

The Frances Taylor Foundation

The Frances Taylor

Foundation Liverpool Adult  
Services

### 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

### About the service

The Frances Taylor Foundation Liverpool Adult Services is a supported living service providing personal care to people living in their own homes. The service supports people who have learning disabilities and people who are living with dementia. At the time of our inspection the service supported 40 people living at nine addresses in the Liverpool area.

People lived in a variety of smaller and larger domestic-style properties, in which between three and six people lived. People's homes were in keeping with the appearance of other properties in the area and had easy access to local amenities and transport. People shared the communal parts of their homes, such as living rooms, kitchens and bathrooms and all had their own bedrooms.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. We noted the organisation's vision, 'Our vision is that people lead life to the full with their dignity respected, independence supported and uniqueness valued', was also reflective of this guidance.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were protected from the risk of harm and abuse and the home ensured that only suitable staff were employed to work at the service. People were supported to take their medicines safely and as prescribed.

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.

All the people and relatives we spoke with told us the staff were caring and treated people well. One person said, "The staff are always there for us, we all get on great." A relative commented, "[The staff] are wonderful, they think the world of [Relative]."

People's care plans were person-centred and gave staff the information they needed to support people safely and in the ways they wanted. Staff supported people to keep up with and pursue their hobbies and interests. This included, when relevant, signposting and supporting people to access places of worship. People told us they felt comfortable raising any concerns and they were confident staff would address any issues raised.

There was a positive and caring culture amongst the staff at the service. Staff recognised people as individuals and treated them with dignity and respect. This included supporting people to live an ordinary life as any other person. The people we met were happy and content with the support they received from the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 14 December 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective.

Details are in our effective findings below.

Good ●

### 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 well-led.

Details are in our well-Led findings below.

Good ●

# The Frances Taylor Foundation Liverpool Adult Services

## **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.

### Inspection team

This inspection was carried out by one inspector.

### Service and service type

This service provides care and support to people living in nine 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. 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.

### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a relatively small service and we needed to be sure that the registered manager would be in the office to support the inspection.

We visited the office location on 14 June 2019, met with nine people at two addresses on 17 June 2019 and

followed this up with telephone calls to two relatives.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and safeguarding team. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who were supported by the service and two relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager, team leaders and support workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were policies and procedures in place to guide staff in relation to safeguarding vulnerable adults and whistleblowing. Staff had received training on this topic and information about how to raise safeguarding concerns was readily available.
- Records showed that staff at the service took appropriate action when any such concerns arose.
- People were encouraged to talk to the staff if they were unhappy or upset about something. One person said, "We can always talk with the staff."

Assessing risk, safety monitoring and management

- People had personalised risk assessments in place to help staff safely manage any risks associated with people's care.
- Staff had completed training in topics of health safety and had the support of a 24 hour on-call system for emergency advice.
- People had personal emergency evacuation plans (PEEP) to assist people's evacuation of their homes in the event of an emergency. These were regularly reviewed and updated and were easily accessible to those who needed them.
- The service had business continuity plans in place to safely manage unforeseen emergencies.

Staffing and recruitment

- We looked at staff rotas and observed staffing levels during our inspection. We found the staffing levels were in line with people's support needs. This included ensuring people had the support they needed when they went out into the community. One person said, "We enjoy living here, we do what we want, when we want."
- Staff were safely recruited by the service. Records showed that the required pre-employment checks, such as criminal records checks, had been carried out. This ensured that only people who were suitable to work with vulnerable adults were employed.

Using medicines safely

- Medicines were safely administered, stored and recorded by staff who had the required knowledge and skills.
- People and their relatives told us that staff supported them with their medicines correctly and at the right times. One person said, "The staff help me with my medicines and creams."
- The service also had robust systems in place to ensure the safety and quality of medicines administration was maintained.

### Preventing and controlling infection

- Staff supported people to keep their homes clean. Both the homes we visited were clean and tidy.
- Staff had received training on infection prevention and control and had access to personal protective equipment (PPE) for when this was needed, such as supporting people with personal care.
- This meant that staff and people were protected from the risk of infection being spread.

