

The Frances Taylor Foundation

11 Tooting Bec Gardens

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

11 Tooting Bec Gardens is a residential care home for up to seven women who have a learning disability. At the time of inspection six people were using the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Staff were knowledgeable and followed the safeguarding procedures to ensure that people stayed safe from potential harm and abuse. Staff levels were adequate to people's care and support needs. Appropriate medication procedures were followed to ensure that people had the required support to take their medicines as prescribed.

Staff received training that was appropriate for their role. People were supported to have 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. People's nutritional needs were assessed and staff supported them to eat and drink as necessary.

11 Tooting Bec Gardens provided a homely environment for people. The service encouraged people's social inclusion in the community. Staff were kind and respected people's individual care needs, including their ability to carry out tasks independently.

People were involved in identifying and reviewing their individual needs. Care records were robust and reflected the support people required to remain safe. People and their families were encouraged to provide feedback about the service and the staff team acted on the suggestions made.

Staff were supported to develop and question the practice to make improvements. The registered manager provided good leadership at the service. Regular audits took place to ensure good care delivery for people.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

11 Tooting Bec Gardens

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 was a comprehensive inspection and took place on 26 September 2017.

This inspection was unannounced and was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider. Statutory notifications include information about important events which the provider is required to send us by law. We also looked at the safeguarding alerts raised regarding people living at the home and other information we held on our database about the service.

During the inspection we spoke with three people who used the service, the registered manager and two staff members. We observed care and support provided to people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We checked records related to the management of the service. These included three staff files, four care plans, three health action plans and training records.

After the inspection we spoke with two relatives and one health and social care professional involved with the people who use the service.

Is the service safe?

Our findings

The service was safe. People told us there was enough staff to support them. A relative said, "Staff are always around and I am happy with the level of care they provide."

Staff were aware of and followed safeguarding procedures to protect people from the risk of abuse. Staff were knowledgeable and recognised signs of potential harm to people, these included changes in people's behaviour. Any concerns they had were reported to the registered manager for taking actions to ensure people's safety. There were systems in place for recording and reporting incidents and accidents, which ensured that information was not missed and actions were taken to protect people from poor care.

People had individual risk assessments in place to ensure their safety. We saw that staff were aware of the support people required to carry out tasks safely, for example the assistance people needed to prepare their own meals. Records showed that risk assessments were updated regularly and when people's needs changed.

People told us there were enough staff to meet their care and support needs. The service used regular bank and agency staff to provide cover as necessary. Records showed that staffing levels were increased if people required additional support, for example to attend their health appointments. We found that some staff were doing long shifts. The registered manager told us and staff had confirmed that they were in agreement to carry out long shifts as it suited their personal circumstances.

Staff supported people to manage their medicines safely. We saw that the medicine administration records (MAR) were suitably maintained and up-to-date. Care records held information about people's medicines, including the dates when the medicines were last reviewed by the GP and the possible side effects. The registered manager told us they recently risk assessed people to self-administer medicines and the necessary support was put in place for those who required assistance to take their medicines safely.

Is the service effective?

Our findings

The service provided effective care for people. One person said to us, "Staff are doing their best and it's good." A relative told us the service provided "excellent care" and rated it "10 out of 10." Another relative said that staff were "capable of what they are doing." A health and social care professional told us that staff were "skilful" and had "good understanding of people's needs."

Staff were supported to gain the necessary knowledge and skills to carry out their duties as required. Records showed that staff had regularly attended mandatory courses, such as fire safety, moving and handling, safe administration of medication and safeguarding adults. A staff member said that the training provided was "satisfactory." Staff also received training from the local authority that was focussed on people's specific care needs. For example, the staff team was trained to support a person who was diagnosed with dementia. We also found that staff received regular one-to-one support through supervision and appraisal meetings. This ensured that staff had support to identify their professional goals for delivering effective care for people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that the service had requested the local authority for authorisation where people's capacity to consent to their care and treatment was doubted. Record showed that the mental capacity assessments were carried out, followed by the best interest decisions to support people who lacked capacity to make decisions related to their care. We also found that staff were knowledgeable and followed the MCA principals when assisting people to make choices about their health care needs. This included providing a person with informed choices about the medical treatment available for them.

People had their nutritional needs identified and supported as necessary. We saw guidelines in place for people who required additional support during their meal times. We observed that staff were aware of people's nutritional needs and made records to monitor how much people eat. Records showed that a person was referred to the speech and language therapist where they required assistance to eat and drink safely.

People told us they received support to meet their health needs as necessary. Staff supported people to book and attend the medical appointments as required. Contact details for health professionals were included in people's care records. This meant that staff got in contact with the health professionals quickly if they needed advice.

Is the service caring?

