

The Frances Taylor Foundation

31 Woodbourne Avenue

Inspection report

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Date of inspection visit:
14 June 2022

Date of publication:
01 August 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

31 Woodbourne Avenue is a residential care home providing the personal care to up to eight people. The service provides support to people with learning disabilities and autistic spectrum disorder. At the time of our inspection there were seven people using the service.

The care home accommodates seven people in one residential property in the London borough of Streatham.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

People's experience of using this service and what we found

We have made a recommendation in relation to staff training and records management. Staff did not receive specific training in learning disabilities, autistic spectrum disorders and behaviours that may cause anxiety or distress. Statutory notifications were not always submitted in a timely manner. Risk management plans in place did not always give staff clear guidance on how to mitigate risks.

Right support: People's identified risks were not always clearly recorded. Staff did not always receive sufficient training to support the people they were caring for. 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. Staff received support in the form of continual supervision, appraisal and recognition of good practice. People were able to eat and drink in line with their cultural preferences and beliefs. People were referred to health care professionals to support their wellbeing and help them to live healthy lives. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: People felt valued by staff who showed genuine interest in their well-being and quality of life. Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved. People were supported to understand their rights and explore meaningful relationships. Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. Staff were committed to encouraging people to undertake voluntary work, employment, vocational courses in line with their wishes and to explore new social, leisure and recreational interests.

Right culture – Systems in relation to governance were not always as effective as they could be. Managers worked directly with people and led by example. The service apologised to people, and those important to

them, when things went wrong. The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. The service worked well in partnership with other health and social care organisations, which helped to improve the wellbeing of people that used the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 17.11.2017).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care, right culture.

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.

We have found evidence that the provider needs to make improvements. Please see the effective and well-led sections of this full report. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 31 Woodbourne Avenue on our website at 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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

31 Woodbourne Avenue

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 Care Act 2014.

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

31 Woodbourne Avenue is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. 31 Woodbourne Avenue is a care home without nursing care. 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 two people and contacted two relatives to gather their views. We spoke with three staff members including care workers and the registered manager. We looked at the care plans and medicines profiles for three people, three staff recruitment files 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 has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Although people received support from staff to keep them safe, during the inspection we identified, risk assessments were not always detailed and specific enough to address risks to people. For example, we identified one person had really clear support on how to support them when they became distressed and agitated. However, this wasn't clear within their risk assessment and management plan.
- We raised the above with the registered manager who ensured that the risk assessment was updated to clearly inform staff how to respond to occasions when the person might become anxious and distressed. We will continue to monitor this at the next inspection.
- We also identified three people's Personal Emergency Evacuation Plans (PEEPs) required review. The registered manager confirmed this has been completed after the inspection. We will continue to monitor this at the next inspection.
- Notwithstanding the above, staff had a clear understanding of how to support people's needs when they became distressed or anxious.
- Risk assessments also covered a range of areas, for example, when people might leave the service without direct support, their involvement in meal preparation and managing their finances.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse, as the provider had a clear safeguarding policy in place, which staff were familiar with.
- Staff were aware of their responsibility to ensure people were protected from the risk of abuse. They told us, "I'd report it to [the registered] manager and document it. I'd go above if they did nothing."
- Staff were clear on how to escalate concerns outside of their organisation where necessary.

Staffing and recruitment

- People continued to receive support from adequate numbers of suitably vetted staff to keep them safe.
- People told us there were enough staff available to support them in whatever activities they chose to participate in.
- Staff told us, and records confirmed there were sufficient numbers of staff deployed throughout the day and night to support people.
- The provider had robust employment processes in place. Staff personnel files included three satisfactory references, an application form with a full education and employment history, photographic identification and a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely and in line with good practice.
- People told us staff administered their medicines and told them what their medicines were for.
- We reviewed the Medicines Administration Records (MARs) and found these were completed correctly with no gaps or omissions. Where people received PRN (as and when required) medicines, the reason for administration and outcome was recorded.
- Staff had a clear understanding of the provider's policy on medicines administration and the actions they would take should they identify a medicines error.

