

## The Thomas More Project

# The Thomas More Project - 33 Fallodon Way

### 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 Thomas More Project Care Home is registered to provide personal care and accommodation for up to 10 people who live with a learning disability. On the day of our visit there were eight people living at the home.

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

As was applicable at the last inspection people were supported by staff who knew how to keep them safe. Medicines were managed and given to people safely. Medicines policies and procedures were up to date and easily available for staff. Emergency procedures and contingency plans were in place. These help to keep people safe in an emergency. To further support people to stay safe, staff used personal protective equipment when supporting people with intimate care. Infection control guidance was in place and staff had completed training in this subject. Safe recruitment procedures continued to be in place. Staff were supported in their role with training and supervision. Staff felt well supported in their day to day roles by the registered manager.

People enjoyed the food and their dietary needs were assessed. Care plans explained how to support people with these needs. People were supported by staff who knew how to support them in this area of their life .

Staff were kind and respectful towards people. We saw staff engage with people in a warm and positive way. Staff had a very good understand of people's body language to know how they were feeling and what their needs were.

People were supported by a staff team who were stable and had built up warm relationships with them and their relatives. They understood how to meet each person's individual needs and knew people's routines and preferences in their daily life.

People were supported to receive care that was flexible and responsive and met their needs. Care plans reflected this. People and families were involved in regularly reviewing and updating them with the staff.

Relatives we spoke with were very positive about home. One said, "The staff here are very very good, nothing is too much trouble."

People took part in a wide range of social and therapeutic activities. People were encouraged to maintain contact with relatives and friends.

People were also supported by a range of health and social care professionals who worked with them at the home. People were well supported and their needs had been assessed. Care plans and risk assessments set out to staff how to meet people's needs and keep them safe.

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.

People benefited because there were effective systems to check and monitor the overall quality of care and support to make sure it was safe and suitable. This was undertaken through a range of audit systems. These checking systems picked up areas for development and improvement. When these were picked up swift actions were taken to improve the care and service even more.

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 (report published April 2017)

Why we inspected: This was a planned inspection based on the previous rating.

## 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 Thomas More Project - 33 Fallodon Way

## **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

The inspection was carried out by one inspector

#### Service and service type

The Thomas More Project Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

#### 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 professionals who work with the service. 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 this information to plan our inspection.

During the inspection

We met eight people who lived at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke by phone to three relatives of people living at the home.

We spoke to four staff, which included the registered manager and a senior manager. They assisted us with the inspection.

We reviewed a range of records. This included one person's care records and medicine 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 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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were well supported to stay safe living at the home. This was because there were effective systems and processes in place.
- Staff knew how to keep people safe from abuse and felt able to raise concerns with the registered manager.
  - Senior staff told us how they made sure staff kept people safe from the risk of abuse. One told us "Part of my role is to observe staff and we then follow the whistleblowing policy. We make sure staff have suitable training before they start, we have training around safeguarding, and we talk about it in staff meetings as well."
- Staff had been on safeguarding training and there was an up to date whistleblowing policy. This meant staff were able to raise any concerns in the workplace if they had them.
- The registered manager sent in statutory notifications on time. These inform us of any events where people were placed at risk of harm.

Using medicines safely

- People were well supported with their medicines from trained and competent staff.
- People received their medicines on time and staff understood what their medicines were for.
- Policies and guidance safe for management of medicines were in place. There was also up to date good practice kept with medicines records to guide and advise staff.
- There were effective systems being followed to make sure medicines were ordered, stored, administered and disposed of safely.

Assessing risk, safety monitoring and management

- People continued to be supported to be safe. Risks were reduced as staff understood how to reduce the risk of likely harm. For example, actions were put in place to support people who experienced regular falls.
- Risk assessments in place clearly reflecting people's individual needs. These gave guidance to staff to minimise or reduce risk and were reviewed regularly. For example, how to support certain people to stay safe when they left the home.
- Care plans contained clear guidance of actions needed to support people to stay safe. For example, how to support certain people who were at risk of choking, and other people who experienced severe epilepsy.
- Staff received training around fire safety and how to reduce health and safety risks in the home and when out in the community with people.
- There were health and safety systems and checks in place to check and monitor the environment and equipment. These included checks of fire safety equipment and checks on substances that may be

hazardous to health.

#### Staffing and recruitment

- People benefited by a consistent staff team and very rare use of agency staff. This helped ensure consistent care for people at the home.
- People's needs were met by enough staff on duty for each shift during the day and night. The team knew people well and had a good understanding of individual needs and routines.
- Recruitment procedures continued to be safe. Pre-employment checks were always undertaken.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed. This was to look for trends or patterns. For example, certain people's mood changed at different times of the day. How to support those people if they felt angry and agitated had been identified.
- There were systems in place to record accidents and incidents. This ensured the service and care continued to be improved.

