

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 ●

Summary of findings

Overall summary

31 Woodbourne Avenue is a residential care home that provides personal care and accommodation for up to eight adults with a learning disability. At the time of inspection seven women were using the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

At the time of the inspection the service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff followed the service's policies and procedures to protect people from a potential harm and abuse. Care plans were linked to risk assessments to guide staff on the support people required to stay safe. Robust systems were in place to check staff's suitability for the post before they started working with people. When necessary, cover was provided to ensure adequate staffing levels at the service. Staff were trained and followed the service's requirements on how to manage medicines safely.

Staff were provided with appropriate training for their role. The service followed Mental Capacity Act (2005) principles and applied for authorisations under the Deprivation of Liberty Safeguards (DoLS). Staff supported people to book and attend their health appointments as necessary. People made choices about the food they wanted to eat. Staff received support to carry out their responsibilities as necessary. However, the staff team was not provided with regular supervision meetings.

Staff attended to people's needs with care and supported them to communicate according to their individual needs. People were assisted to make changes to their activities and went out in the community regularly. Staff enhanced people's skills to carry out tasks independently where possible.

People's care records were suitably maintained and up-to-date. Staff involved people in making decisions about the support they wanted to receive. People and their relatives felt confident to talk to the staff team about their concerns and the changes they wanted to make.

The registered manager had support from a team leader to manage the service on a day-to-day basis. Staff were encouraged to develop the service and make suggestions to improve people's care. Staff surveys indicated poor communication from the management team. More information will be gathered to address this area. Regular audits took place to monitor the service's performance. Medicine audits were not recorded appropriately and this will be addressed by the management team.

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.

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.

We carried out a comprehensive inspection of the service. This inspection took place on 12 October 2017 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service, including any safeguarding alerts, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law. We also viewed a Provider Information Return (PIR) completed by the provider. 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.

During the inspection we spoke with four people using the service, the registered manager, team leader and two staff members. We observed care and support provided in communal areas, looked at the care records for three people and four staff files. We checked records related to the staff training and rota, medicines and the management of the service including quality assurance audits.

After the inspection we spoke with two relatives, one staff member and one health and social care professional asking for their feedback about the service.

Is the service safe?

Our findings

We found that the care and support provided to people was safe. A person told us, "All carers look after all of us well." A relative noted that the service was "safe indeed, residents are looked after at a great level."

Staff were knowledgeable and knew their responsibilities in safeguarding people from abuse. There were systems in place to provide guidance to staff if they suspected that people were at risk of harm. Staff were aware of different types of abuse and raised their concerns with the registered manager if any signs of abuse were suspected.

Risk assessments were carried out to identify any risks to people's safety and how these could be reduced. The risk assessments covered areas such as nutrition and going out in the community. We found that care plans were linked to the risk assessments which provided staff with guidance on how to minimise the risk of harm to people using the service. For example, the care plan addressed the support required for a person where risks around ironing were identified. We observed that staff were aware of the risks to people and the action they needed to take to promote their safety.

The service followed safer recruitment practices which ensured that people were supported by suitably employed staff. Records showed and staff told us they filled in a job application form, attended an interview, provided references and undertook Disclosure and Barring Services (DBS) check prior to starting working at the service. A DBS is a criminal records check that providers can obtain to make safer recruitment decisions.

People told us there were enough staff to provide care when they needed it. Staffing levels were determined by people's dependency levels and changed if people's needs increased. The service used regular bank and agency staff to provide cover when required. An agency staff member told us they had time allocated to read service's policies and procedures and to shadow experienced staff members, which ensured they knew people's care needs before they started supporting them.

Systems were in place to support people to take their medicines safely. We checked that the medicines were safely administered, stored and disposed of if not required. We found that the medicine administration records (MAR) were appropriately maintained and up-to-date. Staff received regular training to administer medicines, which ensured that people had support to take their medicines as prescribed.

Is the service effective?

Our findings

A person told us, "When I was unwell, staff looked after me well." A family member said, "Everything they [staff] do is good, they [staff] are efficient and take care of people they are looking after." Another relative told us that staff were "competent at what they are doing."

Staff told us they had regular training that helped them to develop in their role. A staff member told us the training was "fantastic and always something new." Records showed that staff had attended mandatory training courses, including safeguarding vulnerable people, Mental Capacity Act 2005 (MCA) and infection control. The service also encouraged staff to undertake additional training courses, including the Qualifications and Credit Framework (QCF) training. QCF is a recognised qualification in social care sector for training staff. This ensured that staff had knowledge to deliver effective care for people.

Staff told us the management team supported them to carry out their responsibilities as required. A staff member said they "supported each other in everything." Staff approached the registered manager if they had any concerns and felt supported in their role. An on-call system was used to support staff during outside office hours, which ensured that advice was available for staff when they needed it. However, we found that staff had not received formal, regular one-to-one support through supervision meetings. We discussed this with the registered manager who informed us that the staff team was supervised by the team leader. We recommend that the registered manager seek guidance on best practices in staff support and supervision.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 was following the DoLS requirements. The registered manager had submitted applications to the local authority and had them authorised under the DoLS. We saw that the service was complying with the conditions applied to the authorisation.

People had support to meet their nutritional needs. People told us they had different meals every day. One person said the food was "lovely." Another person told us, "I tell staff if I don't want it [the meal] and they give me something else." One other person said, "I don't like tuna so they [staff] don't give it to me." Staff told us and we saw that people were supported to prepare their own meals. People said to us they received assistance to do food shopping. One person noted, "They [staff] look after us very well, they [staff] support us with shopping."

