The Thomas More Project

The Thomas More Project - 33 Fallodon Way

Inspection report

33 Fallodon Way
Henleaze
Bristol
BS9 4HX

Tel: 01179629899
Website: www.thomas-more.org.uk

Date of inspection visit:
20 June 2017

Date of publication:
28 July 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

The Thomas More Project - 33 Fallodon Way is registered to provide accommodation and personal care for up to 11 people. On the day of the visit, there were 10 people at the home.

There was a registered manager for the service. 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.

The staff knew how to support people in a way that respected their privacy and independence. The home had a welcoming and friendly atmosphere. Close contact with family members was actively encouraged. However a staff member spoke to a certain person in a way that did not protect their dignity. The remaining staff showed they knew how to communicate and respond in ways that treated people with dignity and respect.

New staff were recruited only after they had been through an in depth recruitment process. Risks to people were identified and kept to a minimum. This was done in a way that did not impact on people and their freedom of movement and independence. The staff knew what their responsibilities were in relation to protecting people from the risk of abuse. There were systems in place to support staff and people to stay safe.

Staff were trained and generally being supported to ensure they were aware of people's needs and how to meet them. However there had been a slippage in the frequency of staff supervision for three staff whose records we viewed. This could mean people were being care for by some staff who were not being fully supported and developed in their work.
People were supported to see a wide range of health professionals and they received the help they required to maintain optimum health. People were provided with a wide range of meals and drinks that they enjoyed.

People were supported with kindness by the staff. The team had built up close, relationships with the people they supported, their families and friends. The staff understood how to treat people as individuals and respected their lifestyle preferences, choices and wishes.

People who lived at the home were well supported to take part in a variety of activities of their choosing. People enjoyed the activities and the opportunities made available to them. There were links with the nearby community and people were well supported to be part of this if they wanted to be.

The care and service people received was regularly reviewed to find out what improvements were needed, and how the service could be further developed. There were quality checking systems in place to monitor the service to ensure people received care that was personalised to their needs. Audits had picked up some matters that required action, including the shortfall in frequency of staff supervision. The registered

manager was acting on these issues. There were a range of checks and audits in place that ensured the on-going safety and quality of the service. These had been effective at providing assurance that the service remained good, and that the service was meeting people's needs and the regulations.

The team spoke positively about the management structure of the service and the organisation. They told us that the registered manager was a caring and supportive leader. The staff team told us they were well supported by the registered manager. The registered manager was also very positive about their role and the team that they managed. Staff said the registered manager and deputy manager were always there for them. They said both managers helped them whenever they needed advice, guidance and support.

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 caring	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

The Thomas More Project - 33 Fallodon Way

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.

Before the inspection, we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We read the Provider Information Record (PIR) and previous inspection reports before our visit The PIR was information given to us by the provider. This enabled us to ensure we looked closely at any potential areas of concern. The PIR was detailed and gave us information about how the service ensured it was safe, effective, caring, responsive and well led.

This inspection took place on 20 June 2017 and was unannounced. The inspection was carried out by one inspector.

We met eight people who were living in the home. Staff we spoke with included the registered manager, deputy manager, two senior support workers, one support worker, a member of the day care staff, and the administrator.

We observed how staff interacted with the people they supported in all parts of the home. We also used the Short Observational Framework for Inspection (SOFI2). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records and charts relating to two people and nine medicine records. We looked at other

information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty records, meeting minutes and arrangements for responding to complaints.

'

Good

Is the service safe?

Our findings

People were protected from the risk of harm and abuse. The provider had systems in place to help keep people safe. Staff understood what actions to follow if they were concerned about the welfare of a person at the home. Staff knew how to protect people from abuse and avoidable harm. The staff team had received training in keeping people safe from abuse. This was also confirmed in the staff training records. Staff told us they would immediately report abuse and were very confident that management would act without delay on their concerns if they had any. Staff told us that the subject of safeguarding people was also raised with them at one to one meetings. This was to try to ensure staff knew how to raise any concerns and what to do to keep people safe.