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 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 accessing testing for people using the service and staff.
- 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 had clear guidance for visitors to the service to ensure COVID-19 was not brought into the service. At the time of the inspection, visiting was unrestricted.

Learning lessons when things go wrong

- People benefited from a service whereby lessons were learned when things went wrong.
- The registered manager was able to demonstrate examples of lessons learned, for example, through incidents that had taken place. Lessons learned were then shared 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. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People continued to receive support from staff that underwent appropriate training to meet their needs.
- Staff told us they found the training they received beneficial to their role; however, they had not recently received training in behaviours people may present with when expressing emotional distress and/or anxiety. Records confirmed what staff told us.
- We also identified staff had not received training in learning disabilities and autistic spectrum disorders. This meant that we were not assured people received care and support from staff that had the necessary skills and knowledge to effectively meet their needs.

We recommend the service review their training programme and provide training to staff in line with the needs of people using the service.

- We raised this with the registered manager who ensured training was booked following our inspection.
- Notwithstanding the above, staff knew the people they supported well and demonstrated they could effectively meet their needs.
- Other training provided covered, for example, safeguarding, medicines, equality and diversity and infection control.
- Newly employed staff were required to complete a comprehensive induction programme to ensure they were competent in their role. Inductions covered, for example, job profile, allocation of responsibilities, training programme and emergency procedures.
- Staff received supervision with senior members of staff whereby they discussed people living at the service, their role and responsibilities and areas of improvement required. Staff spoke positively about the supervisions they received and told us they could request additional meetings should the need arise.

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

- People's needs were regularly assessed to ensure the care they received met their changing needs.
- Staff knew the people they supported well and were able to tell us about people's specific needs and how these could be met.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access sufficient food and drink that met both their preferences and dietary needs.

- People were supported to choose their daily meals. Care records reflected people's preferences in their meal requirements. One person told us of the food they needed to restrict in order to support a healthy weight.
- People benefited from a service that worked with other agencies to improve the service delivery and enhance their lives. Records showed involvement from healthcare professionals and stakeholders and guidance received was implemented into the delivery of care.

Adapting service, design, decoration to meet people's needs; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs and to live healthier lives. Staff would support people to healthcare appointment such as the G.P or a dental visit.
- Records reflected people's healthcare support needs and staff had a clear understanding of their role and responsibilities in monitoring and maintaining people's health and wellbeing.
- The layout of the service ensured that people had ample space to move freely within the home. The service was large with spacious communal areas.

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 understanding of the MCA, how it applied to their role and the importance of seeking consent from people.
- Where DoLS authorisations were applicable staff were aware of how these people needed to be supported.

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 were well respected by staff. Comments included, "Yes they [staff] knock on door, I say come in." And "We have keys to our own rooms."
- Where people had religious beliefs, these were recorded in their care plans. People were able to tell us of the active roles they had within their local church community and how this supported their day to day living.
- Staff had a clear understanding of the importance of treating people with respect and ensuring the care provided reflected their diverse needs.
- Throughout the inspection we observed staff speaking with people in a kind and compassionate manner.

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

- People were able to make day to day decisions about how they wanted to live their lives and how they wished to spend their time. This was reflected in pictorial activity plans which guided staff as to people's preferences in their routines.
- People and staff were positive about the regular key-working sessions that were held. This enabled staff to ensure any key documents such as care plans were updated and ensured people were given the opportunity to review any changes in their care or health needs.

Respecting and promoting people's privacy, dignity and independence

- People were supported to live their lives as independently as possible. This independence was supported both within the home and in the community.
- Staff told us, "We encourage them [people] to do things for themselves (e.g. cooking & meal preparation). We encourage them to make their own choices, choose their own clothes, we have to really prompt them sometimes. Some can do their own personal care."

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.

