The Frances Taylor Foundation

Frances Taylor Foundation Homecare Services

Inspection report

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Ratings

Overall rating for this service	Good

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?	**Good**

Summary of findings

Overall summary

The inspection took place on 10 May 2016 and was announced.

Frances Taylor Foundation Homecare Services provides support and personal care for people with learning disabilities who live in the community, either in their own accommodation or with family or friends. Support is tailored to people's assessed needs and requirements. On the day of inspection the service was supporting 53 people. The provider, The Frances Taylor Foundation, is a national, faith based charity which provides residential and community support to people with learning disabilities and older people. The service was last inspected on 28 October 2013 with no concerns found.

The service has an established registered manager who has managed the service for some time. A registered manager is a person who has registered with the Care Quality Commission 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 had a good understanding of the principles of the Mental Capacity Act 2005 and were able to describe how they sought consent and offered choice to those without mental capacity. However, care plans for those lacking capacity did not contain sufficient information or assessments to underpin the decision making processes for these people and this is an area that needs improvement. The provider has recognised this and has already responded by adding a section on mental capacity to the support plans.

Staff had received training in safeguarding adults and had a good understanding of their role in keeping people safe, how to recognise abuse and report any concerns.

People told us they felt safe and a member of staff described the service as, "Very safety conscious." There were environmental and individual risk assessments in place to guide staff and minimise risk of harm to people. There was a process in place for recording and monitoring accidents and incidents with action plans to prevent recurrence. Accidents and incidents were discussed at staff meetings so that the team could learn from them and prevent future incidents of a similar nature.

There were sufficient numbers of skilled staff employed to meet the needs of people and safe recruitment practices ensured that staff employed were suitable to work with people. Visits were planned so that there was sufficient travelling time for staff between calls. Two people and one relative told us that staff were always on time. Another told us that they received a phone call if staff were going to arrive late or early and described the service as, "Very organised."

Some staff were trained to give medication; individual support plans provided guidance to staff on how to administer medicines to people and how to support those who self-medicated. Medication records demonstrated that people were given their medicines as prescribed.

People told us that staff followed correct infection control procedures. They told us that staff washed their hands and wore personal protective equipment such as gloves and aprons when giving personal care.

There was an induction programme and training plan in place. In addition to this all staff were in the process of completing a nationally recognised qualification in care regardless of their existing skills and experience to ensure that the entire team was up to date and practicing at the same level. Staff were supported and developed through regular supervision and appraisals.

Staff spoke knowledgeably and care plans were detailed. Staff explained that they would recognise if a person was not eating and drinking sufficiently or experiencing difficulties and that they would support them to manage their nutrition appropriately

Staff recognised ill health and supported people to attend routine appointments or access emergency healthcare services if required. People were often supported by one or more support agencies and health and social care professionals told us that staff worked closely with them. One social care professional said that, "Communication with FTF is 100% if we have any issues they are sorted quickly and professionally."

People we spoke to told us that staff were kind and caring. One person said, "They do the best they can for everyone." Care plans were person centred and people were involved in planning their care. Staff demonstrated that they knew people well and respected their wishes and lifestyles. They actively supported people to develop new skills and work towards greater independence. One person told us that the member of staff that supported them was, "Lovely, (they) encourage me to tidy up and do my shopping."

Feedback from people was encouraged through an accessible survey, regular reviews and a robust complaints process. One person said that they had, "No problems, am always happy. I would speak to them (senior management) if I was unhappy."

Staff were motivated and aligned to the vision and values of the service. They felt respected and celebrated as individuals and described how everyone employed by the provider worked together as a team for the benefit of the people using the service.

The provider audited the service on a regular basis and the leadership team undertook spot checks to monitor the quality of the service provided. Everyone we asked spoke positively of the registered manager and the management team. People knew the registered manager and the management team well and told us that they would feel confident to approach them should they need to discuss their support or if they had any concerns. On social care professional told us, "We feel the service is very well led."

