

FitzRoy Support

FitzRoy Support at Home Norfolk

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 Support at Home Norfolk is a care at home service providing personal and nursing care to seven people with learning disabilities at the time of our inspection. 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.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best 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 disabilities 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.

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

People continued to receive safe care and felt safe. People were protected from the risks of abuse and risks to people's health and wellbeing were assessed, managed and regularly reviewed. There were enough staff to ensure that people's needs were met safely. People received their medicines as prescribed and there were practices in place to ensure prevention and control of infection protected people.

People's needs and expected outcomes were assessed and regularly reviewed. People were supported by staff who had relevant training, skills and experience to care for them. People had access to food and drink throughout the day. Staff worked with other health and social care professionals to achieve good outcomes for people's health and wellbeing. 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.

The staff were caring, and we received positive feedback from people and their relatives. People had supportive and meaningful relationships with staff. People received a service which was caring and respectful. People's rights to make their own choices, independence, dignity and privacy were promoted and respected.

People's care was personalised which met their needs, and their preferences were identified and implemented. People had personalised care plans that promoted independence. Staff were proactive in ensuring people were able to follow their interests and hobbies. Staff understood people's communication needs and supported them in the best way possible using a variety of tools to support this. People were able to freely complain and could be assured their complaints would be taken seriously and dealt with promptly and professionally.

Staff were motivated and enjoyed strong team work, they felt well supported by the registered manager. The

registered manager and the management team led by example. People and their relatives told us the registered manager was visible, open and approachable. People, staff and relatives felt their views were listened to. The service was proactive and continually worked on ways to improve.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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 30 September 2016).

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

FitzRoy Support at Home Norfolk

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

This 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 homes.

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 get people's permission to visit them.

What we did before the inspection

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.

During the inspection

During our inspection we spoke with four people who received support from the service and two relatives.

We also spoke with the registered manager, a deputy manager, four members of care staff, and a visiting community professional. In addition to this we made observations of how people received their support, and staff interactions.

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 protected from the risk of abuse. People told us they felt safe, and relatives felt the same.
- Staff had a good knowledge in this area and could recognise different types of abuse and understood how to protect people from the risk of harm.
- Staff had received safeguarding training, they understood their responsibilities and knew how to report and record concerns. Staff were confident the registered manager or management team would take seriously any concerns they reported.
- Appropriate safeguarding referrals were made to the local safeguarding authorities, as required, to help keep people safe.

Assessing risk, safety monitoring and management

- People had their risks fully assessed to ensure their safety was maintained.
- Risks to people had been documented in their support plans. This gave staff clear guidance on how best to support people to stay safe including when accessing the local community.
- Accidents and incidents were recorded and analysed to highlight if there were any themes or trends, so action could be taken to reduce the risk of reoccurrence.

Staffing and recruitment

- We saw that staff were available to support people when they needed assistance.
- Checks were undertaken on new staff before they started working to ensure they were of good character and able to work in this type of service. Staff were able to describe to us the recruitment process and checks they undertook when applying to work at the service.

Using medicines safely

- People who needed support with receiving their medicines had this managed and administered by staff who were trained and assessed as competent to carry out the task.
- Regular checks and audits of medicines administration records took place to ensure any errors were identified as soon as possible.
- There were clear protocols in place to guide staff on how to give people medicines that had been prescribed for occasional use when required. These documents supported staff to know what the medicine was for and when it should be administered.

Preventing and controlling infection

- People were protected from the risks of cross infection through competent staff practice. Staff had

received training to enable them to do this.

- Staff understood the importance of using personal protective equipment such as gloves and aprons when providing people with personal care.

Learning lessons when things go wrong

- There were systems to learn lessons from incidents to drive improvement.
- Staff were advised of any changes relating to lessons learned in staff meetings.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At our last inspection we identified that not all staff had updated their training and qualifications in a timely way and improvements needed to be made to the monitoring of this. At this inspection we found that improvements had been made.
- People were supported by staff who had been trained and had the skills to meet their needs. One staff member said, "FitzRoy training is good, it happens regularly and on time. It gives us the confidence with what we are doing."
- Staff completed the Care Certificate, a nationally recognised qualification for staff new to working in care. Once experienced, staff were supported to complete national vocational qualifications.
- Staff who were new to their role undertook comprehensive training and received support from experienced members of staff before working on their own.
- Staff told us they felt well-supported. They received regular supervision and checks of their competency. This included feedback about their performance and enabled them to discuss any concerns, training and development.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People needs were assessed prior to being offered a package of support. There was a holistic approach to this process, which looked at the person's emotional, behavioural and physical support needs.
- People's aspirations and future goals were identified as part of the process, and the registered manager saw supporting people to work towards or achieve these of equal importance as personal care.
- Assessments were used to formulate a person-centred support plan. These provided staff with the information they needed to meet the person's needs and preferences.
- People's support plans were devised in conjunction with other professionals, relatives and the person themselves. We observed, with the person's permission, a review of their care plan which involved them, their relative, and the staff that were most important to them. The person was encouraged and supported to have an active voice in the discussions.
- People's support plans detailed people's preferences, including protected characteristics under the Equalities Act 2010, such as; age, culture, religion, sexuality and disability.

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

- People were supported to maintain a healthy diet. Staff were knowledgeable about people's nutritional needs and helped people to prepare meals.

