risks to their health and well-being. A relative told us, “[Relative] keeps her independence and I think they manage that very well”. Risk management plans provided guidance to staff to support people safely.

People’s human rights were respected. The service ensured there were equal opportunities for all people and promoted awareness and positive approaches to people’s rights. Records of a meeting showed the registered manager had discussed with people what rights they had and what support they should expect. People were encouraged to share their views for example on how to spend their day and what they wanted to do. People received accessible information through the service’s interaction with relevant organisations.

## Is the service safe?

People were supported to participate in all forms of employment and to make a valued contribution to their local community. One person told us, “I have had this job for years”. A person had received a certificate of recognition for their voluntary service to a local charity.

People were safe as there were sufficient staff on duty to meet their needs. A person told us, “There is always someone around to talk to and help us”. A relative told us, “There always seem to be adequate staff in the service”. On the day of inspection, we saw staff were available to support people in the service and the community. Staff rotas showed absences and sickness were adequately covered.

The registered manager had used safe recruitment practices and employed suitable staff with the ability and experience to support people safely. New members of staff confirmed they started work in the service after all the stages of the recruitment process were completed. Recruitment records we reviewed showed necessary checks on criminal checks, references, proof of identity and work history were done and obtained before staff started to support people.

# Is the service effective?

## Our findings

People told us staff understood them and received care and support which met their needs. One person told us, “Staff here are very good and do their work well”. A relative told us, “Staff give every indication they are well trained and have the right skills”. A healthcare professional told us, “People are well looked after and staff arrange support for people when necessary”.

The registered manager ensured staff understood their roles and had familiarised themselves with people and their care plans before working with them. Staff underwent an induction programme and completed all relevant training before they started supporting people. The induction included reviews with a member of the management team and observations on their work practice. Staff told us they discussed the service’s policies and procedures with the registered manager as part of their induction. The registered manager had identified skills which a new member of staff needed to develop and put in place a training plan. Staff were only confirmed in their post after successful completion of their probation and assessed to have sufficient knowledge to support people effectively.

Staff told us they were well supported to carry out their duties and received regular supervision. A member of staff told us, “The manager is supportive and takes time to explain why we need to do things in a certain way”. Another staff member said, “The manager gives praise when due and demonstrates to us how to support people effectively”. Staff told us their work practice improved because of the guidance given in supervisions. Records confirmed supervisions sessions and areas discussed which included team working and communication. Staff told us the registered manager organised mentoring programmes and had group sessions to discuss best practice. Records of these sessions showed information was shared on how to effectively support people.

The registered manager ensured staff had up to date knowledge and skills to deliver care and support to people. Records showed staff had received relevant on-going training such as safeguarding and Mental Capacity Act (MCA) 2005 which enabled them to support people effectively. A member of staff told us, “The manager recommended and enrolled me for further training to improve my knowledge”. Records showed staff were

supported to complete training linked to the Qualification and Credit Framework (QCF) in health and social care. A member of staff told us this had enhanced their knowledge and skills to support people effectively.

Staff worked with healthcare professionals to meet people’s needs. One person told us, “I am excited about my plans for the future”. Care records showed staff had made referrals and attended meetings with the learning disabilities team for advice and support. Care records confirmed staff had followed their advice and people were happy with the support they had received.

People told us they consented to the care and support they received and staff respected their choices. A person told us, “Staff only support me with washing my hair. I like to bath myself”. Staff knew how to support people using the Mental Capacity Act (MCA) 2005 and respected people’s right to make decisions. A person told, “I ask staff for advice but do not always take it and they support me to do what I want”. Records and the registered manager confirmed a person had an assessment to ensure they could make a particular decision and were supported by their relative and a healthcare professional to make a ‘best interests’ decision. A relative told us, “I have been involved in making a decision on behalf of [relative] together with a social worker as [he/she] can no longer do it”.

People rights were upheld in line with legislation. A person told us, “I go out and come back as I wish. I tell staff where I am going and when I plan to be back so they do not worry about me”. Another person told us, “I only go out with a member of staff”. Staff told us they understood the requirements of the Deprivation of Liberty Safeguards (DoLS). The person’s care records showed staff supported the person to go into the community as they wished. The registered manager had worked effectively with the local authority as required and records showed the necessary application was made and ensured this person’s freedom and liberty were restricted through lawful ways.