### Learning lessons when things go wrong

- We saw that accident and incident policies and procedures were in place and there was a system to record any accidents and incidents that had occurred.
- These records were well-maintained and showed that appropriate action had been taken in response to any accidents and incidents that had occurred, and staff regularly reviewed this information to help identify any emerging patterns or trends that needed addressing.
- Staff we spoke with knew how to safely and effectively manage these situations and any learning was shared amongst staff, for example at team meetings.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were effectively assessed before they were supported by the service. This ensured that staff had the skills and capacity to safely and effectively meet people's needs. The information from the assessment formed the detail of the care plans and risk assessments.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- New staff were appropriately inducted into their role at the service and staff received ongoing training relevant to their roles.
- Staff told us that they felt well-supported in their roles and spoke positively about the training available to them. For example, since our last inspection there was an increasing need for staff to further develop their knowledge and skills supporting people living with dementia. Staff told us the additional training had helped them and several staff and people supported by the service had become Dementia Friends. A Dementia Friend is somebody that learns about dementia so they can help their community, which is part of an initiative by the Alzheimer's Society.
- Records showed that staff were up-to-date with their training and the service had an effective system in place to ensure this was maintained.
- Staff were supported with regular supervisions and annual appraisals. This provided a formal opportunity to discuss performance, any concerns and to address any training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy and balanced diet.
- People's individual dietary needs and preferences were included in their care plans.
- When necessary, staff sought guidance and advice from relevant healthcare professionals to meet any specific dietary needs. For example, speech and language therapists (SALT) and dietitians.
- Staff supported people to plan, buy and prepare their own meals and drinks as independently as possible.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when needed to maintain their health and wellbeing.
- We found the service had received very positive feedback from some of the other health and social care professionals it worked with.
- People's care plans contained a health passport, which summarised important information about them

and their support needs. This information could be shared with other health professionals when needed, such as attending hospital in an emergency.

- Staff encouraged and supported people to enjoy active and healthy lifestyles. For example, one person went swimming regularly and enjoyed being a member of a local weight-loss club.

#### 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 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. Where people may need to be deprived of their liberty in order to receive care and treatment an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to ensure people who lacked the capacity to make specific decisions, were supported in the least restrictive way possible.
- Staff had received training about the MCA and understood it was unlawful to deprive a person of their liberty unless it was legally authorised. Staff knew the importance of seeking a person's consent prior to undertaking and care or support.
- Authorisations were in place for people who had restrictions placed on their liberty and staff were fully aware of these and supported people in line with them.

# 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 the last inspection this key question was rated as good. At this inspection 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

- All the people and relatives we spoke with told us the staff were caring and treated people well. One person said, "The staff are always there for us, we all get on great." A relative commented, "[The staff] are wonderful, they think the world of [Relative]."
- People were treated with kindness and compassion. Staff were sensitive to people's emotional wellbeing. For example, we observed staff caringly and supportively comforting a person about a sensitive subject that was important to them.
- The service ensured people were treated as individuals and their equality and diversity needs were appropriately considered and met. For example, staff had supported a person to find and attend a relevant place of worship which they had not previously been aware of.
- We saw that people had a good rapport with the staff that supported them.

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

- People were able to give their feedback about their care at any time but also in structured ways, such as during care plan reviews or annual satisfaction surveys.
- Staff supported people to make independent choices about their care and things that were important to them. For example, one person happily told us what colour they had decided their room should be decorated.
- Records showed that people and their relatives were involved in making decisions about their care and we were told there was good communication between staff, people and their relatives.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff respected people's privacy and treated them with dignity and respect. Staff were conscious and respectful of the fact they were supporting people in their homes.
- People were able to spend time alone and in private away from staff and other people they lived with if they wished to do so.
- People's confidential information, such as care plans, was stored securely and only people who required access could do so.
- Staff were able to give us examples of how they supported people to maintain their independence as much as possible, such as supporting people to choose and shop for their food and drink and encouraging people to complete as many of their own personal care tasks for themselves as possible. One person told us, "[Staff] help me to be independent, I'm happy here."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection 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

