

# The Fortune Centre of Riding Therapy Lanfranco House

## Inspection report

FCRT, 28 Garden Road  
Burley  
Ringwood  
Hampshire  
BH24 4EA

Tel: 01425673297

Website: [www.fortuncentre.org](http://www.fortuncentre.org)

Date of inspection visit:

29 June 2016

30 June 2016

01 July 2016

Date of publication:

24 August 2016

## 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

This comprehensive inspection took place on 29, 30 June and 1 July 2016. The first day was unannounced. Lanfranco House offers residential and learning support for up to seven people who are known throughout the Fortune Centre of Riding Therapy as 'Associates'. Associates are provided with accommodation, care and support to encourage independent living and key life skills.

At the time of the inspection there were seven people living at Lanfranco House and a registered manager was in position. 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.

People we spoke with said they felt safe and staff had received training in safeguarding adults. Staff were safely recruited to make sure they were suitable to work with vulnerable adults.

Lanfranco House provided clean, modern accommodation for people to relax and live in and the premises were well maintained. The premises had recently been re-furnished with new double glazed windows and flooring throughout.

People received personal care and support in an individualised way and their privacy was protected. People led active lives and staff told us about how they supported people to make sure they received their care and support how they wished. People were treated with dignity and respect.

People needs were rigorously assessed and care, support and guidance was planned and delivered to meet their needs. Records showed an assessment of need had been carried out to ensure risks to people's health were managed effectively.

People and their relatives were fully involved in assessing and planning the care and support they received. People were referred to health care professionals as required.

Medicines were handled appropriately and consistently, stored securely and managed and disposed of safely.

Improvements to the training system had been implemented and staff received relevant training courses and refresher training as required. Staff were knowledgeable about their role and spoke positively regarding the induction and training they received.

Staff felt well supported by the management team and received regular supervision sessions and appraisals.

People and relatives knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns or queries.

People told us they had confidence in the management team and felt the service was well led. People and relatives spoke positively about the management team and staff.

There was a process in place to ensure improvements were made in regard to the safety and quality of the service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. Staff knew how to recognise and respond to abuse correctly. They understood the procedures in place to safeguard people from abuse.

Medicines were managed safely, stored securely and records completed accurately.

Sufficient numbers of staff were employed at the service. Staff were recruited safely and pre-employment checks had been conducted prior to staff starting employment.

The premises and equipment were well maintained.

### Is the service effective?

Good ●

The service was effective. Staff were well trained and knowledgeable about people and received on-going support from senior staff who had the appropriate knowledge and skills.

Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Most people had capacity to make decisions. Where people lacked capacity staff were beginning to implement the principles of the Mental Capacity Act 2005.

Staff supported people to access the services of healthcare professionals as appropriate.

### Is the service caring?

Good ●

The service was caring. Staff were friendly and supportive, and treated people with respect and dignity.

Staff knew people well. They were aware of people's preferences and took an interest in them to provide person centred care.

People and relatives told us that staff were kind, caring and helpful.

### Is the service responsive?

The service was responsive. People's needs were assessed and care and support was planned and delivered to meet their needs.

Students were supported to enjoy a range of activities, accessed the community regularly and used local facilities such as community centres, clubs and sports centres.

There was a process in place that encouraged people to comment or raise a concern or complaint. People felt confident that any concerns would be addressed promptly.

Good 

### Is the service well-led?

The service was well led. Staff felt well supported by the management team and felt comfortable to raise concerns if needed and felt confident they would be listened to.

Observations and feedback from people, relatives and staff showed us the service had a positive, homely culture. There was good staff morale and people and relatives felt involved in their care.

The provider had a range of audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

Good 

# Lanfranco House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 29, 30 June and 1 July 2016 and the first day was unannounced. Two CQC inspectors visited the service on the first day with one inspector completing the inspection on the following two days.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of and contact with health professionals for their views of the service.