To further help to protect people and keep them safe there was a system in place to guide staff to make whistle blowing allegations if they had them. A whistle blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation that is either private or public. Staff demonstrated an up to date understanding about the different types of reasons they may report something under whistle blowing legislation. The staff also understood what they needed to do to report concerns about people at the home. The staff told us they were always able to approach the registered manager if they were ever concerned for someone.

We read detailed risk assessments that had been written for each person. These were in place to assess the identified risks and the actions that may be needed to minimise any harm. The assessments also focused on how to empower the person to life a full life in and out of the home. We read examples of people having risk assessments in place to use facilities such as going dancing at a community venue, going to hydrotherapy and watching wrestling. Risks associated with the safety of the environment and equipment was also in place. There was a business continuity plan. This plan was to guide staff about what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. The ability of people to evacuate the building in the event of a fire had been assessed and, if required, each person had an individual personal evacuation plan.

Medicines were stored safely and people were given them when they were required. The medicines administration charts we saw were clearly written and stated exactly what medicines people had been given. There were also additional checks on how medicine records had been completed by staff to ensure they were being done correctly. A full medicines audit was carried out and actions were taken to address these shortfalls in the service. Staff were booked to go on regular medicines management training. Medicine administration charts also had photographs of the person to help ensure staff could identify them. We saw staff gave people their medicines and this was done by following a safe procedure. The staff checked they were giving the medicines to the right person. They then signed the medicine charts after they had given each person their medicines and told them what it was and why they needed it.

Medicines were kept safely and were locked away inside a locked cupboard in each person's bedroom with the rest of their medicines when not needed. Medicines that required extra security were checked by staff. There were stock checks and the remaining balances of medicines which had been given were recorded.

There were daily records of the fridge and room temperatures. This was to make sure medicines were stored correctly to maintain their effectiveness. Staff had recently moved medicines to another secure part of the home. This was due to very hot weather making temperatures high where some medicines were stored. There were guidelines in place for people who had medicines prescribed to be taken as and when required. There was guidance to support staff to give 'on an occasional basis'. Medicines, for example to help people manage their pain and to manage extreme mood changes. Body map template forms were kept to be used to guide staff to know how to apply creams and lotions for people. This helped to ensure people were given their medicines safely.

There were enough staff to provide safe care .The staffing rotas showed the home had the number of staff needed to provide safe care .Where there was staff shortages, this was been planned for and cover was in place. The registered manager said that the numbers and skill mix of staff on duty each day was being fully reviewed with a senior manager. This was to ensure there were the right numbers of competent staff to meet the needs of people at the home. These numbers were altered and reviewed when this was needed. For example, when people were physically or mentally unwell and needed more care and support.

To aim to make sure only safe and suitable new staff were recruited all new staff completed a thorough recruitment process before they could start work. Staff had Disclosure and Baring checks in place to check if they had any criminal record, which would exclude them from working with vulnerable people. There was a staff disciplinary procedure in place. This was used if there were concerns around staff practice. This was another way that hoped to keep people safe from the risks from unsuitable staff.

To help to keep the premises safe there were regular health safety and monitoring checks completed. There were certificates relating to gas, electricity and fire safety checks. The home was clean and tidy and smelt fresh the areas we saw. To try to reduce risks from cross infection we saw that staff used protective equipment in the form of disposable gloves and aprons when handling food. There was a supply of alcohol gel, paper towels and liquid soap in the home. These products were used to minimise the risks of cross infection.

Good

Is the service effective?