- The care plans we looked at were informative, regularly reviewed and reflected the needs of the people supported by the service. Care plans contained relevant information about the individual, such as their background, communication methods, health, emotional, and physical health needs.
- People and their relatives were involved in the care planning and review process to ensure people's care plans were person-centred. One relative commented, "We're always involved in the care planning, we feel included and we are listened to."
- Staff knew the people they supported well and vice-versa. One person told us, "The staff are nice, they help me as I need it."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information about any individual communication needs and preferences people had.
- The service ensured staff communicated with people in ways that they could understand. For example, some people supported by the service communicated non-verbally. Staff made use of pictorial aids to help people communicate their choices and feelings.

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

- People were supported to maintain relationships that were important to them and meet new people. For example, one person regularly met up with their friend who was also supported by the service but lived at another address.
- The service was adaptable when meeting people's support needs. For example, one person contacted the office to rearrange their planned support so that they could go to the cinema and watch a film they wanted to see on a particular day.
- People had the use of assistive technology to enhance their independence and communication.
- People were supported to maintain links with the community and to pursue their hobbies and interests. Examples of this included voluntary work and taking part in various practical skills training workshops based at a local charity.

- People were proud of and enjoyed taking part in the choir the service had set up several years ago.
- People's individual social, cultural and spiritual needs were considered. For example, the service both signposted and assisted people to attend relevant places of worship.

#### Improving care quality in response to complaints or concerns

- People and their relatives had access to information about how to make a complaint and they told us they felt comfortable raising any concerns if necessary.
- We reviewed the home's complaints records and found that complaints were appropriately recorded and responded to in a timely manner.

#### End of life care and support

- End of life care had been discussed, documented and plans put in place to ensure that people's preferences were met.
- Staff were supported with relevant training and they worked in partnership with relevant health professionals to ensure people's end of life care needs were effectively met.
- Staff supported people with their understanding of death and helped them to sensitively commemorate people they had lived with who had died.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- There was a positive and caring culture amongst the staff at the service.
- Staff recognised people as individuals and treated them with dignity and respect. This included supporting people to live an ordinary life as any other person.
- The people we met were happy and content with the support they received from the service.
- The registered manager understood their responsibility regarding the duty of candour and there was an open and transparent culture at the service.

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

- The service had an experienced registered manager.
- Ratings from the last CQC inspection were clearly displayed at the service's office and on its website, as required.
- The registered manager had notified the CQC of all significant events which had occurred in line with their legal obligations.
- The service had clear lines of accountability and there was a stable management team in place.
- The service had a range of regularly reviewed policies and procedures in place to help guide staff.

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

- The service welcomed feedback from people, who were able to give their feedback about their care in a variety of ways, such as surveys and during regular meetings held with the other people they lived with and staff.
- The service used people's views and experiences to help develop the service. For example, the service had actively involved people in the staff recruitment process.
- Staff told us they felt well-supported and were listened to by senior staff at the service.

Continuous learning and improving care

- The service had a range of regular audits in place to monitor, assess and improve the quality and safety of the service. These ranged from environmental and health and safety checks to medicines audits.
- Regular checks were carried out to assess staff performance and identify potential areas for further learning and development.

- The registered manager met regularly with other registered manager from across the other services operated by the registered provider to share information, ideas and best practice.

#### Working in partnership with others

- Staff engaged well with other health and social care professionals to ensure people's health and wellbeing was maintained.
- We saw the service had received very positive feedback from some of the other health and social care professionals it worked with. One health professional wrote, 'You ensured that [person] was well cared for and you were always responsive to [person's] needs and seeking regular reviews and advice from professionals.'
- We saw that referrals to other health services were managed well and appropriately followed up on.
- The service had good links with the local university and some student nurses completed placements working for the service. The registered manager explained how they felt this was important to give future nurses the chance to understand and gain experience meeting the needs of the people supported by the service.