During the three day inspection we met and spoke with most of the seven people living at Lanfranco House, we also spoke with the director, the manager, two nurses, six members of staff and three relatives.

We observed how people were supported and reviewed three people's individual care and development plans, treatment and support records and all of the medication administration records (MARS). We also looked at records relating to the management of the service including staff recruitment and training records, premises maintenance records and the provider's quality assurance records.

## Is the service safe?

### Our findings

People told us they felt safe living at Lanfranco House. We spoke to three relatives of people living at Lanfranco House. They told us, "The service has been very good, the staff react quite quickly if there are any concerns or issues".

Staff spoke knowledgeably about the procedure for reporting allegations of potential abuse. Records showed staff had completed training in protecting people from abuse and staff were aware of the provider's policy for safeguarding people and whistleblowing procedures. We checked the provider's safeguarding policy and saw it was up to date and included relevant contact details for the local authority. Clear pictorial posters explaining the roles of safeguarding were prominently displayed around the premises of Lanfranco House. There was a system in place to protect people from financial abuse. Money management was a core topic taught to all people to support them and provide independent life skills.

We completed a tour of Lanfranco House premises. Communal areas were bright, clean, modern and well lit. Furnishings were comfortable and clean and helped give an overall homely atmosphere to Lanfranco House.

The premises and equipment were managed to keep people safe. The provider had a small maintenance team and records showed regular checks of portable electrical appliances, fire systems, water systems and legionella testing were conducted. (legionella are water-borne bacteria that can cause serious illness). In addition water temperatures were monitored to reduce the risk of legionella growth in warm water stored at the wrong temperature.

Hazardous substances were locked away when not in use. There were systems in place for checking and servicing equipment such as electrical equipment and emergency lighting. Staff told us all the equipment was well maintained and there was enough equipment available to ensure people were cared for safely.

Radiators were covered to prevent people accidentally scalding themselves. Hot water was thermostatically controlled and set at a safe temperature to maintain people's safety. We discussed the cleaning schedule with the staff and found, daily and weekly cleaning was completed by staff and the people who lived at Lanfranco House. We recommend a regular deep clean to be completed by an independent cleaning company to ensure the premises remain clean and hygienic.

The provider had a system in place to monitor incidents and accidents to establish whether there were any trends or themes, actions were then taken to address any issues. Accidents and incidents were recorded, dated and signed by a member of staff. There was a helpful flow chart for staff guidance on how to manage critical incidents, what to do and who to contact in the event of an incident. Concerns were then discussed with the staff team with a view to reducing the risk of re-occurrence. Plans were put in place to ensure any re-occurrence of the incident was reduced. Analysis was completed on a regular basis which allowed the management team to track for any themes or trends.

There were enough staff employed to meet people's needs. The provider had a system in place to ensure there were enough staff on duty through the day and night. Staff told us they felt there were generally enough staff on each shift to manage the needs of people living at Lanfranco House. The provider had their own supply of 'bank' staff that would be available to cover in the event of staff sickness or planned absence. People required varying levels of staff support to ensure they remained safe. The staffing rota allowed for this, with sufficient staff on duty to support people when they wanted to travel outside of Lanfranco House. At night there were two members of staff on duty, sleeping at Lanfranco House once the people had gone to bed.

We reviewed four staff recruitment records and spoke with members of staff about their recruitment. Staff told us they had felt very well supported throughout their induction period which they told us had been thorough and informative. Staff recruitment procedures were robust. All the required checks had been carried out including proof of identity, two written references, a health declaration and a full employment history. A check had also been made with the Disclosure and Barring Service to make sure staff were suitable to work with people in a care setting.

Staff had received training and had been assessed for their competency in administering medicines.