Our findings

We checked to see if staff were receiving supervision meetings. These are one to one meetings staff have with their supervisor. They allow for a discussion of the staff member's performance and, are used to ensure staff are supported to provide effective care and support. The three staff files we looked at showed they had not received supervision for more than three months. The providers own policy aimed for staff to receive one to one supervision around every eight weeks. These staff confirmed they had not always received supervision. Staff said they were supported and supervised in their day to day work by the registered manager and the deputy manager. The staff said both managers worked alongside the team regularly. Staff said the managers both gave them guidance and support when they worked with them. The registered manager told us, and we also saw, that they had an action plan in place to address this shortfall. Staff who had missed a session of supervision had now attended recent sessions with their supervisor. This showed that the registered manager was addressing this shortfall to ensure that all staff were being properly supported in their work with people at the home. This further benefited people at the home as it meant they were assisted by staff who were being properly developed and supported.

People were supported by a small consistent team of staff. Our observations of staff and, discussions with them confirmed they had the skills to meet the needs of people and to provide an effective service. Staff told us of a number of examples of how they provided suitable care to people. They told us they supported people when they were anxious and angry in mood. They supported people with their particular mobility needs. They also supported one person who needed extra support to be able to move around the home independently.

We found that staff were knowledgeable about the different needs of people at the home and how to provide effective support to each person. The staff told us they had got to know people very well as everyone we spoke with had worked at the home for a number of years. Staff also told us they read the care records on a daily basis. This was to help them keep up to date about people and the support they needed. This helped them know how to provide people with effective care and assistance. For example, staff told us about one person who sometimes became very agitated in mood and required different numbers of staff to support them due to their changing mental health needs.

Staff told us that they had been provided with an induction when they began working at the home. The records we saw showed new staff were provided them with information about the service and the range of needs of the people they supported. The staff induction programme covered areas such as how to support people with complex learning difficulties, safeguarding people, health and safety, infection control and safe food handling. The registered manager told us they always ensured new staff shadowed and worked alongside more experienced staff when they started work at the home. This helped ensure they had received a good range of training before they began work with people at the service. This also showed people were supported with their needs by competent staff.

Staff confirmed they received training so that they had the knowledge and skills to carry out their roles and responsibilities with people. Staff received training which helped them to understand the needs of people

they cared for at the home. This included topics such as different health and safety practices and procedures, the needs of older people, safeguarding people from abuse, and correct moving and handling. New staff also underwent an induction programme that had equipped them with the skills and knowledge to enable them to fulfil their roles and responsibilities.

They team had also been provided with specialist training relevant to certain people at the home. Staff had completed virtual dementia tour training endorsed by various organisations including Dementia UK. The aim of the training is for staff to walk in the shoes of a person with dementia, and start to further understand the issues that they experience every day. People who do the training will feel confused, isolated, lost, intimidated, vulnerable and much more and therefore hopefully understand what they need to do change and improve quality of care. Large headphones cover the ears, producing disruptive background noise, makeshift sunglasses distort the central vision and thick gloves are worn to restrict finger movement and sensation. Every staff member told us this learning had had a strong impact on them. They said it really helped them understand how people feel and it had helped them gain a real understanding and, helped them learn to be more patient with people.

People were supported to use health services when they needed to. They were able to see health care professionals promptly and referrals were made without delay. Where health professionals had implemented plans of care these were followed by staff in the home. For example, dieticians had given support and guidance for certain people with complex nutritional needs. There was also advice around medicines from a specialist psychiatrist who worked with people with learning disabilities.

Staff wrote at least daily, health checks about the health and wellbeing of each person at the home. Care plans had been updated when certain people's health needs had changed. This was based on observations about the general health of the people they had supported. This helped them identify any health needs or concerns they had. When staff became concerned about a person's health they took prompt action to ensure they received appropriate support from the relevant healthcare professional such as the GP. Records showed that where other specialist assistance was required, people had been referred. A visiting healthcare chiropodist came to see people during our visit. People looked very enthusiastic to see them and have their foot care carried out.

People told us they liked the food and we saw from records they were always offered choices at each mealtime. The staff said they offered people support and guidance about healthy eating. There was guidance displayed in the kitchen about advice and suggestions for buying and cooking healthy meals. The staff told us this information was to help people when menu planning.

