

FitzRoy Support

FitzRoy Supported Living Suffolk

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

FitzRoy Supported Living Suffolk is a domiciliary care service which offers personal care and assistance to support people living in supported accommodation. The service supports people over five houses in the community and at the time of our inspection there were 23 people using the service.

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

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Potential risks to people had been assessed, recorded and managed appropriately by the registered manager and staff of the service. People were safeguarded from potential harm and their freedom to live the life they chose was protected by knowledgeable staff. People received their medicines safely and as prescribed and people were supported by sufficient numbers of staff to meet their assessed needs and goals.

Staff continued to be recruited as per the service policy and procedures and had received relevant training for their role. Staff received supervision and a yearly appraisal to help them to develop their careers and provide the support people required.

People's consent was sought before staff provided care and support to them. 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 were treated with understanding, kindness and compassion. People's rights to privacy were respected by the staff who supported them to maintain their dignity. People were assisted to express their views and encouraged to be actively involved in making decisions about their care and support needs. The service worked closely with relatives and professionals to agree the support the people using FitzRoy required. There were effective auditing systems in place to monitor the quality of service provision. The views of people using the service were gathered and used to drive service development.

Each person had a care plan based upon an assessment of their needs which was regularly reviewed. Care

plans included personal details about choices for food and how the individual wished to live and be supported. People using the service knew about the complaints process and were confident about approaching the registered manager and senior staff if they needed to do so.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 4 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

FitzRoy Supported Living Suffolk

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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and specialist housing. The service also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 7 February 2020 and ended on 13 February 2020. We visited the office location

on 7 February 2020.

What we did before the inspection

We used the information the provider sent to 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. To assist with the planning of the inspection we spoke with the Local Authority and Healthwatch for information they had about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to help us plan the inspection.

During the inspection

During the inspection we spoke with three people and two relatives. We also spoke with the registered manager and four members of staff. We reviewed a range of records including three care plans and medicines records, two staff files, staff rotas and training records and other information about the management of the service. This included quality assurance records and audits, compliments and surveys.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also analysed all the information we had gathered during the inspection and additional information sent to us by the registered manager.

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

- All of the people we spoke with told us the staff kept them safe. One person told us, "I see the staff as friends and they would not let any harm come to me."
- The service had staff training and effective processes in place to inform staff what to do should they have any concerns about people's safety.
- Staff had received training on keeping people safe from abuse and avoidable harm and those staff we spoke with understood their responsibilities for reporting safeguarding incidents.

Assessing risk, safety monitoring and management

- The staff were knowledgeable about the potential risks to people and actions they could take to help to keep them safe.
- Each person had a risk assessment within their care plan which was reviewed regularly on a planned basis and as required.
- As risks were identified they were recorded and used to inform changes to people's care plans. A member of staff told us, "We have been trained to write things down and ask seniors for help and advice about anything to do with risk."

Staffing and recruitment

- The service continued to have an effective recruitment policy in place. This included seeking references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.
- The service had processes in place to cover staff absences. There were also systems to ensure there were enough members of staff on duty with the appropriate skills and knowledge to support the people using the service.
- People told us there were enough staff to support them. One person told us, "There is always a member of staff here."
- People supported staff with the recruitment process. One person told us how they were involved with selecting questions to be asked at interview.

Using medicines safely

- People received their medicines safely and as prescribed.
- A member of staff explained to us the medicines training they been given by the service and the importance of recording when medicines were administered and knowing why the medicines were

prescribed.

- The service had systems in place to audit that prescribed medicines had been administered and any action required should an error be identified.

Preventing and controlling infection

- Staff understood how to protect people by the prevention and control of infection. A member of staff told us that they were provided with the appropriate cleaning materials and protective equipment.
- The service had an infection control and hygiene monitoring process in place and staff informed us that they has received training regarding infection control.

Learning lessons when things go wrong

- The service demonstrated they assessed information from daily events and learnt resulting lessons.
- There was a process to identify where any mistakes were made and action plans to mitigate future occurrences were put in place. For example the registered manager had reviewed the procedure for compiling the staffing rota and staff changes at short notice to ensure all shifts were covered.

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

- Prior to receiving a service, senior staff carried out a detailed assessment to check they could meet the person's needs. An agreement was recorded with the person and their representatives regarding how and what care would be provided.
- Assessments had been completed in line with current legislation, standards and good practice guidance and the information was used to create person centred care and support plans. Staff confirmed with us these were clear, detailed and straight forward to follow.
- Assessments included gathering important information about people's cultural, religious and lifestyle choices and this information was checked at personal reviews of care. One person we spoke with informed us about their care review and this was an opportunity to check all was in place and plan future goals

Staff support: induction, training, skills and experience

- Staff continued to receive planned supervision and training. A member of staff told us, "We have supervision every two months and is a good opportunity to discuss anything about the support we provide."
- Staff told us they received training that was effective and felt sufficiently skilled to carry out their roles. All staff we spoke with praised the training they received and said they felt confident and competent after training and this was because they could ask questions about any aspect of the training provided.
- New staff completed a comprehensive induction and did not work unsupervised until they and the management team were confident they could do so.

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

- People were supported by staff who understood their food and drink needs and preferences. During the inspection we saw staff offering people choices of drinks and snacks.
- Care plans reflected the support the person needed to eat and drink. One person informed us how they supported the staff with choosing and purchasing their food.
- Staff had discussed with people and provided information to them about health eating choices.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, address healthcare services and support.

- Collaborative working with other agencies, such as hospitals, GPs and district nurses, had ensured effective care and improved people's quality of life.
- Staff spoke with us about how they supported people to monitor their health needs and records confirmed appointments had been made with dentists and doctors.