Medicines were stored safely and records showed stock levels of medicines were correct. Each person had a lockable cabinet in their bedrooms that they could store their medicines in if required. Medicines were correctly listed in the Lanfranco House medicines register and the levels of medicine stock were accurately reflected in the register, this showed returned medicines were accounted for accurately. People had their allergies recorded and the nurse showed us the new system they would be implementing to ensure 'PRN' as required medicines were clearly recorded when administered to people. Body maps were used to identify any areas of injury and were accurately completed.

We reviewed all of the Medicines Administration Records (MARS) for people living at Lanfranco House. Each person had their own file with their prescribed drugs, allergies, body maps and MARS. The files had a current photograph of the person to ensure the correct medicines were given to them as prescribed.

## Is the service effective?

### Our findings

Following our inspection visit we spoke to three relatives of people living at Lanfranco House. One relative said, "I'm very happy with the support given by the staff, I have no complaints at all". Another relative said, "It's all been very good". Another relative told us, "It was a bit messy at the beginning but it is all sorted now and the routines are all in place, my daughter loves living there".

We saw recent changes had been made to the system the provider used for delivering their training programme to staff. The training team had worked hard to make sure staff had the right knowledge and skills to support people and had implemented a robust training system. For example staff had received a range of mandatory training including equality and diversity, health and safety, first aid and fire safety. They had also had the opportunity to update their knowledge of the Mental Capacity Act 2005. Staff had also received training in supporting people when their anxieties were high and on effective communication. Newly employed staff had a thorough induction which included a mixture of training and shadowing more experienced members of the team. There was also a system of peer learning to enable staff to reflect on difficult situations and learn from each other. There was a robust system in place to ensure the service knew when staff needed refresher training.

We reviewed four staff supervision and annual appraisal records. People were supported by staff who had supervisions (one to one meeting) with their line manager. These enabled staff to discuss a range of topics such as issues relating to the individuals they supported, training and development needs and any other issues they had. Staff said they could also get informal advice or guidance whenever they needed it. Staff received an annual appraisal which enabled them to reflect on their year and discuss their training and development needs. This meant people received care or support from staff who had the skills, knowledge and understanding needed to carry out their roles.

We spoke to staff regarding the support, supervision and appraisal process. Each member of staff stated they felt well supported by an experienced staff team. We spoke to staff about the induction process. Staff commented the induction process had been excellent. Newly employed staff were mentored by an existing member of staff to ensure they were given the correct level of support and had additional supervisions in their first term.

Most of the people living at Lanfranco House had capacity to make their own decisions. Where people had capacity their consent was sought. For example people had signed their individual care and development plans to show they agreed with and understood the contents.

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. We discussed the requirements of the Mental Capacity Act with the new MCA lead, manager and director who acknowledged that further work was required. Staff had begun to complete mental capacity assessments and best interests decisions for people who lacked capacity to consent to specific decisions. The manager acknowledged further work was

required to make sure staff were supported to work in accordance with the act.

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). These safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the manager. We looked at whether the service was applying the DoLS appropriately. The manager had recognised that one person was a risk of being deprived of their liberty and had made the appropriate application.

People living at Lanfranco House were supported to maintain a more independent living arrangement. One method of achieving this was to support people to plan, prepare and cook their meals. Weekly meetings were held where the menu for the forthcoming week was agreed. People were then supported to budget and buy the ingredients for the meals and work together to cook their meals. This enabled people to manage a small budget, travel independently and plan and cook a weekly menu for a small group. In order to further their independent living skills people were also responsible for clearing away their meals, washing up the plates and cutlery and keeping the kitchen clean and tidy.

If people were travelling into town or doing voluntary work they planned and prepared their own packed lunch. Snacks were provided throughout the day by way of a variety of fruit, yoghurts and milkshakes. Fresh water, coffee and tea and a choice of cordials were also available. People, once safely assessed as being able to, could make their own hot or cold drinks if they wished and could help themselves to snacks and drinks.