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 was safe.

There were sufficient skilled staff employed to meet the needs of people. Staff had received training in safeguarding adults and understood their responsibilities with regard to keeping people safe from harm.

There were environmental and individual risk assessments in place and incidents and accidents were monitored and actions taken to reduce risk of recurrence.

People received their medicines as prescribed from staff trained to administer medication.

Staff followed standard infection control procedures to prevent cross infection.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had a good understanding of the Mental Capacity Act 2008 but care plans did not always demonstrate how decisions were made for people who were unable to make some decisions for themselves.

There was an effective training plan in place and staff were supported and developed through regular supervision and appraisal.

People were supported to maintain adequate nutrition and hydration.

Staff recognised ill health and supported people to access healthcare services as required.

Is the service caring?

Good

The service was caring.

People described staff as caring and kind. They knew people well

and supported them to work towards personal goals and achievements.

People and staff were treated with dignity and respect.

People were supported to live their lives how they chose and to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Person-centred care plans detailed people's needs and preferences and people were involved in their development and review.

There was a robust and accessible complaints procedure and all complaints were dealt with appropriately.

The service was able to be flexible to support people's lifestyles and choices.

Is the service well-led?

Good

The service was well-led.

There was an established registered manager. People and staff knew the registered manager well and described them as approachable.

There was a clear vision and set of values embedded in the service based on dignity and respect for individuals.

There was a quality assurance system in place which included observed practice through spot checks to monitor the quality of care delivered.

The provider actively sought feedback from people and staff and took appropriate actions to improve the service.

Frances Taylor Foundation Homecare Services

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 was planned to check 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 inspection took place on 10 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service so we wanted to ensure that staff were in the office and available to talk to us. The inspection team consisted of two inspectors.

Before 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 they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted stakeholders, including health and social care professionals involved in the service for their feedback.

Frances Taylor Foundation Homecare Services is registered to provide personal care. At the time of inspection the service was supporting 53 people. Four of these people required assistance with personal care. Prior to the inspection a questionnaire was sent out to people using the service, staff and health and social care professionals. The feedback received was used to inform the inspection process and some of the comments have been included in this report.

We spoke to four people and one relative by telephone. We also spoke to the registered manager, seven members of staff and six healthcare professionals.

We reviewed four staff files, training records, rotas, accident and incident reports, complaints, staff meeting

minutes, quality audits, staff and service user questionnaires. We also looked at three sets of personal records to include risk assessments and support plans and observed a staff meeting.

Good

Is the service safe?

Our findings

When asked if they felt safe one person said, "Safe- yes definitely." Another said they felt, "Very safe," and would speak to a member of the management team if they had any concerns.

Staff had received training and understood their responsibilities in regard to keeping people safe. They were able to explain how they would recognise the signs of abuse and what actions they would take. One member of staff explained that by knowing people's needs, preferences and routines well, they were able to recognise if there was something wrong and report anything unusual to the management team straight away. For example, if a person was more quiet than usual or if there were visitors to the house that were not known to them. There were safeguarding and whistleblowing policies in place and a summary of these was in the staff handbook. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation or directly to external organisations.

There was a system for recording and monitoring accidents and incidents and appropriate actions had been taken to prevent or minimise the risk of recurrence. Accidents and incidents were discussed at staff meetings so that the team could learn from them and prevent similar occurrences in the future. An environmental risk assessment was undertaken for each person's home and staff told us that they referred to this when visiting a person for the first time or if there were any concerns about the safety of their surroundings. Individual risk assessments were detailed and provided clear guidance to staff on how to minimise any risks. For example, there was a risk assessment in place for a person who disliked being helped to move. The risk assessment gave guidance to staff on how best to support this person by approaching transfers calmly and gave detailed instructions on how to move the person safely. Staff were aware of the importance of risk assessment. One member of staff told us that the person they were supporting had planned to go to an event but the event had not been risk assessed for that person. The member of staff had explained this to the person and they had chosen another activity to attend instead. There was an emergency plan in place should a major incident interrupt service continuity.

