The Frances Taylor Foundation

Brentford Supported Living

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

Summary of findings

Overall summary

Brentford Supported Living is part of the Frances Taylor Foundation. The service provides care and support to eight women with a learning disability aged between 32 and 82 living in a supported living setting. The service is split into two rented houses in nearby locations.

At the last inspection on 3 November 2015, the service was rated Good. At this inspection on 8 November 2017, we found the service remained Good.

There were systems and processes in place to protect people from the risk of harm. There were enough staff on duty to meet people's needs and there were always additional staff able to cover in the event of staff absence. Employment checks were in place to obtain information about new staff before they were allowed to support people.

The risks to people's safety and wellbeing were assessed and regularly reviewed. People were supported to manage their own safety and remain as independent as they could be. The provider had processes in place for the recording and investigation of incidents and accidents.

People were supported to be independent with the management of their medicines and there were regular audits by the management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had undertaken training in the Mental Capacity Act 2005 and were aware of their responsibilities in relation to people who might be deprived of their liberty. They ensured people were given choices and the opportunity to make decisions.

The provider ensured people's nutritional needs were met. People planned their meals, shopped for ingredients and cooked their own food with the support of staff.

People were supported by staff who were sufficiently trained, supervised and appraised. The service liaised with other services to share ideas and good practice.

People's healthcare needs were met and staff supported them to attend medical appointments.

People lived in a comfortable environment which was clean and free of hazards. They were able to personalise their bedrooms as they wished.

Staff were caring and treated people with dignity, compassion and respect. Support plans were clear and comprehensive. They recorded people's individual needs, detailed what was important to them, how they

made decisions and how they wanted their care to be provided.

Throughout the inspection, we observed staff caring for people in a way that took into account their diversity, values and human rights. People were supported to make decisions about their activities, both at their home and in the community.

Information about how to make a complaint was available to people and their families, and they felt confident that any complaint would be addressed by the management.

There was a clear management structure at the service, and people and staff told us that the management team were supportive and approachable. There was a transparent and open culture within the service and people and staff were supported to raise concerns and make suggestions about where improvements could be made.

The provider had effective systems in place to monitor the quality of the service and where issues were identified, they were addressed promptly.

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 remains 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**

Brentford Supported Living

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 comprehensive inspection took place on 8 November 2017 and was announced. The provider was given 48 hours' notice because the location was a small supported living service and we needed to be sure that someone would be in.

The inspection was carried out by 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.

Prior to the inspection the provider 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 reviewed the information sent to us in the PIR and notifications we had received from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted two healthcare and three social care professionals and received feedback from two.

During the inspection, we observed support being delivered to people to help us understand people's experiences of using the service. We also looked at records, including five people's care plans, four staff records, medicines administration records and records relating to the management of the service. We spoke with seven people who used the service, the registered manager, a team leader and two support workers.

Good

Is the service safe?

Our findings

All the people we spoke with indicated they felt safe in their environment and trusted the staff who supported them. One person told us, "I feel safe. I am happy with the staff. They are nice, friendly and help us when we ask them to." People were supported to be as independent as they could whilst remaining safe. One person said, "We can make our own breakfast but sometimes need support with hot meals so the support workers assist us." All the people living at the service had their own front door key and a key to their own bedroom, therefore they were free to come and go as they pleased. One person told us, "I am going out to meet my friends after the interview."

People told us they received their medicines as prescribed. All but one person were able to manage their own medicines, and the person who needed support had their medicines stored securely in a locked cabinet. Medicines administration records (MAR) charts were completed appropriately and there were no gaps in staff signatures.

There was a policy and procedure in place for the management of medicines and staff were aware of these. The senior staff undertook frequent medicines audits and these were thorough. There were medicines at the service and we saw that errors were infrequent. This helped to ensure that people received their medicines appropriately and as prescribed.