People had their weight recorded regularly and records showed any major fluctuations in weight were responded to appropriately. Records showed people were supported to maintain their health. Staff told us how they had arranged for people to register at the local GP practice in the village: this meant people could walk to the practice and maintain their independence. Staff told us they would accompany and support people if they wished to go to the local GP. People were referred to appropriate health care professionals such as speech therapists, social workers and dieticians, according to their needs.

People's needs were taken into account when the premises were adapted and decorated. Clear pictorial signage was displayed throughout Lanfranco House. People's bedroom doors had their own choice of personalised sign: this could be their name or a picture they liked in addition to their bedroom number.

## Is the service caring?

### Our findings

The aim of Lanfranco House is to promote people's independence by enabling them to live as independently as possible within a supportive, safe community. People were encouraged to participate in the normal household tasks such as sorting and doing laundry, learning to budget for food and groceries and learning to manage their money. People were treated with dignity and respect by staff and were taught to respect and care for each other through sharing living accommodation and the interaction with the horses.

People's privacy was respected. People had their own bedrooms which they locked when they were not in them to protect their privacy. There were communal areas within the home where people could spend time together, watching television or listening to music.

Staff demonstrated a thorough knowledge of people living at Lanfranco House and how they preferred their care to be given and what interactions worked best for them. Throughout the inspection we observed the atmosphere between people and staff was friendly and relaxed with staff interacting positively with people. People actively sought out staff for help, advice or just for a chat, which created a friendly, helpful environment.

People were able to express their views and be involved in making decisions about their care and treatment. House meeting minutes showed people's views were listened to and acted upon. Records showed a Karaoke machine had recently been requested and a suitable system had been supplied. People told us they really enjoyed using the electronic video game console that had recently been supplied for them.

Internet access was provided in the home and staff were able to support people to use the internet and access their personal correspondence. People had their own computer tablets which they used and could access social media and the internet when they wished.

People were supported to understand their care and treatment choices. People had a pictorial version of their weekly itinerary. The clear pictorial format ensured people could follow their own support plan and their daily schedule.

People could personalise their bedrooms by providing their own duvet and pillow cases, posters and photographs. This promoted a homely, family atmosphere.

## Is the service responsive?

### Our findings

Staff spoke positively about the service people received when living at Lanfranco House. Staff said, "Lanfranco House has been so good for people. ...it clearly shows the difference between education and transition into adult life, it's been very beneficial for everyone, with people really gaining in independence and coming into their own". Relatives told us, "The service does particularly well with encouraging people with their independence, they have given relentless support and guidance to people to move them forward, it's been very good". Another relative told us, "Living at Lanfranco House has given (person) more independence, they have settled very well and get involved in everything on offer, they love living there".

People living at Lanfranco House had usually already completed three years at The Fortune Centre of Riding Therapy on the FETH Course. All people had been fully assessed before they were offered a place at FCRT. These assessments supported staff to understand people's strengths and needs and provided the basis for people's individual care and learning plans.

During the inspection we tracked the care of two people. This involved meeting the person, observing staff interactions and reviewing the person's care and development plan, other supporting records and their medication records. Each person had a person centred risk management assessment completed to ensure they remained safe and healthy. Risk assessments were personalised and reviewed on a quarterly basis and gave clear information about the person so staff would understand how best to help them. Examples of risk assessment were, lack of road safety awareness, vulnerability when in the community and a lack of money skills and managing money. We viewed additional records that supported people's care and development plans and these covered their daily activities and goals.

Individual care and development plans were developed for every person as part of their on-going assessment. The plans focussed on promoting people's independence and the best methods staff could support the person to achieve this, for example travelling independently into town by themselves. The person had to learn how to use and understand transport timetables, budgeting for their ticket, buying the ticket and independently traveling to and from town.

One person had a goal to complete a journey with a peer using a form of public transport. Another person had a learning goal of identifying the correct cooking hob when cooking in a new environment.