There were sufficient numbers of suitable staff employed to keep people safe and meet their needs. Booked visits were a minimum of one hour and staff were given adequate time to travel between appointments. A relative and two people said that staff were always on time. One person received support with housework and personal care. They said that staff had, "Loads of time," and that they were never rushed. The rota and staff team had sufficient flexibility to deliver person centred care. For example, one person had requested that a particular member of staff accompany them to an appointment so the rota was adjusted accordingly. There was a lone working policy in place and a staff handbook to support staff to keep them safe whilst working alone in the community.

There was a robust recruitment process with appropriate pre-employment checks in place to ensure any staff employed were suitable to work with people, these included checks through the Disclosure and Barring Service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. The service had obtained proof of identity, employment references and employment histories.

Staff who administered medicines were appropriately trained and there were risk assessments in place to support people to manage their medicines independently. For example, one person was independent with their medication. However on occasion they had made mistakes and had become unwell as a consequence. The risk assessment clearly described this risk and directed staff to check the blister pack containing the person's medicine to make sure that medicines had been taken correctly; it advised staff to remind the person to take their medication if it had been missed and to recognise if the person was becoming unwell. The action plan also contained the telephone number of the appropriate health care professional to call for support.

Staff had received training in infection control and told us that they followed effective infection control procedures to minimise the risk of cross infection. One person described staff wearing gloves and aprons whilst delivering personal care and told us that staff washed their hands. One social care professional told us that staff, "Have worked in an environment in which there was a high risk of cross-contamination, and always taken the necessary precautions to avoid infection, while also respecting the client's lifestyle choices."

Requires Improvement

Is the service effective?

Our findings

One person told us that they though staff were well trained. Another said staff were, "Brilliant." A relative that we spoke to had confidence in the ability of staff to support their family member.

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 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 and found that staff had received training and understood the principles of the MCA. Staff were able to describe how they helped people to make choices and decisions by presenting options in a variety of formats and we noted that best interest meetings had been held for people who lacked the mental capacity to make certain decisions. However, support plans lacked details around decision making and how decisions were made for those people who lacked mental capacity. The provider agreed that this is an area that needs improvement and had already added a section to the support plans to provide guidance to staff on mental capacity and decision making for individuals.

Staff had the knowledge and skills to meet the needs of people. Training was delivered through a combination of e-learning and face to face training and there was a training plan in place to ensure that staff completed essential training with regular updates. Staff had also received training that was specific to the needs of the people they supported such as those with an autistic spectrum condition and diabetes. In addition, all support staff were in the process of completing the Care Certificate. The Care Certificate is a nationally recognised entry level qualification in care and covers topics such as, communication, person centred care, dignity and privacy. The Care Certificate is competency based training. The registered manager had asked all staff to complete the Care Certificate as a means to ensure that all staff were competent and up to date with current practice and legislation. One social care professional said that, "Appropriately trained staff had always been provided," to the person that they supported.

There was an effective induction programme in place and a system of introduction and shadowing for those allocated to a person for the first time. The induction programme had been reviewed to make sure it was fit for purpose and a new member of staff told us that they had been asked for their feedback on the induction process. Senior staff had received training in supervision and appraisal and staff told us that they received these regularly. Staff felt supported and developed. One member of staff said that the service, "Encourages you without you feeling pressurised." Another said that working for the service made them feel, "The most respected I have ever felt."

People were supported to have sufficient to eat and drink and to maintain a balanced diet. Two members of staff said that they would observe people's physical appearance to make sure they were eating and drinking enough. They said they would check cupboards to make sure food was in date and to establish if food was being consumed. They also said they would ask people about food and drink routinely. One member of staff

said that a person had told them they were worried they were overweight so the member of staff had reported this to their supervisor and a review was arranged. A relative explained that their family member had a strict routine around food and that staff knew this and adhered to the routine when they took their family member out. Where people were supported to eat, plans were detailed to guide staff in how to assist people and manage any associated risks. For example, the support plan for one person detailed the signs of a blocked feeding tube and what staff should do should it become blocked.