Our findings

We found the service caring. One person told us they liked "everything about living here [the care home]. Another person said that staff were "friendly and ask what I want." A relative told us their family member "likes living there [the service] and she is happy." A health and social care professional said the service was "very very caring" and "respectful towards people who live there."

People told us they liked living at 11 Tooting Bec Gardens. We found that the home was nicely decorated and very clean. We observed that people enjoyed the friendly atmosphere in the home. There were shared meals times which provided them with opportunities to socialise. People told us they arranged their bedrooms to reflect their individual tastes. In one of the bedrooms we saw a person having their personal belongings such as family pictures. Staff told us that people were supported to paint their rooms in their favourite colour.

People had their social needs identified and supported. People told us they attended work based and leisure activities, for example they worked at the local charity shop and the church as well as attended swimming and cooking sessions. We found that people made choices about the activities they wanted to take part in. A person said to us that any changes they wanted to make to their activities were actioned by staff as required. Staff told us and the records showed that people were encouraged to talk about the activities during their one-to-one sessions with the key worker.

We found that staff attended to people's care with respect. One person said that staff "always knocked" before entering their room. Another person said that staff told them in advance about the actions they were about to carry out, which gave them the "time to prepare for it." A relative told us that staff were "empathetic and helpful." We observed that staff used short and simple sentences when communicating making sure that people understood what they said.

Staff told us they encouraged people to carry out tasks for themselves when possible which helped to maintain their independence. One person said that staff helped them to "dress nicely every day." We saw people using a small kettle which helped them to make a cup of tea independently. Staff told us they involved people in planning their food shopping, choosing menu for the week and cooking the meals. Records showed that each person had a week day where the staff team assisted them with cooking for all the residents. One person said, "I like cooking, I like to cook different food."

Is the service responsive?

Our findings

The service was responsive. A relative told us the staff team looked after their family member "well" and did not "push" them beyond what they were capable of. A staff member said they felt "rewarding" working at the 11 Tooting Bec Gardens. A health and social care professional told us the staff team was "good at following the guidance", "recording and providing feedback."

People had their individual care and support needs recorded appropriately. Care records held information about people's communication, personal care and mobility needs. We observed that staff were aware of people's individual needs and used this knowledge in practice, for example when supporting people to go out in the community. We found that people's support plans were person centred and held information about people's likes and dislikes, history and important relationships to them. This meant that the staff team provided consistent care to people as important information about people was available to them as necessary.

People contributed to the assessment and planning of their care. People signed their care plans if they were in agreement with the support put in place. The registered manager told us that people made changes to their care plans. For example, staff amended records where a person did not want information about their health condition to be included in their care plan. Staff supported people to have regular meetings to discuss their care provision. We found that staff acted on the decisions made by people, for example how they wanted their home to be decorated.

People were asked for feedback about the service. We saw the feedback surveys completed in 2016. We found that people responded well and rated the service satisfactory. People felt they were provided with choices and knew who they could speak to if they had any concerns about the care they received. One staff member said they saw people's body language changing if they were not happy about something which prompted them to talk to people about their concerns.

Relatives told us they were aware of the complaints procedure. They felt able to talk to the staff team and the register manager if they had any concerns about people's care. The registered manager told us that the complaints made were acted upon quickly to ensure that actions were carried out as required, for example where people needed their support to be adjusted accordingly. There had been no recent complaints raised formally with the home.

Is the service well-led?

Our findings

The service was well-led. One person told us, "Manager is good, I can talk to her." Staff said the management team was there to support them as required.

People were supported to maintain links in the community. People told us they were a part of different social circles in the community, including People's Parliament and church gatherings. Staff told us they were in regular contact and shared information with the other agencies as necessary which ensured that people received support where they required it.

Staff were encouraged to discuss their role and the care provision at the service. Regular staff meetings were carried out to provide opportunities for staff to share their experiences and to talk about their practice. Discussions took place around people using the service, policies and procedures and communication. One staff member told us they made suggestions to the registered manager and actions were taken to make improvements, for example where a person required a new equipment to help them with their mobility.

We saw the feedback surveys completed by staff in 2017. Results received were analysed and an action plan was put in place to act on the suggestions made by the staff team. We found that staff felt supported in their role, but lacked opportunities to develop within the organisation. The registered manager told us this topic was a part of the appraisal agenda this year.

The service was led by an experienced registered manager. People told us the registered manager was visible and approachable. We found that staff were aware of their responsibilities in the service and knew what was expected of them. They carried out regular checks at the service to ensure that people were provided with safe care. These included fridge and hot water temperature checks.

There were systems in place to monitor the quality of the service being provided. Quality assurance system included audits of people's care records, medicine administration and health and safety. Action required were documented and monitored to make sure improvements had been made. For example, where maintenance works had to be carried out as necessary.