During the inspection we observed part of a session on money management, this was a clear, practical session which people told us they enjoyed and found very useful. Clear targets and goals for each person had been set which were achievable and helped maintain and develop their independence. One person had a goal to join a 'mounted gymnastic session' which would help them obtain a certificate which they wanted to gain.

We saw support plans that gave clear advice and guidance around how to manage people's particular health conditions. The provider had a system in place that recorded daily interventions with each person. The entries reflected all the action and interventions the staff had supported the person with which gave a clear record of any events or incidents that occurred.

There was a variety of activities people could participate in including, gym, swimming, youth clubs, boxercise classes, cycling, nature clubs and cinema visits. Evening activities such as self-care, care of equipment and belongings and basic skills such as cleaning, washing, basic cookery and clearing up were in place.

People were encouraged to take part in paid employment, voluntary work and community activities which would prepare them for independent living. People told us about the various employment opportunities they were given, these included working in a coffee shop, a pet shop, a community group and a small agricultural holding. People we spoke with told us they enjoyed their employment opportunities.

A future programme of weekend activities was advertised and students were encouraged to participate if they wished, examples of activities included; Dorset County Show, trips into local towns, shopping and a trip to a local equestrian show.

People and relatives told us they knew how to make a complaint if they needed to and were confident any concerns would be addressed, although none of them had ever needed to raise a complaint. We saw there was written up to date guidance available for people displayed at Lanfranco House and guidance on how to make a complaint and who to contact. The manager confirmed the service had not received any formal complaints since the last Care Quality Commission inspection. We reviewed the provider's complaints policy which gave up to date information for people on how to make a complaint or raise a concern. Lanfranco House ran a weekly house meeting, which provided a forum for people to freely express any concerns or comments they had. We reviewed a selection of notes from these meetings which showed people freely raised concerns and issues that were important to them.

Within the grounds of Lanfranco House is a small two bedroomed cabin known as 'Meredith Lodge'. This facility is available for people who wish to test their level of independent living. Whilst living in Meredith Lodge people are responsible for their own personal care, cooking, cleaning and travelling to their work placement. This enabled staff and people to assess their ability to maintain a level of independency in all areas of daily living.

## Is the service well-led?

### Our findings

Relatives we spoke with told us they felt Lanfranco House was well led and had a clear management structure with a friendly, homely and respectful culture.

People, relatives and their guardians told us they were regularly consulted regarding their relatives care and support. One relative said communication was improving overall, they said in the beginning communication had been a bit patchy at first and the communication systems had not appeared as clear as they were when their relative was living in The Fortune Centre of Riding Therapy, although they did not have any negative concerns about Lanfranco House at all.

Staff told us they felt well supported by the management team. Staff told us, "There is always someone available if I need further advice or support...people are always on the end of the phone if I need them out of hours".

We checked a range of policies the manager had in place which covered a range of core topics such as; safeguarding, grievance and disciplinary processes and recruitment. These provided staff with accurate guidance.

Although the provider had a system in place to monitor the quality of the service provided for the Fortune Centre of Riding Therapy. As a relatively new service, Lanfranco House had not yet had a quality assurance questionnaire process completed. The manager told us one would be scheduled to be completed by the end of the year.

The provider completed a series of quality audits on a variety of aspects of the service, such as, environment, medication and health and safety. Records showed daily, weekly and monthly cleaning and maintenance checks were completed to ensure FCRT and Lanfranco House provided a safe, well maintained environment.

People living at Lanfranco House were actively encouraged to take part and support the local community. Suitable work experience/ community awareness placements would be found which enabled people to maintain their independence and allow them to understand the working environment. Examples of work experience were; cafés, riding establishments, pet shops and gardening.

A part of Lanfranco Houses garden had been set aside for 'Lanfranco Patches' these were patches of garden that could be used for growing vegetables and plants with the help of volunteers from the local community. People living at Lanfranco House could help the volunteers with their 'Lanfranco Patches' if they wished.