People were supported to maintain good health and have access to healthcare services. A diary system was used to manage people's appointments and people were supported to attend routine health appointments when required. Staff also recognised ill health and supported people to access primary care services such as their doctor or dentist. A health care professional told us how staff had noticed that a person's behaviour had changed and that they had lost interest in activities they had previously enjoyed and they noted that staff had appropriately referred this person to their doctor. People's individual plans contained hospital passports that could be taken with them to hospital; they contained information for hospital staff to enable them to care for them sensitively and effectively.

Good

Is the service caring?

Our findings

One person described the staff as, "Very caring, very kind and very supportive and helpful." Another said of the staff, "Very nice, very sweet." A relative told us that the staff knew their family member well and were, "More like friends to them." One person told us that they got on well with staff and that they felt that they were listened to.

The staff we spoke to showed genuine care and interest in the people they were supporting. A social care professional told us that staff, "Work to the skill and attributes of the person," they explained that staff took time to negotiate compromises with people that allowed them to continue to live in the community and prevented emergency admissions to hospital.

A social care professional told us how staff were proactive in supporting people towards independence by helping them to develop new skills. They also told us that staff recognised when care packages were not meeting the needs of people who had progressed and would suggest amendments or reductions in the level of support provided for those who had achieved greater independence. One person told us that they were involved in planning their care and that, "I sort out my own goals." A relative told us how staff encouraged their family member to be independent when they supported them to go out by asking them to pay and show their own bus pass. A member of staff told us how they supported a person to look for work. They said, "I remind them who they are and what they can do." Staff meeting minutes detailed a team discussion on how to promote independent travel, this demonstrated that staff actively looked for opportunities to help people become more independent and lead fulfilling lives. The registered manager described this process as, "Supporting people to independence."

A relative told us that they always get a call to let them know which member of staff is coming to support their family member and that this was important to them. The provider looked after the little things that made people feel like they mattered and gave people meaning and purpose. For example when we spoke to one person they asked us to let the registered manager know that they had a bag of unwanted clothing ready for them to pick up for the charity shop. This person was proud to be helping others and clearly felt a part of their community through being encouraged to contribute.

The staff handbook and the induction programme gave staff practical examples of how to maintain people's dignity and confidentiality. One social care professional said, "The values of privacy, dignity and respect were always upheld," and, "Positive working relationships have been established with someone who can be difficult to engage." A member of staff told us how they would protect a person's dignity by taking them to one side and talking quietly to them about their support if they were out in the community.

Staff referred to people as, 'people we support,' and were respectful of people's lifestyles and worked with them to help them achieve goals and aspirations. For example, one member of staff told us that a person wanted to take a literacy course. They helped them to find information on local courses and now they go once a week. Another member of staff supported a person to find voluntary work by helping them to complete the application form and preparing them for the interview.

Good

Is the service responsive?

Our findings

People received person centred care and support which was tailored to their individual needs. Staff were matched with people to suit their personalities and allocated according to a person's preference. For example, one relative told us that the same staff were allocated to support their family member as they needed continuity. They said they, "Always knew who and when." Another person said they had different people supporting them as it, "Makes it more fun." Visits and rotas were planned with sufficient flexibility to adapt to people's needs as they arose. For example, one person telephoned the office as they wanted to have their hair done and the rota was altered there and then so that they could be supported with this request. Another person's visits were revised regularly to fit in with their social life. People's individual support plans identified any gender preferences, these were reflected in the rota and staff and people that we spoke to told us their wishes were respected.