#### Preventing and controlling infection

- People were supported by staff to live in a home that was clean and hygienic.
- The registered manager had reviewed all infection control practices in the home. Because of this they had introduced new bio degradable bags, these are used for washing soiled or infected items.
- The premises were found to be clean and free from any offensive odour.
- Staff had been on training about infection control and followed Infection control procedures.
- Staff wore suitable protective equipment (PPE) including disposable gloves and aprons.

# 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 the same. 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 families were involved in the writing and reviewing their care plan. A relative told us how good the care and support was "Absolutely excellent, my relative has been there for 21years and I can honestly say the quality of the staff is exceptional, it's always been good but now it's exceptional, we take X to dance and we can tell X is very happy at the home". They also said they felt involved in their family member's care. Relatives said they were happy the staff understood their family member well.
- Technology had been used to enhance the health and wellbeing of certain people. Sensory equipment to assist staff to support people who may fall was in place for a person at the home. This had been put in place with a full assessment being completed. Another person had specific equipment in place to support them with continence management at night.
- People's needs were identified and this process looked at their full range of needs. The assessment also set out the impact of their learning disability, and physical and social needs prior to moving to the home. Staff worked closely with health and social care professionals in the development of these plans. The care plan we saw reflected people's needs, preferences and personal choices. This included guidance for staff to follow.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- At the time of our inspection there were eight people at the home with a completed DoLS application.
- Staff had been trained about the MCA and DoLS. They knew about the need to always assume a person has capacity to make decisions unless assessed otherwise.

- The staff understood if people had been identified as not having capacity to make specific decisions. If this was the case we saw systems were put in place to support people who could not make day to day decisions for themselves. These were to ensure people kept maximum choice and were supported by staff in the least restrictive way.

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

- People looked happy with their meals at lunchtime. They were offered choices at each mealtime. Staff were discrete when they encouraged certain people to eat their food.
- People were supported to have plenty of soft drinks and were offered tea and coffee throughout the day.
- Staff were supported with nutritional guidance to show if people had any specialist needs or dietary requirements. Staff had a good understanding of people's food and drink likes and dislikes
- There was information in care records setting out how to support people with nutritional needs. For example, if people needed a diet of a softer texture.

Staff support: induction, training, skills and experience

- Staff spoke positively of the warm and friendly work environment. One said, "It's more like a big family than a workplace, I find the atmosphere here just great." Another told us "We get lots of training. We have done training on autism and manual handling."
- Staff had positive feedback for us about the support from the registered manager and the training they were able to undertake. They said they were encouraged to attend a range of training and learning opportunities.
- Staff told us the range of training had been very useful and had given them the experience and skills to support people at the home. The team had been on training that involves experiencing what it's like to have dementia. Staff told us this 'live' training on a 'dementia tour bus' had been very useful.
- Staff completed an induction at the start of employment. This was to help them gain the right knowledge, skills and experience.

Staff working with other agencies to provide consistent, effective, timely care

- People went to see their GP and other healthcare professionals when required. The staff gave them support to get to appointments such as these.
- People went to healthcare visits with staff support. Records were kept of these visits. These showed staff had access to information to support people with their full range of health needs.
- Staff liaised closely with external agencies and professionals including the commissioners of the service. There were records of these visits. Care plans and risk assessments were updated after these visits when needed.

# 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 the same. This meant people were supported and treated with dignity and respect and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- The staff engaged with people in warm, friendly and respectful ways. Staff encouraged people to choose what they wanted to do. For example, what activities might they want to join in, and what would they like for a drink.
- A relative us how well the staff treated people. They said they were exceptionally happy with the way their family member was being treated at the home. Another relative told us "The atmosphere at the home is very good, it's the staff who create the atmosphere, overall its very good."
- People looked dignified in the clothes they wore. Staff supported people to choose what they wanted to wear and ensure clothes were right for the time of year and season.
- Staff knocked on bedroom doors and waited before entering people's rooms. Staff made sure when they were supporting people with personal care that people's doors were closed to keep dignity.
- Bedrooms were single rooms, and this gave people privacy.
- People had been supported to make their rooms more personalised. People had their possessions, photographs, paintings and personal items in their rooms. This helped to make rooms personal and homely to live in.
- The home had a courtyard and garden where people could walk safely. People used all the communal areas of the home and could have privacy when they wanted it.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff communicated with people in a caring and respectful way. For example, one staff member talked warmly about the activities they might like to do that day People responded warmly to them.
- Staff told us one way they ensured they always treated and supported people respectfully was always to use a calm approach with people.
- Staff had a good understanding of the values of the organisation they worked for. One staff member of told us these included "being respectful, excellence, and team work, dignity, and inclusion." The staff on duty supported people in ways that showed they followed these values in how they treated them.
- One staff member told us how they treated people with dignity. They said they did this by making sure for example with personal care, " People know what you are doing so always talk through personal care with the person."

