

The Frances Taylor Foundation Laverstoke Gardens

Inspection report

49 Laverstoke Gardens
Roehampton
London
SW15 4JB

Tel: 02082466824
Website: www.ftf.org.uk

Date of inspection visit:
25 October 2017

Date of publication:
28 November 2017

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

Laverstoke Gardens is a residential care home for a maximum of seven people with a learning disability. At the time of the inspection there were six people using the service.

This inspection was unannounced and carried out on 25 October 2017.

At the last inspection the service was rated Good, at this inspection we found the service remained Good.

The service had a registered manager in post. 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.

Adult safeguarding procedures were in place and followed by staff to support people from potential harm and abuse. Staff supported people to manage the risks around their daily living which ensured they were safe to take part in activities of their choice. Fire safety instructions and equipment were available for staff to use in the event of fire. Staffing levels were based on people's care needs and changed if people required additional support. People received their medicines in line with good practice.

The service ensured that people consented to their care and treatment. Staff knew their responsibilities around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People's nutritional needs were assessed and they had support to meet their dietary needs and requirements. People were supported to access health care professionals who ensured their wellbeing was monitored and maintained. Staff regularly attended training courses to ensure they carried out their roles and responsibilities in line with the services policies and procedures. However, staff were not trained to support people with mental health needs. After discussing this with the registered manager, the mental health training course was booked for staff the next day.

The atmosphere within the service was welcoming and relaxed. People's views were listened to and support provided was respectful towards the people's care needs. People were treated with dignity and kindness and staff encouraged people's privacy. People made choices about the activities and social gatherings they wanted to take part in.

Care plans were in both written and pictorial format which helped people to understand their contents better and get involved in making decisions about their care. Care records were detailed and guided staff in meeting people's care needs. People and their relatives were supported to raise concerns and complaints. Feedback surveys were sent regularly which ensured that people's views about the service were collected.

The registered manager provided good leadership at the service and was approachable and responsive to people's and staff's needs. Systems were in place to support staff with their responsibilities and the

concerns raised were acted on to ensure good care for people. Regular audits were undertaken and looked at all aspects of the service. Where issues were identified, action was taken to make improvements.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Laverstoke Gardens

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We undertook the inspection of this service on 25 October 2017.

This inspection was unannounced and carried out by one inspector.

Before the inspection we reviewed information we held about the service. This included statutory notifications and a Provider Information Return (PIR). This is information we require providers to send us at least once annually 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 living at the service, two staff members and the registered manager of this service. We reviewed three people's care records, two staff files, training and medicine records, staff rotas and other records relating to the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we contacted three relatives and three health and social care professionals asking for their feedback about the services provided for people.

Is the service safe?

Our findings

We found that the care provided for people was safe. A person said they "trusted" staff and felt "well looked after." A family member told us their relative was "completely safe" at the care home.

Staff followed the adult safeguarding procedures to ensure that people were protected from potential harm and abuse as necessary. A staff member told us, "The safeguarding training is very good, I learnt a lot, we support the residents very well if any incidents happen." We saw that the service took appropriate actions to protect people where incidents of potential abuse were reported. Staff told us about the actions they would take if any signs of abuse to people were noticed by them. They reported their concerns to the registered manager for taking actions as necessary. The registered manager then contacted a local authority for the concerns to be investigated and a protection plan to be put in place to protect people.

There were risk management plans in place to ensure people's safety. Information was available on the individual risks to people and how these were managed. Care plans had guidelines in place on the support people required to reduce the risks around their mobility and emotional needs. Staff assisted people to take calculated risks and provided support to minimise the risks as necessary, for example when they were going out in the community.

The service followed the fire safety procedures to ensure that people were supported as necessary in the event of fire. Fire safety instructions were available and visibly displayed for staff to follow if required. Fire exits were clearly marked and easily accessed by people living in the service. We saw that the fire safety equipment was available for staff to use as necessary.

The service had a stable staff team in place which ensured that people were provided with continuity of care. People told us there were enough staff to support them when they required assistance to carry out tasks. Staffing levels were increased if people required additional support with health appointments, shopping or going on holidays. The service used regular agency and bank staff to cover shifts which meant that people were supported by staff who knew their care needs well.