When certain people needed extra support to eat and drink we saw there was up to date clear guidance set out in their care plans. Staff were to use this information to support people. For example, one person required a modified consistency diet. This was to reduce the risk of them choking on their food. Their care plan clearly set out how to make sure meals were safe for the person. This showed how the person's nutritional needs were met. Risk assessments were in place to identify people who could be at risk of poor nutrition. If someone was found to be at risk, we saw that advice had been obtained from relevant professionals and acted upon. For example, one person was told they should increase their calorie intake. People's weight was also checked when needed to help identify people who were not receiving adequate nutrition.

There was specialist cutlery and plate guards in use for those who needed them. One person who took longer to eat their meals had a special plate that safely kept their food warm while they ate. We saw the person concerned use this plate and they ate the meal that was on it. This also maintained independence

and allow them to eat meals without staff support and, in a way that maintained their dignity. We saw that people each had their own personalised table mats. These were individualised and had information about what food each person enjoyed. These were used as a prompt for staff to ensure they always met each person's individual preferences.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision 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.

Staff were able to tell us how they made decisions in line with the MCA. They described how they supported people to make decisions that were in their best interests and ensured their safety. We saw examples of where people's capacity had been assessed and found that full and situation specific assessments had been completed. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and records confirmed that applications had been made when it was assessed as being in the person's best interest and no other options were available.

Good

Is the service caring?

Our findings

The majority of staff treated people with dignity and respect and communicated with warmth and kindness. We saw staff knocked on bedroom doors before entering and supported people to understand the choices and decisions available to them. We did see an example of staff not treating people with dignity and respect. One staff member responded to a person who was dancing with a negative comment. We spoke with the registered manager about this. They said they would address this with the staff concerned.

We saw most staff engage with people and communicate with each person using a kind and caring approach. They used a kind and friendly approach with everyone. We saw numerous warm and friendly interactions between people and the staff. Most staff talked with people sensitively about how they were feeling and how they wanted to spend their day.

People's privacy and was respected by the staff at the service. People told us that staff checked their rooms by prior arrangement with them. This was to ensure rooms were safe and being properly maintained .This was made clear to people in the service user guide about the home.

Staff encouraged people living in the home to be independent in their daily life. This was seen in a number of ways, we saw staff supported people in what they would perceive as household chores within the home, for example setting of tables for mealtimes and folding napkins. Staff said they spoke with people about their likes and the way they wanted their care to be provided. They said that care plans were written based on what people told them and they provided information about the way people wanted to be cared for. This was evidenced in the care records we viewed. People choose what time they got up, when they went to bed, and how they wanted to spend their day.

Some people had their own key to their bedroom doors that they were able to lock. This helped them to have privacy. People told us the staff respected their privacy and always knocked on their bedroom doors and waited for a response before entering.

The training records confirmed staff had attended equality and diversity training. The staff understood what equality and diversity was. They knew that it meant respecting the rights and choices of people at the home. The staff also said they aimed to ensure they treated everyone as an individual. For example, staff told us they supported people who wanted to practice their faith while they lived at the home.

Information was available so that people were aware they could request the assistance of advocacy services. This independent service was to support people to raise any issues they had and communicate these to the registered manager and those in charge of the service.

Good

Is the service responsive?

Our findings

The staff who we spoke with had a good knowledge of the preferences of each person at the home. They knew and were able to describe how people benefited from being encouraged to maintain independence. For example, what time they got up, how they spent their day and what food they wanted to eat and sometimes cook. This was evidenced by our observations of people with staff. People got up at different times. They chose to take part in range of individual social and therapeutic activities in and out of the home. People also chose who they wanted to support them with their care.

People's needs were identified and fully assessed before they were offered a place at the home. This was to gain a picture of the person's preferences and interests. The information gathered had been used to compile a portrait of the person. This detailed important information about people, such as their family and cultural needs. It also included their likes, dislikes, interests, method of communication, routines that mattered, things important to them and their medical history. It also contained a description of any behaviour that may challenge others and how to diffuse these. Each person had a care plan in place that had been written based on this information. It explained how to support people with their needs and how to provide them with care and support in all areas of their daily life.