- Staff explained to us how they had demonstrated on themselves to take each other's blood pressure and healthcare needs. This was to help a person using the service to gain confidence before a healthcare professional carried out checks upon their health and to explain these procedures were not harmful.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.
- Training records confirmed that staff had undertaken training in relation to the MCA.

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.

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

- People told us staff treated them with kindness and respect. One person told us, "I like the staff they understand me and treat me well."
- People were encouraged to express their views on how they preferred to receive their care and support. The information had been clearly and carefully documented in people's care plans.
- We observed caring interactions between people and staff throughout our visit. One person told us, "The staff do help me with tidying and I can talk with them about anything."

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

- Each person had a person-centred care plan which had been written with them and was reviewed with them and their representatives as required.
- We saw people making decisions about their daily lives, for example; when they wanted a drink or snack, if they wanted to go out or play computer games,
- People were able to express their views. One person told us, "The staff always ask permission to help me and we talk about how they can help me."

Respecting and promoting people's privacy, dignity and independence

- Each person's care plan had been written to explain how staff were to support the person to maintain or increase their independence.
- A relative informed us that they considered the staff were understanding and had supported their relative to increase their independence. They explained small steps but each one worthwhile.
- Staff usually supported the same people to build a rapport and to get to know each other well. A member of staff explained how they enjoyed their role which was varied from one day to the next in order to support the person develop the many aspects of their increasing independence.

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.

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

- People received personalised care that was responsive to their needs. A person told us how staff supported them to enjoy their hobbies and interests. Each day of the week had been carefully planned out with them, while being subject to change due to unforeseen events.
- Staff told us how they got to know the people they supported by building a rapport with them from a detailed assessment leading to a care plan. A member of staff told us, "We have time to get to know people well and to read and record information in the care plans."
- We found staff knew people well and were focussed on providing personalised care and what action to take should a person become upset. Care plans contained details of triggers that upset people such as loud noises and what actions staff were to take to support people in those circumstances.

Meeting people's communication needs

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

- People's care plans were designed in line with the Accessible Information Standards (AIS). The standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, and with support, so they can communicate easily with health and social care services.
- Staff used show cards to help explain information to people in order for them to make an informed choice.
- We saw staff using non-verbal communication and good eye contact with people when explaining points to them and seeking their views as well as using the persons preferred name and an appropriate tone of voice.
- Staff could also use large print and point to pictures on a computer screen to help to communicate with people.

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 registered manager explained how the staff supported people to maintain links with their family. This included staff working flexible hours to support a person visit family members and in turn family members were welcome to visit their relative in their home.
- Care plans we looked at included people's interests, hobbies and cultural wishes and ways in which the staff would support them. One person told us about their social life and following their interests and how

they enjoyed living with other people and having friends come to visit.

- Each person had a calendar of weekly events they had been consulted about and helped to complete which supported building relationships and taking part in pursuits of the persons choice.

Improving care quality in response to complaints or concerns.

- There was a procedure in place which outlined a structured approach to dealing with complaints in the event of one being raised. These were used to improve and develop the service.
- People told us they were aware of how to make a complaint and were happy with the service and had no complaints to make. A relative told us, "I would complain if I needed to but never have, as the staff are helpful and caring."

End of life care and support

- There were no people using the service that required this level of support at the time of the inspection.
- The staff had supported a person to pass peacefully away in their own home which was their wish and staff had received praise from healthcare professionals for the support provided to honour the wish of the person.
- Care plans included information once people had given their permission about their plans and wishes should they require end of life care.

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 high-quality, person-centred care.

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

- People using the service and their relatives were involved in making decisions about their person-centred care planning.. A person informed us how the staff had written their care plan with them and then spoke with them about the goals set and achieved at the review.
- The service carried out surveys with people using the service, relatives and staff to understand people's thoughts and feelings about the service and how this information could be used to develop the service.
- The registered manager frequently visited all people using the service to listen to their views and monitor the service delivery.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- The registered manager met with the people using the service and their relatives at formal and informal settings to discuss any issues raised and how to develop the service.
- To support the duty of candour process by sharing important information, the staff of the service had supported a person to become one of the service user representatives which included attending national meetings about the organisation.

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

- Staff said they were listened to by the registered manager. They were clear about their roles and responsibilities towards people living at the home. Staff were confident they could raise any concerns with the registered manager.
- The service had an on-call system in operation so that an experienced senior manager was available for verbal support and could also attend to any unforeseen situations. A member of staff told us, "It gives you confidence to know a manager is always available to help you."
- The registered manager oversaw the completion of monthly audits and acted upon any issues that the audits identified.

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

characteristics

- The registered manager and senior staff undertook some care visits and care shifts themselves. The purpose being to build up a relationship and identify any additional support which may be required and to work alongside and demonstrate leadership to their staff.
- Staff we spoke with told us they well were supported. One staff member told us. "I have regular supervision and support and the managers thank us for what we do which does make you feel valued."
- Care reviews were arranged well in advance to give people notice to attend as well as being arranged quickly should the need arise.
- The service sought people's opinions through surveys which were analysed and acted upon.

Continuous learning and improving care

- Areas for learning and service improvement were shared with staff during staff meetings, staff supervision and information sharing through e-mails to the staff.

Working in partnership with others

- The service informed us they worked closely with other organisations to develop the service they provide. This included the local authority who placed some people at the service with their permission and consent.
- The management team had built positive relationships with other agencies. Feedback from other professionals' supporting people using the service was positive.