The provider had systems in place to protect people from the risk of abuse. People confirmed they would know who to contact if they had any concerns. One person told us they would speak with the manager. Staff received training in safeguarding adults and training records confirmed this. Staff were able to tell us what they would do if they suspected someone was being abused. The service had a safeguarding policy and procedure in place and staff had access to these. Staff told us they were familiar with and had access to the whistleblowing policy.

Where there were risks to people's safety and wellbeing, these had been assessed. Person-specific risk assessments and plans were available and based on individual risks that had been identified either at the point of initial assessment or during a review. These included risks to general health, mental health and the person's ability to complete tasks related to everyday living such as personal hygiene, nutrition and communication. Each assessment included an action plan to minimise the risk. For example, we saw that where people were managing their own medicines, there were up to date risk assessments in place.

Staff were clear about how to respond in an emergency. Senior staff were available to help and support the staff and people using the service as required, and involving healthcare professionals as needed.

Incidents and accidents were recorded and analysed by the registered manager to identify any issues or trends. Staff were aware of their responsibilities in relation to recording and reporting all incidents and accidents. We saw evidence that incidents and accidents were responded to appropriately. For example, where a person had fallen in the past, we saw a recommendation which said, 'I need to be reminded to walk slower in order to minimise the risk of tripping which can lead to me falling and hurting myself'. We saw that

the person had not had a fall in the last year. The registered manager told us and we saw evidence that health care professionals were involved in reviews and kept informed of any changes in people's needs.

The provider had a health and safety policy in place, and staff told us they were aware of this. People were encouraged to manage their own safety and the care plans we saw reflected this. There were processes in place to ensure a safe environment was provided, including gas, water and fire safety checks. A general risk assessment was in place in regards to ensuring people's safety which included medicines administration, infection control and manual handling. Equipment was regularly serviced to ensure it was safe for staff to use, and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers and window restrictors.

The provider had taken steps to protect people in the event of a fire, and we saw that a risk assessment was in place. There were regular fire drills and weekly fire alarm tests, and staff were aware of the fire procedure. People's records contained individual fire risk assessments and personal emergency evacuation plans (PEEPS). These included a summary of people's impairments and abilities, and appropriate action to be taken in the event of fire.

People told us there were always staff around to call upon whenever they needed support. This included a staff member sleeping in each night. People told us they felt supported by dedicated staff and there were suitable arrangements in place to cover in the event of staff sickness. We viewed the staff rota for four weeks and saw that all shifts were covered appropriately.

Recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working for the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check was completed.

Good

Is the service effective?

Our findings

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing their needs. People told us that they were consulted before they moved in and they had felt listened to. The healthcare professionals we contacted said that the staff team provided a service which met people's individual needs and they had no concerns.

People were supported by staff who had the appropriate skills and experience. All staff we spoke with were subject to an induction process that included shadowing more experienced staff members. New staff were supported to complete the Care Certificate qualification. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. One staff member told us, "I shadowed for three weeks when I started. I got a lot of support."

Staff received training the provider had identified as mandatory. This included health and safety, infection control and food hygiene, safeguarding and Mental Capacity Act 2005 (MCA). They also undertook training specific to the needs and conditions of the people who used the service which included epilepsy, dysphasia (a communication disorder), mental health and dementia. One staff member told us, "We get a lot of training. I completed a level 2 diploma in health and social care and a distance learning in end of life care." Most staff had obtained a nationally recognised qualification in care. Records showed that staff training was up to date and refreshed annually. This helped to ensure that staff employed by the service were sufficiently trained and qualified to deliver the care to the expected standard.

People were supported by staff who were regularly supervised and appraised. One staff member told us, "I get supervision. I find it really helpful." Staff we spoke with told us they felt supported and were provided with an opportunity to address any issues and discuss any areas for improvement. Staff also received an annual appraisal. This provided an opportunity for staff and their manager to reflect on their performance and identify any training needs.