The service supported people to maintain links with local facilities to ensure that people remained part of the community. These links were developed based on individual's needs. They were then written into their plans of care. People told us they went out regularly with their keyworker. This was for one to one 'quality time .These sessions were used as a time to identify and plan suitable therapeutic and vocational activities together. For example, people were supported to go to the shops, to see family and friends, to go to sporting events they enjoyed, as well as activities such as the cinema and a day out in the country or to the seaside.

We saw many recent photos of people and staff at a number of different trips and holiday venues. People looked very happy and relaxed with the staff in all of the photos. A new and stimulating activity that staff told us was proving popular with people was themed events around a different country. People used a world map and a country was picked Food, and social events were then planned that reflected the country chosen. The most recent country chosen was Japan. Staff said that Japanese cuisine was going to be served as part of this event,

The management sent out survey forms to people on a regular basis this was part of their regular reviewing of the service. The areas covered included how people felt about staff and the way they treated them, their involvement in their care, activities, menus and the way the home was being managed. The feedback had been positive and the findings were available for people to see. People were happy with their care. The registered manager and a senior manager had written an action plan based on the feedback received. Menu choices, activities and the environment were all reviewed as a result of the survey .This showed how the provider actively sought people's feedback and used it to improve the service.

We saw the system in place for managing complaints. We found complaints had been investigated and an outcome presented for the person. We found that where any errors or near misses occurred the registered

manager was open and transparent and critically looked at how this could be prevented and learnt from for the future. Staff knew how to support people and relative's to complain and raise issues. On the wall in pictorial format was easy to understand guidance for people if they were unhappy in anyway about life at the home, the staff or any aspect of their care.

Good

Is the service well-led?

Our findings

The provider had quality checking systems in place. These were to make sure the quality of service was checked and overall standards for people had been maintained. The registered manager and deputy manager completed regular reviews on the care, quality and safety of the service.
Audits were also completed on a regular basis to check on the overall experiences of people who lived at the service. They also included a check on the training, support and management of the staff team. Reports were completed after every audit and if actions were required to address any failings these were clearly identified. For example, the most recent audit had identified that staff one to one supervisions had fallen behind by two or three months for some staff and the registered manager was taking steps to address this. This meant the management had up to date information that they needed. This was to drive up improvement to ensure they provided people with safe and suitable care.

The registered manager was open and accessible in their approach with people and the staff. Staff had positive views to share with us about them. The staff all said they were really supportive another comment was, "They are very approachable". We also saw how people looked very relaxed in their company. Throughout our visit people approached the registered manager to see them and spend time with them. People were always very well received every time they went to see her. The registered manager was supported in their role by a deputy manager and senior support workers. Each senior member of staff had allocated areas of responsibility in the home. They said this delegation of some tasks and duties was an effective way to manage the home. It also gave the team clarity about who to speak to about different areas of the running of the service.

The staff knew what the visions and values of the organisation were. They included being respectful to people and treating people as unique individuals. The staff were able to tell us how they took them into account in the way they supported people at the service. Most staff followed these values and treated people in a person-centred way and as unique individuals.

The staff we spoke with told us a senior manager saw them on a regular basis to find out their views of the service. They told us they came to see them and spent time with them to find out their views of the service they received. They wrote a report of their findings and any actions required were then put in place. For example, certain redecoration work was to be carried out to the premises. The registered manager told us this was going to be done in the near future. The staff said they were able to make their views known about the way the service was run or anything that they wanted to raise. Staff said that the registered manager was approachable and supportive to them at all times.

Staff team meetings were also held on a regular basis. A number of matters were discussed at the meetings. These included the needs of people at the service, staffing levels health and safety issues, and staff training. We saw when they were needed actions resulting from these were put in place to follow up. The staff told us they felt totally confident and able at any time to report poor practice or any concerns, Staff said they knew these would be taken seriously by the management.