People told us they enjoyed the variety and choice of food and drink offered. One person told us, “I decide what I eat and enjoy eating out too”. A relative told us, “The food is adequate. [Relative] tells me what [he/she] has. It seems wholesome”. The service encouraged people to prepare their favourite dish once a week. We saw a rota highlighting people’s cooking days. On the day of our inspection, we

## Is the service effective?

observed people plan their menu and choose what they wanted to go on the shopping list. People told us they looked forward to their cooking sessions and enjoyed sharing other people's dishes.

People had easy access to fresh fruit, juice and snacks throughout the day. We observed people make hot drinks and juice when they wanted. There was a homely atmosphere during lunch and people received the support they needed with their eating and drinking depending on their individual needs. For example, we saw a person supported to pour a glass of juice from a jug at the table.

Staff supported people to access healthcare services when needed to maintain their health. A person told us, "Staff go with me to the GP. They also take me to hospital for check-ups". A relative told us, "On the times that I speak with [relative] [he/she] will comment that [he/she]'s been to the doctor or dentist. It's quite often so it appears adequate". Care records showed people were seen by healthcare professionals such as occupational therapists, dementia specialist, opticians and social workers and that check-ups and action plans were followed through.

# Is the service caring?

## Our findings

People told us staff were polite and caring. One person told us, “Staff are very kind. If I ask someone to cut my nails they'll do it”. Another person said, “Staff check on me regularly when I am unwell”. People had positive comments about the staff and the care and support they received.

People had developed meaningful relationships with staff and spoke fondly of birthdays and special occasions they had celebrated with them. One person said, “We have parties here. I remember singing using a microphone. It's like karaoke and so much fun for everyone”. Another told us, “I'm going out with my family and staff on my birthday. It was my idea”. A relative told us, “I have in-depth conversations with staff about [relative]. They know any issues and problems she has”. Staff supported people to maintain relationships with the family and friends.

People had access to information, advice and advocacy. One person told us, “Staff get me information on various issues that might affect me”. Another person told us, “I enjoy going out for a cuppa down the road. A member of staff told me about the new café which I like”. The service supported people to get information, which ensured they had more choice and control of the support they received, including opportunities to participate in the local community.

People were involved in planning for their care and contributed to make decisions for themselves. One person told, “I have meetings with staff and talk about the support I need. They ask my relative if I cannot answer some questions”. Another person told us, “Staff ask me every day if I would like to have meals in the dining room”. A relative told us, “I have been to meetings when a social worker has been there and contributed to the planning of [relative's] care”.

Staff shared people's information with healthcare professionals to ensure they received appropriate care and support. Records showed this was done on a ‘need to know’ basis with professionals involved with the person's care or treatment. People's support plans were locked away. Staff told us these were only accessible to care staff for record keeping and guidance on how to support people.

Staff treated people with dignity and respect. One person told us, “I am happy with the staff. They encourage me to do things I can for myself”. We observed staff knock on people's doors and waited to be invited before they entered. During our inspection, we observed a person ask a member of staff to get them a cardigan which was in their room. The member of staff promptly went away and brought it. We saw staff allow sufficient time when supporting people which gave them time to process the information and express their view points.

Staff understood the support people needed and how they preferred to receive it. A person told us, “Staff know me particularly well and do the things they know I like”. Another person told us, “I like my furniture placed in certain positions and become upset if they are moved”. Staff told us they knew and respected the person's wishes and ensured all items were put back after tidying.

Staff supported people with their communication needs. We heard staff use simple everyday language when communicating with people. For example, a member of staff asked a person, “What would you like to have for your breakfast?” We saw different breakfast items placed on the table, which made it easier for to see and communicate with the staff what they wanted. People's records confirmed their choice of cereals were available on the table.



# Is the service responsive?

## Our findings

People were involved in identifying and assessing their needs to ensure they were supported appropriately. A person told us, "Staff often ask me what I can do for myself". A relative told us, "[Relative] had an assessment. Staff rang me up and asked me a lot of questions about [her/his] life and interests". Staff developed care plans to deliver care and support to meet people's needs.

Staff regularly reviewed people's needs and any time there were new concerns. A person told us, "Staff discuss with me about the help I need. My [relative] was down here for my last review". Another said, "I have meetings with a member of staff every so often to see what I've been getting up to". Records showed people's support plans were updated to reflect changes in their health. The registered manager ensured relevant healthcare professionals contributed to people's reviews. People's records confirmed social workers and the learning disability team had contributed to their reviews.

People received support suited to their individual needs and preferences. For example, a person told us, "Staff hang out my clothes on the line as I find it tiresome". Another person told us, "I pick something out of my wardrobe and wear what I like every day". Care records showed staff supported people as required.