Staff followed safe medicine administration procedures to ensure that people took their medicines as prescribed. Two staff members supported people to take their medicines to prevent medicine errors occurring. We found that the medicines administration sheets were accurately completed by the staff team. Information was available on the medicine side effects which ensured that staff took actions to support people if they noticed any symptoms. People's medicines were stored and disposed of according to the services policies and procedures.

Is the service effective?

Our findings

A relative told us their family member was supported by "high quality staff that really care about their work." Another family member said, "The staff seem to have been trained well by the manager so they understand exactly what each client requires." A health and social care professional noted, "The carers and home manager had a very good overview of the service user and her needs."

We found that staff had support to develop in their role. A staff member said the training was "very insightful." Staff were provided with regular training courses to ensure they had the necessary knowledge and skills to provide effective care for people. These included training in Safeguarding vulnerable adults, medicines management, health and safety and Mental Capacity Act 2005 (MCA). Staff also attended additional training to meet people's individual needs, for example where specific knowledge was required to support a person with their nutritional needs. However, we found that the training was not provided and staff had a limited understanding about the mental health conditions. At the time of inspection the service supported people with mental health needs. We saw that care records were detailed and had guidelines on how to provide assistance for these people. We observed that staff applied the guidelines in practice which ensured that people had support to meet their care needs as required. We shared our observations with the registered manager who immediately booked the training in mental health.

Staff had support to carry out their duties as necessary. Staff told us they felt confident to speak to the registered manager if they had any concerns. Records showed that staff received regular supervision and appraisal meetings. These meetings were used to discuss people's individual care needs and staff's working practice. Actions were agreed to make improvements where required, for example in relation to keeping the care records up-to-date.

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

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

We found that the applications under the DoLS had been submitted by the provider and had been authorised by the local authority. The service was complying with the conditions applied to the authorisation. Staff we spoke with understood their responsibilities in relation to the MCA. The MCA principles were applied in practice to ensure that people were provided with choices and the support they required to make decisions for themselves, for example in relation to their health needs.

People made choices about the food they wanted to eat. One person told us they talked to staff if they didn't want the food that was offered and staff gave them something else, for example toast. Staff said they knew people's preferences well and prepared two dishes to ensure that people had a choice of what to eat. Staff supported people to plan their food menu and to do the food shopping weekly. We found that risks were identified and professional guidelines were in place for a person with complex nutritional needs. We observed staff supporting this person to position themselves comfortably when eating to minimise the risk of choking. This ensured that the person had support to eat and drink based to the recommendations made by the speech and language specialist.

Staff supported people to book and attend their health appointments as required. People had Health Action Plans in place which meant they had support to attend their routine health appointments in time as necessary. A Health Action Plan is used to record information about people's health needs. We found that the staff team attended to people's changing health needs promptly. They contacted health professionals to review a person's mental health needs quickly when required. A health and social care professional told us that staff were well aware of people's needs and used appropriate strategies to reduce a person's anxiety levels during their meeting.

Is the service caring?

Our findings

One person said, "I do normally make my own breakfast if I want to." Another person told us, "It's very nice here [the care home], I like everything." A relative said, "The home has a wonderful relaxed and homely atmosphere where everyone is cared for according to their needs." A staff member told us, "It's interesting working here [the service], we are working with individual ladies and it's never the same day."

Laverstoke Gardens provided a welcoming and homely environment for people. Some communal areas were recently refurbished and it was planned to redecorate the rest of the home soon. We observed people carrying activities in the service as they wished to, including making themselves a cup of tea when they wanted to. People kept a pet that they enjoyed spending time with. There were pictures around the home with people taking part in activities and going out in the community, which reflect people's life style. People's rooms were personalised and one person told us about the personal items they were collecting that showed their interests.

People told us they were treated with respect and kindness. One person said, "Carers look after me well, they came to visit me when I was in the hospital." We observed staff knocking a bathroom door before entering to ensure that no one was in. Staff asked people's permission before going into their rooms with us. Staff told us they protected people's privacy. One staff member said to us, "I ensure that they [people] are always comfortable, for example I help them to cover themselves during their personal care." We observed a staff member encouraging a person to wipe their face after eating to protect their dignity. Staff used people's individual communication styles which encouraged their participation in communication, for example staff used short sentences to inform a person about the actions they were taking when providing support with manual handling.