The MCA provides a legal framework for making particular decisions on behalf of people who use the service and 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.

Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. 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. We checked whether the service was working within the principles of the MCA. Consent was sought before support was offered and we saw evidence that people were consulted in all aspects of their care and support. We were told that every person using the service had capacity and we saw no evidence that people were being deprived of their liberty. This indicated that care and support was being delivered according to the principles of the MCA.

Staff were knowledgeable about the principles of the MCA and were able to tell us what they would do if they noticed that a person lacked the capacity to make decisions about their care and support. They told us they encouraged people to remain as independent as they could be. People confirmed that staff gave them the chance to make daily choices. We saw evidence of this throughout the day of our inspection.

The service recognised the importance of food, nutrition and a healthy diet for people's wellbeing generally, as an important aspect of their daily life. People's individual nutritional needs, likes and dislikes were assessed and recorded in their care plans. People were supported to shop for their food and cook their own meals if they wanted to. One person told us, "We all help to choose the menu and then go out shopping with support workers." One staff member said, "On Sundays, we sit together and decide on the planning of meals for the week. The menu is displayed on the fridge. They all cook and take turns."

People told us the staff supported them with their health needs. One person said, "We can make our own appointments and go by ourselves. Sometimes we like staff to come with us too." The care plans we looked at contained individual health action plans. These contained details about people's health needs and included information about their medical conditions, medicines, dietary requirements and general information. Records showed that advice from relevant professionals was recorded and actioned appropriately and regularly reviewed. This showed that the service was meeting people's health needs effectively.

People lived in an environment that was comfortable and free of hazards. People showed us their bedrooms and we saw that these were personalised and reflected people's individual taste and choices.

Good

Is the service caring?

Our findings

People were complimentary about the care and support they received and said that staff treated them with consideration and respected their human rights. Comments included, "If I am in my room, staff always knock on the door and I say 'come in'", "If we ask staff to do anything, they always help us", "Staff are nice, kind, friendly and helpful" and "We can speak to all the staff whenever we want and they listen nicely." However, one person was not so positive and told us they did not like living at the service. The registered manager explained that they were aware of this and were discussing options with them and the relevant professionals. We saw evidence of this in the care records we looked at.

The staff and management team spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and diverse needs. Their comments included, "It's about being kind and understanding, and making sure the residents are comfortable", "I knock on the door and wait for them to say 'come in'", "We just support people, like with cooking" and "It's all about making a difference and caring for people."

People's cultural and spiritual needs were respected. We were told and records confirmed that staff asked people who used the service if they required anything in particular with regards to their faith and cultural beliefs. One person told us, "I like going to church every Sunday." All the people using the service were female and were supported by female staff. One person told us they were happy with an all-female environment.

We saw staff approached and addressed people in a kind, caring and respectful way. Staff we spoke with were aware of the needs of each person who lived at the service and we saw that the culture of the service was based on providing care that met each person's unique needs.

People were consulted during monthly house meetings and individual meetings with their keyworker. A keyworker is an allocated member of staff who has particular responsibilities for one person or a small group of people. They were able to discuss any concerns and contribute to ideas about the running of the service, what activities they wanted and where they would like to go on holiday.

Some of the people had contact with their relatives who occasionally visited. People were able to make their own decisions about their daily lives and the level of support they needed. All the people using the service were able to communicate well verbally and staff involved them in house meetings and individual discussions. People were able to access literature in an easy read format, such as the complaints procedure and outcome of quality assurance surveys. The registered manager told us they had not needed to use an advocacy service recently, but would provide the necessary information to people if they needed it.

Good

Is the service responsive?