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

- Staff told us how they offered people choices and supported them to express their views and be involved in making decisions about their care.
- People's specific communication needs were clearly documented, and guidance was in place for staff to meet these needs.

# 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 the same. This meant people's needs were met through good organisation and delivery.

### 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.

- There was large print, clear signage in the home. This was to help people find their way around. For example, bathrooms were very clearly marked. There were also different colours used along different parts of the home. This was again to make it easier for people to find their way around.
- People had been given information in a format they were able to follow. This meant their communication needs were well met. For example, at lunchtime photo cards of meals were used to help people choose.
- Staff understood how people communicated. We saw staff use sensitive and positive methods when speaking with them, for example staff used very warm friendly smiles to greet a certain person who benefitted from this approach.
- There was clear guidance on the most effective ways to communicate with each person recorded in their care plan. For example, some people were very confused and how to speak to them in ways they could understand had been explained.

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

- Staff told us they knew people well and understood each person's needs. Relatives also said staff knew their family members well and their care needs.
- The staff told us in depth about people's life histories and families, as well as their care needs and how they liked their care to be delivered.
- Care plans were person centred and detailed about each person. They contained helpful and clear information about people. This meant their individual needs were met. For example, information about likes, dislikes and what was important to people.
  - Assessments and care plans took account of people's protected characteristics. Information about people's preferences relating to culture, religion and sexuality was included. Staff told us many examples of how they supported people using the information in people's assessments.
  - To assist people to have choices and control, one person had pictures on plates and cups to help them say when they want a drink or snack.

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.

- The home had invested in a 'Magic Table, a series of interactive light games specifically designed for people with a learning disability and or dementia. This activity was very popular with people at the home. We saw people respond very warmly and positively and engage in a range of the activities the 'magic table' can put on.
- People were well supported to develop and maintain relationships and to take part in activities.
- People went out on regular trips into the community with the staff. The day before our visit people had gone to a local garden centre. This had been a very positive event for both people.

Improving care quality in response to complaints or concerns

- People said they had no complaints or concerns about the service.
- The registered provider had a complaint policy and procedure available in different formats.
- Complaints were investigated and responded to in line with the service's policy.
- Any complaints were analysed and used as opportunities to further improve the service.

End of life care and support

- A relative told us their family member had received exceptional end of life care. They said the whole family were able to stay at the home through this time and were extremely well supported by the registered manager and staff.

# 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 the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted person-centred care.

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

- There were systems in place to check the quality of the service. For example, there were checks in place to make sure medicines were managed safely. Care Plan audits were completed regularly as well.
- A regular health and safety audit of the premises was completed. Records showed where needed maintenance and repair work was carried out.
- Checks on other areas were completed regularly. This included checks on the building, and cleanliness in the home. There were also regular spot checks carried out on staff which were used to 'drive up' improvements.
- The registered manager ensured notifications to the care quality commission (CQC) were completed. These were to inform us of certain events, in line with the requirements of their registration.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a vision for the service. Staff told us this was to empower and enable people to live as independently as possible. Staff understood and followed these values.
- The registered manager understood their responsibilities and acted on the duty of candour
- The rating from the last inspection was on display in the home.

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

- The registered manager had carried out a full review of the care and service to make sure it promoted a positive culture that was person-centred. As part of this review the way holidays and trips for people were planned had been reviewed to make this even more person centred. For example, two people were going to Lourdes as part of their faith, another person went to Harry Potter World, as this was what they wanted to do. There was also a 'tinsel and turkey trip' for some people at Christmas. Photos from this trip were on display and people looked happy and were laughing in them.
- Staff felt the registered manager promoted a positive culture. This was felt by staff to be person-centred, open, and inclusive.
- Staff meetings were held for staff to make their views known. Staff told us they felt able and empowered to say how they felt about the home to the registered manager as well as the provider.
- The staff and management team had developed positive relationships with people they supported and

their relatives.

- Staff told us how they valued their work and enjoyed working closely with people to achieve good outcomes in their daily life.
- The quality checking system being used was based on our five key questions we use when we inspect services.

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

- Staff felt the registered manager engaged and involved them. One staff member said, "We have very friendly management, they are very 'hands on'".
- Staff and relatives said the registered manager was supportive and engaged with them regularly about the care and overall service at the home. Care plans included family members and people's responses. There were action plans developed when needed. For example, around people's choices in their daily life.
- Staff told us there was excellent collaborative team work. They said, and we also saw how the registered manager worked with them each day.
- The staff said the registered manager always engaged the team when making decisions about the service. This was also confirmed in staff meetings records.

Working in partnership with others

- The registered manager told us they worked with other agencies and sought advice about people's care from health professionals. They also worked with health specialists to ensure people had the best help and support.
- Staff told us, and records showed there were other health professionals involved in their care. We saw guidance in place written by other healthcare professionals.
- The local pharmacy worked closely with the home and audited the systems for medicines management. Weekly medicines audits seen also showed few errors.