People had support to attend to their interests as necessary. People told us they were assisted to take part in the activities of their choice. One person said, "I go out when I want to, I do a lot at home." A relative told us their family member "enjoys going out for meals with others [residents]." People participated in various weekly activities that reflected their interests, including reading books, spending time with their families, watching movies and listening to music. We saw that people went out regularly and attended different classes at a day centre. Records showed that people visited the church regularly to promote their religious beliefs. One person told us about the job they had and how important it was for them. This meant that people had support to socialise and build relationships in the community.

Is the service responsive?

Our findings

One person told us, "It's alright living here, I get on well with carers." One relative said that, "Queries were answered quickly and efficiently." Another family member told us, "The care staff at the service have mostly been working there for many years, so they know all the clients extremely well."

Care records reflected people's support needs in great detail. We found that the care plans were updated quickly when people's care needs changed which ensured that staff had a clear guidance on the support people required, for example with their health needs. Care records contained a lot of personal information to people, including their history, preferences, hobbies and important contacts. Staff were well aware of what was important to people and provided support to meet their individual needs. We saw a staff member calling a relative when the person asked them to.

People were involved and made decisions about their care needs. People said that staff talked to them about the support they wanted to receive. Care records showed that people signed their care records and risk assessments when they were in agreement with the proposed staff assistance. These were regularly reviewed to reflect people's changing needs and to ensure that people continued to be in agreement with the support they received. Pictures were used to help people to understand their care records, for example their daily routines.

People were supported to raise their concerns with the staff team as necessary. One person told us, "If I have a problem I talk about that." People told us they had regular one-to-one meetings with their key workers to talk about their concerns. Records showed that people's emotional needs were discussed during these meetings. People told us they were happy with the services provided and they could not think of anything they wanted to change at the time.

People and their relatives were regularly asked to complete feedback questionnaires which ensured that the staff team were informed about the quality of support they provided to people. We viewed the feedback questionnaires completed in 2017 and the results showed that people and their relatives rated the Laverstoke Gardens service well. A relative noted that the care home provided a "clean, warm and comfortable" environment for people. We saw that actions suggested were carried out as necessary, for example a person noted they wanted to make a purchase for their room and was supported to make it happen.

Is the service well-led?

Our findings

One person told us the registered manager was "very very good." A relative said that the service was managed "very well indeed." Another family member told us the registered manager "has very high standards and makes sure the care staff follow her instructions. There is a good relationship between management and staff."

The service had a registered manager in post that provided good leadership for the team. People told us the registered manager was available when they wanted to talk to them. Staff noted the registered manager was accessible for advice as necessary which ensured they had support to carry out their duties as required. A staff member told us the registered manager was "excellent, she listens to us and if any problems, she deals with it." The registered manager was aware of their responsibilities, including the different forms of statutory notifications they had to submit to CQC as required by law. We asked the registered manager about the complaints procedure and they were well aware of the processes, including the time scales for reporting the complaints. The service had not received any formal complaints since the registered manager was in post. We found that the registered manager was very involved in the running of the service and had a good understanding about people's care needs. We saw that the registered manager encouraged their team and praised individual staff members for the actions they took to support people to have a good quality of life.

Staff told us they felt confident to raise their concerns which ensured that actions were taken to improve the service. A staff member said, "It is a very good team, we share ideas to make sure the residents are well looked after." The service held regular staff meetings to discuss the quality of services provided for people, for example the support people required to manage their finances. There was time allocated between the shifts for staff to share information about the activities taking place at the service. This meant that people received support from staff that had up to date information about their needs. We viewed the staff feedback questionnaires completed in 2017. Results showed that staff had support to carry out their duties as appropriate. However, staff felt they lacked opportunities to develop in their role. We found that one-to-one meetings with the registered manager were used to address staff's individual developmental needs and staff had additional responsibilities agreed for learning new skills.

Robust auditing systems were in place and monitored by the management team to ensure good service delivery for people. Records showed that the provider had carried out regular internal checks at the service and made suggestions to improve the service. We saw that actions highlighted were undertaken promptly by the registered manager. For example, where the medicines competency assessments had to be carried out. Staff were trained and undertook daily and weekly checks at the service to ensure people's safety. These included health and safety, fire safety and water and fridge temperature checks. Regular compliance audits took place to ensure that people's care records were up-to-date and reflected their needs.