Our findings

The care plans were comprehensive and contained detailed information of the needs of each person and how to meet these. Each person's care plan was based on their needs, abilities, likes, dislikes and preferences. For example, 'I can use public transport independently' and 'I need staff to ensure that I keep safe'. People we spoke with told us they were involved in making decisions and in the care planning process and had access to their care plans. We saw in the records we viewed these had been signed by people, which showed they had agreed to these

Staff told us they encouraged and supported people to pursue individual interests. People told us that they accessed a range of activities during the week, without any support from staff. Their comments included, "I go to church on Sunday morning, collect a paper every day and enjoy playing bingo and dancing", "I go shopping by myself and meet friends whenever I can. I like watching DVDs and going to [other service] for tea and a chat", "I went to Richmond theatre, Hayes, Whitton and Feltham", "I go shopping, sometimes with staff. I go to the day centre and work as a volunteer in a charity shop", "I do drama on Monday, I go to bingo, pilates, singing at Age Concern" and "We went clubbing in a taxi yesterday and before went to Lanzarote during the summer."

The service had a complaints procedure in place and this was available to people who used the service, including in an easy read format. A record was kept of complaints received. Each record included the nature of the complaint, action taken and the outcome. There were no complaints received in the last year. However, where complaints had been received before that, we saw that they had been investigated and the complainants responded to in line with the complaints procedure. People told us they knew who to complain to if they had a concern and felt confident about raising any issues. One person told us, "One staff member was rude to me so I complained. It was resolved because the staff member apologised."

Where appropriate, people were supported to make their own decisions about how they wanted to be supported at the end of their lives. Records contained a 'last wishes' document. This included their choice of funeral, where they chose to die and their choice of music. All staff received end of life training and were aware of people's individual wishes. The registered manager told us that they would support people to die at home if that was their wish, and would provide additional staff if necessary.

Good

Is the service well-led?

Our findings

The management team carried out regular audits. It was clear from the evidence gathered during our inspection that the audits were thorough and identified issues. Audits included accidents and incidents, complaints and health and safety. Where issues were identified, an action plan was completed with timescale, date of completion and signature of the registered manager. For example, where the lock of the cupboard containing cleaning products was broken, we saw that this had been repaired without delay.

The registered manager had been in post for several years. They held a relevant management qualification in Health and Social Care. They attended regular meetings organised by the local authority and kept abreast of development within the social care sector by attending provider forums and conferences.

The registered manager told us they were well supported by their line manager. They said, "I feel well supported and get regular supervision. We also have quarterly managers meetings where we share information with other managers."

People were complimentary about the registered manager and the senior team and told us they thought the service was well run and organised. Their comments included, "Our needs are met and that's why we're happy here" and "We can speak to the managers without any worries."

Staff told us they felt supported by the registered manager and enjoyed working for the service. Their comments included, "I love it. Nice place to work, friendly and helpful", "The management is very good. Very supportive", "The manager is very supportive in terms of any issues", "I can call [registered manager] anytime. She's easy to talk to. I don't have a problem", "What is good is the support we get from the manager and staff. We work as a team", "[Registered manager] will listen and take everything on board", "No preference. Everybody gets treated the same" and "Working in this field has changed me as a person. I can't see myself doing anything else."

Staff informed us they had regular meetings with the registered manager and records confirmed this. The items discussed included people's care needs, health and safety, safeguarding, staffing and environmental issues. Outcomes of complaints, incidents and accidents were discussed so that staff could improve their practice and implement any lessons learnt from the outcome of investigations. Regular management meetings also took place and included discussions about people using the service, recruitment, audits and supervisions.

People were consulted about the care they received through quality assurance questionnaires. We viewed a range of recent questionnaires received which indicated that people were happy with the service. Some of the comments we saw included, "I am happy living at my house" and "I think the staff at the house are lovely and polite." Where people had difficulties reading and completing the form, they were issued with a pictorial version of the questionnaire. Staff and relatives were also consulted and issued with quality assurance questionnaires to obtain their views of the service and their feedback showed an overall satisfaction. The registered manager told us that any issues or concerns were discussed with their senior managers and

escalated to the director of the company who ensured that appropriate action was taken.