Staff supported people to maintain good health. People told us that staff assisted them to attend their medical appointments as necessary. People had Health Action Plans in place that included information about their health needs such as allergies and the attended health appointments. This ensured that staff monitored and adhered to people's medical needs as required.

Is the service caring?

Our findings

People told us that staff attended to their care with respect. A person said, "I like everything about this place [the care home]." A family member told us that staff were "caring" and "polite." Another relative said that staff had "good skills in communication." A staff member told us, "If I had a mam I wouldn't mind them living there [the care home]." A health and social care professional said that staff "have good relationships with the residents which is above as to what is standard at the care homes."

Staff attended to people's care with kindness and compassion. We saw that staff were aware of people's communication needs and applied appropriate communication techniques in practice. We observed staff being patient and not rushing people when they required time to think. One person told us that staff were, "Good at listening." People told us that staff respected their privacy and knocked at the door before entering their rooms. A staff member said they didn't "touch resident's belonging without their permission."

Staff supported people to take part in the activities of their choice. People said they went out regularly and they had support to undertake different activities when they wished to. During the inspection we observed people going out for their regular activities, including a volunteering job. We also saw that the support provided was flexible and people asked staff to go out when they wanted to. One person said, "I tell staff I want to go out and they take me." Records showed that people went to museums and exhibitions. Staff told us that people were provided with opportunities to discuss the changes they wanted to make to their activities during the key working sessions. This ensured that people had the necessary support to socialise and develop relationships in the community.

People told us they were supported to carry out tasks themselves where possible. One person said, "Staff help me to do what I want." A relative told us, "People are happy there [the care home] and staff help them to do what they want to do." We observed people undertaking daily tasks independently, for example making a cup of tea, vacuuming and dusting. Staff told us they followed people's care plans to ensure consistency in the support people required with their daily tasks. One staff member said they asked people questions about how they wanted to be supported as they "know what they are doing better than us [staff]."

Is the service responsive?

Our findings

One person said, "Living here is ok. They [staff] help me to do things." Another person told us that staff "helped me" and "talked to me" when their relative passed away. A family member said, "They [staff] are absolutely excellent and deal with issues straight away." Another relative noted that the service "certainly addresses my concerns." A health and social care professional told us that staff were "well informed" about people care and support needs.

We found that people's care records were detailed and individualised. Care plans held information about people's care needs, including the support people required to communicate, manage finances and follow daily routines. Records showed that staff had access to personal information about people, including their history, family contacts and preferences. We observed that staff were aware of people's individual needs and used this knowledge to support people as necessary, for example regularly reminding a person about their daily routines.

People were involved in the assessment and planning of their care. People told us that staff talked to them about their care. A family member said they were informed about the changes in their relative's care and support needs. Staff told us they provided people with the informed choices to ensure they made decisions for themselves where possible. We found that the service supported people to make more complicated decisions, for example the relationships they wanted to have. Records showed that people had support to discuss their end of life wishes. People were also asked to sign their risk assessments when they were in agreement with the proposed support to minimise the risks.

People and their relatives were provided with opportunities to raise concerns as necessary. People told us they felt confident to talk to staff if they were not happy about the care they received. Relatives said they approached the registered manager if there were issues related to the services provided for their family member. Relatives were confident that the actions would be taken quickly if they had any concerns. The registered manager told us the home had not received any formal complaints since they started working for the service in the beginning of 2017.

The provider regularly asked people and their relatives to complete feedback questionnaires. We viewed the questionnaires completed in 2017. We saw that the questionnaires were adapted to meet people's needs and included pictures to help people to understand them better. The registered manager told us that staff also helped people to understand the questions where required. People and their relatives rated the service well and complimented the staff team for their hard work.

Is the service well-led?

Our findings

We found that the service was well-led. One person said the registered manager "is ok." We heard a person telling the registered manager, "I am fond of you." A family member described the registered manager as "helpful."

The management team provided good leadership at the service. The registered manager had started working for the service in the beginning of 2017 and understood their responsibilities well. The registered manager was managing two services for the provider which meant they shared their time between the two services. The registered manager had support from a team leader to ensure that staff were provided with guidance, support and direction at any time they required it. People told us the managers were visible and approachable.

The service encouraged staff to share their experiences to ensure people had the support they required. One staff said they made suggestions to the management team and felt listened, for example how to encourage people to do more activities in the community. Staff meetings were used to discuss the amendments required to people's care when their health needs changed. We saw that staff knew their responsibilities and followed service's procedures to ensure people's well-being. Visitors were asked to sign in and out which meant that staff monitored who was visiting the home to ensure people's safety.

Staff were encouraged to give feedback about the service. We reviewed the feedback surveys completed by staff in September 2017. The majority of responses suggested that the service was effective and responded to people's needs with care. However, staff noted in their responses that the management team was poor at communication. We talked to the registered manager about this and we were told that the survey outcomes will be discussed at the team meeting for gathering more information about this. Any actions required will be discussed with the senior management as necessary. During the inspection there were no concerns raised with us by the staff in relation to the communication between the staff and management team.

Quality assurance systems were in place to monitor the service's performance and areas that required improvement. The registered manager used daily, weekly and monthly audits to monitor the service's quality. Records showed that people had their care plans and risk assessments updated regularly. Staff audits included fridge and water temperature monitoring, health and safety checks and fire safety equipment reviews. However, records showed that the medicine audits took place every two to three months, meaning that errors were not picked up and action taken quickly. The registered manager noted that people had the team leader to support them with their medicines daily and at the same time the medicine administration records were checked to ensure that people received their medicines as necessary. We discussed the frequency of the medicines audits with the registered manager and they agreed to record the audits more often.