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

- People received care that was personalised to their needs. This was reflected within their care plan and highlighted how people preferred to be cared for.
- People's care records highlighted their individual needs. For example, for one person it was how they wished to receive their personal care, whilst another was clear on how to communicate with the person to support them with their emotions.
- Care plans were regularly updated to reflect people's changing needs.

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 documented and staff were aware of people's preferred methods of communication.
- Where people did not speak English as a first language, they were supported to communicate with care workers through the use of electronic devices, prompt cards and pictorial images.
- Care records highlighted whether people had a sensory impairment. Documents were available pictorially as well as in large prints where necessary, according to the person's needs.

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

- Most of the people living at the home led active lives in the local community. This included work placements and volunteering roles. Some people had relationships with other people in the community and staff supported them to maintain these outside of the home.
- Where people accessed the community independently, some had developed positive relationships with local businesses which enhanced their day to day routines. People were also supported to undertake daily chores.
- Where people needed additional support in the community staff made efforts to ensure they were able to engage in interests that were of relevance to them; such as culturally relevant groups. One person told us of their upcoming holiday with other friends within the service. Another person told us, "We can go to shops, we just ask and they [staff members] take us."

Improving care quality in response to complaints or concerns

- People were assured they could raise any issues. One person said, "I talk to my keyworker or the team leader, sometimes if she [team leader] is in we have a residents meeting and I tell her [the issues] and she'll fix it."
- Complaints about the delivery of care and service were managed effectively seeking a positive outcome for the complainant where possible. We reviewed the complaints received in the last 12 months and identified the service recorded the nature of the complaint and the steps taken to address the complaint and resolve the matter.

End of life care and support

- People were asked whether they wished to express their end of life wishes. These were recorded in people's care files.
- End of life plans included people's wishes in relation to what support they wished to receive at the end of their lives and what type of service they would prefer.

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. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the time of inspection, we identified that safeguarding incidents notifications had not always been submitted to the Care Quality Commission in a timely manner.
- The provider's records checks have not identified that risk assessments did not always clearly highlight how to support people with their feelings or when they expressed distress and agitation and not all people had updated PEEPs.
- The provider's monitoring of staff training was also not that effective. Staff had not received training in how to support people when they expressed feelings of distress or agitation.

We recommend the provider review and implement comprehensive quality assurance processes to monitor, assess and improve the quality of their service.

- We raised the matter of not sending notifications in a timely manner with the registered manager who after the inspection submitted these to us. However, these incidents had been investigated and submitted to the other stakeholders.
- Following the inspection, the registered manager sent us updated documents in relation to PEEPs and risk assessments. The registered manager also submitted an action plan. We were satisfied with their response.
- We will review their progress with records management at the next inspection.

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

- The atmosphere within the home was a positive one. Staff were positive about how they worked together as a team and met the needs of people collaboratively.
- Staff told us how they felt supported by management. A staff member said, "She's [registered manager] very nice, her door is always open. I think if I had a problem, I could approach her."
- During the inspection we observed people and staff seek guidance from the registered manager who was readily available.

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

- The provider regularly engaged with people, relatives and staff to gather their views and to help develop the service. House meetings, team meetings, keyworker sessions, supervisions and questionnaires enabled

people's views to be sought and recorded.

- We reviewed the 2021 survey and found people were complimentary about the service provided. The survey covered, for example, management, staff, if queries were answered quickly and if people/their relatives were satisfied and had a fulfilled life at the service. Comments included, "I've found everyone is willing to help me if there are any problems", "The house has a wonderful homely feel as you enter, and everyone is friendly" and "[Management and staff] are very helpful, cheerful and caring."

Continuous learning and improving care; 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

- The registered manager understood the need to apologise when mistakes were made.
- The registered manager told us importance was placed on ensuring continuous learning and improvement took place.

Working in partnership with others

- Records showed the service worked in partnership with stakeholders to drive improvements wherever possible.
- The registered manager told us, "We're not working in a silo and we can't do it all ourselves. We're reliant on great relationships with specialists to do everything."