Staff monitored changes to people's health and had up to date information on the appropriate action to take to meet their needs. On the day of inspection, we saw a person who wanted to have a bath but were worried about their health and asked staff, "Can you look out for me as I am afraid I might slip". The staff had quickly responded and went to support the person. Staff were well informed about any changes to people's health needs.

People were encouraged to follow their hobbies and interests and do what they enjoyed. One person told us, "I like sightseeing and enjoy going on bus rides". Another person told us, "I go to the pictures. I've been out bowling. I do things I enjoy and decide places I visit". A relative told us, "[Relative] works in a shop and staff supported [her/him] to get paid work". Care records showed people were supported to pursue their hobbies and interests.

People were encouraged people to maintain links with the local community to give them a purpose in life. One person told us, "I go to church every Sunday. Staff remind and help me to get ready for the service". Some people in the service held regular employment and volunteer roles. One person showed us their award of recognition for their long service in working as a volunteer in a charity shop. A relative told us, "My feeling is that [he/she] has never been as happy and secure as [he/she] is now with the paid job".

The registered manager encouraged people to have high expectations of support offered to them and raise complaints if they were not satisfied. A person told us, "I would tell a member of staff if I had a concern. They are really helpful and listen to what I have to say". People knew how to raise a complaint and felt confident their concerns would be taken seriously and addressed. Another said, "I know how to raise a complaint. I would start off by talking to the staff in charge before going to the manager". Records we reviewed showed the registered manager had written a response to a complaint. The concern was investigated in a timely manner and in line with the service's complaints procedure and to the satisfaction of the person.

The registered manager ensured people and their relatives were introduced to and linked appropriately with support services prior to moving from hospital to the service. We saw records of a meeting a person, their relative, a member of staff and a social worker had held prior to the person's move into the service. This had ensured the person's needs were known by all professionals involved in their care and support. Records showed the person's care plan developed after the meeting created clear guidance for staff to support the person effectively.

People and their relatives attended regular meetings arranged by the registered manager where their views of the service were sought. One person told us, "We have residents meetings once a month. We talk about things that affect us". Records of the meetings and feedback showed people and their relative's contributions were valued and acted on. For example, a change to meal times had been made in response to people's feedback.

# Is the service well-led?

## Our findings

People and their relatives felt the service was well managed. One person told us, “The manager is excellent [he/she] makes sure everything is done well for us. All my family like [her/him] very much as they say [he/she] always listens and acts”. A relative told us, “The staff are cohesive and gel quite well”. People and their relatives spoke positively about the registered manager. A social worker told us, “The manager is involved and knows all the people and their needs well”.

Records showed the registered manager held regular meetings with staff, people and their relatives and sought their views on how the service was managed. One member of staff told us, “The manager will listen and helps you work out a solution to a problem”. Staff told us there was good communication amongst themselves and management and said they their contributions were valued and acted on. Records showed feedback was used and action taken to develop the service.

The registered manager ensured staff learnt from accidents and incidents and took appropriate action to prevent recurrences. The registered manager kept a log of incidents and accidents and analysed these to improve the service. Staff told us the registered manager encouraged them to report incidents. Records showed the registered manager investigated reports and decided whether staff needed training or review of procedures. We saw records of action taken on accidents and incidents. Serious incidents were reported to the relevant regulatory body.

People were involved in planning the managing of the service through surveys and questionnaires. Feedback from the April 2015 survey was positive. One person wrote, “The manager finds new ways to keep us engaged and to

improve the service”. A relative wrote, “This is a well-run service and all people are happy”. Another had written, “I am more than pleased with everything about the service. The staff are always very cheerful and helpful. The place is kept spotless”. A compliment note we saw from a relative read, “The service has been the best home for [relative] and I just wanted to say thank you very much”. The registered manager appreciated staff’s effort and records showed the feedback was shared in a staff meeting.

The service used effectively the quality assurance systems in place to monitor the standard of the service. Records showed the registered manager had audited risk assessments and ensured used the tools appropriately. The registered manager carried regular audits in the service and promoted safe care and ensured staff followed best practice in their day to day work. Records showed regular audits were carried out on care plans and reviews to ensure these were person centred and based on their individual needs. The registered manager carried out spot checks of the service and ensured people received consistent support and care at all times.

The service had arrangements for formal quality assurance checks carried out by senior managers from other services managed by the same provider to monitor the quality of care and to identify any areas where improvements could be made.

There was effective partnership working between the service, learning disability professionals, people and their relatives which ensured social inclusion for people. The registered manager ensured staff were part of review meetings and contributed to the developing of support plans. Staff told us they were confident in working with multi-professional teams to ensure people received appropriate care and support.