A healthcare professional who had visited a person in their home observed that they received, "Excellent, appropriate and person centred interventions," from the member of staff supporting them at that time. A member of staff told us that planned support was, "Based specifically on their people's needs." Individual support plans were detailed and personalised so that staff knew exactly how people wanted their support or care delivered. For example, one person's support plan said that they did not like to be rushed and wanted to do things at their own pace. Support plans were kept in people's homes and reviewed regularly. One member of staff told us how they often referred to the plan when they began to support a new person. Plans were accessible with pictures and short sentences and two people told us how they were involved in developing and reviewing their support plans. Some plans included life history information to support person centred care. For example, one member of staff told us how their knowledge of a person's life history helped them to avoid conversations which could upset them.

Staff supported people to access the community and pursue activities and interests of their choice. The service runs a lunch club three times a week in a venue with an industrial kitchen and dining room. The purpose of the lunch club is to teach people the skills they need to work in a kitchen such as food preparation and food safety. The service also runs an established art group once a week. Staff told us how they encouraged people to meet up and build relationships with others in the community.

One social care professional told us that, "FTF have always been very quick to respond to and report any issues of concern, and to take appropriate actions as required." There was a robust and easy read complaints procedure in place explaining the complaints process in words and pictures and any complaints received had been dealt with appropriately. All the people we spoke to said they would telephone the office to speak to a member of the management team if they were unhappy about anything.

Good

Is the service well-led?

Our findings

The service is part of the Frances Taylor Foundation which has a defined vision of 'dignity and respect for the individual.' The foundation is faith based and had delivered Charism training to staff to help them understand the vision and culture of the organisation and the way in which they aspire to care for the people they support. A member of staff described the service as, "Heartfelt." The Frances Taylor Foundation defines Charism as a combination of respect, dignity and personalisation. Members of the foundation were actively involved in the service. For example, we saw that two Sisters from the foundation had visited the service to undertake a provider audit. A member of staff told us that the service "Follows the ethos, makes you feel worthwhile."

The registered manager managed the service with the assistance of a senior support worker, receptionist and finance manager. A team leader had also been recently recruited. One member of staff said, "Office staff are wonderful, very responsive when you are out in the field, always happy to follow up on information and check that we are happy."

There was a high level of confidence in the registered manager and the management team. One social care professional told us, "There is a strong management team in place, and communication has always been excellent." The registered manager and senior support worker regularly visited people to review their care or to provide support as part of the team. This meant that the management team understood the needs of people and staff and everyone we spoke to knew members of the management team well and said they would contact them if they had any concerns about their support.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care Act 2014. For example, the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

There were quality assurance processes in place with an ongoing service development plan which demonstrated a commitment to continuous service improvement. A bi monthly provider audit was conducted by a member of the central team or a manager of another service within the group. The registered manager explained how this system promotes the sharing of best practice between services and can help to identify trends across the group for discussion at managers meetings. An action plan from a recent audit, detailed a consultation on an implementation of a key worker system, which in turn had been added to the service development plan.

Spot checks were undertaken by the management team to monitor the quality of the service delivered. The registered manager also completed monthly returns which included information on key support and operational quality indicators such as team meeting agendas, recruitment, training, service development and safeguarding referrals.

There were regular, team meetings and we attended a team meeting as part of the inspection. The meeting began with a reading and reflection which reminded staff of their shared values and the ethos of the service. Meetings had fixed agenda items such as accidents and incidents and training as well as current items for discussion. Communication was open and supportive and promoted relevant information sharing between staff about people's preferences or strategies to support those people better. One member of staff told us how the registered manager was open to new ideas and that staff meetings were often an opportunity to discuss these. This member of staff said that they, "Feel lucky to work here."

There had been a staff questionnaire and the associated actions were added to the service development plan. For example an action to provide staff with more training in addition to mandatory training to support them with their continuing professional development.

The Frances Taylor Foundation Homecare Services works closely with other agencies. A social care professional told us that staff worked sensitively with family members, carers, other support agencies, health and social care professionals.

Four members of staff regularly attended the local forum for staff working with people with learning disabilities. Forums are an opportunity to share best practice and seek local support and training opportunities for services who want to develop their services and staff.