- Support plans included information about people's dietary requirements which included their preferences. People who were at risk of not eating or drinking enough to remain healthy, were monitored and staff ensured that people accessed their GP if required.
- Eating and drinking plans had been prepared to meet people's specific needs. For example, supporting people who had weight loss through declining health. Staff had identified creative ways to encourage a person to drink more fluids who was at risk of dehydration. Staff had trialled the use of different coloured and shaped straws, which the person liked and resulted in them drinking more. This had a positive impact on their emotional and physical wellbeing.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- People had access to other health professionals to support them with their needs as and when required including GP's, dentists, opticians, speech and language therapists and district nurses.
- Records showed that where there were concerns about people's wellbeing, appropriate referrals were made to healthcare professionals and any guidance was incorporated into people's care plans.
- People's health and wellbeing was effectively monitored and understood by staff. We saw the management team and staff had worked closely with healthcare professionals, hospital staff and a person's family during a recent time of significant poor health. The person's relative told us how important this had been in the person's recovery.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was sought in line with relevant legislation and guidance. Staff had a clear understanding of the principles in relation to the MCA.
- People told us staff asked for their consent before carrying out any care and our observations confirmed this.
- We observed staff encouraging people to make their own choices whenever possible. Staff we spoke with emphasized the importance of this in people being in control of their lives.

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 were treated with kindness and compassion. We observed positive interactions between people and staff. A relative told us, "They [staff] genuinely care, they have built a relationship with us. It's a dedicated team, I don't know where else we could find such high-quality care, we have built years of trust."
- Staff demonstrated how important it was to treat people well. They could describe to us how they valued people by promoting people's rights and striving to support people to lead the lifestyles they chose. For example, supporting a person living in their own home in the community to go on holiday, and have a leading voice in the choices made in the refurbishment of their home.
- Consideration was given to people's diverse needs, which included their protected characteristics, such as, religion, gender and sexual orientation.

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

- We saw staff listening to people's choices and acting on them during our inspection visit. This included what they wanted to eat and how they spent their time. People told us that they designed and directed their care and support.
- Care records detailed preferences relating to people's care, illustrating likes and dislikes. Records we reviewed showed us that people were involved, consulted, and were able to make regular changes if they wished.
- People's relatives told us they were consulted about the care and support their family members required and felt they were listened to. One relative told us, "[Family member] is listened too and respected, he gets choice and control, and staff help him fight his corner."

Respecting and promoting people's privacy, dignity and independence

- Staff were able to tell us how they respected people's privacy and dignity and could give us examples for this practice. Staff were respectful when entering people's own homes, seeking permission to enter and knocking on doors.
- People's support plans detailed what aspects of care they needed support with and what aspects of care they could do for themselves. They identified what outcomes people were working towards regarding their independence and the goals associated with them.
- Staff promoted and respected people's independence with supportive encouragement. A staff member described to us how a person who was fully dependent on staff for personal care, had been supported to become mainly independent. This had enhanced the person's well being and motivated them to become more independent in other aspects of their daily living.

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

- Personalised care was promoted. Staff could tell us about people's likes, dislikes and personal routines. People were encouraged to make choices and have control within their lives. Support was flexible, according to people's needs and wishes.
- Care plans were individualised and identified key information about the person. Staff had a good understanding of people and could tell us about people's needs and wishes.
- People's care was provided in an integrated person-centred way. People were empowered to lead their care and had the maximum choice and control over the way in which they were supported. We observed staff encourage and facilitate people, through careful planning and preparation, to be fully involved in meetings about their care provision.

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 received information in a way they understood. When people could not always communicate effectively due to their disability, provision was in place to ensure information was accessible.
- People's records included information about how they communicated and guidance was in place for staff on how to communicate effectively with the individual.

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 service supported people to access the community in the way in which they wanted to. This was done through working with people on an individual basis and exploring their goals and aspirations. This enabled people to be active and visible members of their local community. People we spoke to told us this enhanced their well-being.
- There was emphasis on supporting people to pursue their interests and hobbies. This included working in their own green house and garden, knitting or playing snooker at the local club.
- People were supported to go on holidays or day trips to places of their choice. We spoke to one relative who told us that staff regularly supported and facilitated their family member to visit relatives who live overseas.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. Feedback was gained from people and their relatives through day-to-day conversations.
- People and their relatives knew how to make complaints. They felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.
- The registered manager identified and understood that formal systems to raise complaints did not suit everybody who used the service. They regularly went to meet people face to face in informal settings that suited the person to discuss any feedback, concerns or complaints they wanted to share.

End of life care and support

- No one was receiving end of life care at the time of our inspection. However, the service had previously supported people at the end of their life. This was done in a way which ensured they were supported in a dignified and as pain free way as possible
- People and their relatives had detailed their wishes that were to be carried out at the time of their death, where they chose to do so.

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; 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

- People, their relatives and staff told us there was a positive culture in the service and their views and feedback were listened to. People received care which was person centred.
- The registered manager understood the importance of being open and honest when things had gone wrong. They engaged with people when the service had not met their expectations.
- People and relatives spoke highly of the management team and the registered manager. One relative told us, "We are totally happy, the service is well organised, and we have good communication with them."
- Staff consistently felt supported by their managers and the registered manager. One staff member said, "[Registered manager] is amazing, she is so dedicated."
- The registered manager recognised the importance of celebrating staff successes. They had implemented a reward scheme where staff received a shopping voucher as a token of appreciation.

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

- The registered manager understood their role and responsibility in providing good quality care to people and the requirements of their registered manager role. The registered manager had a very good understanding of what was happening in the service.
- The registered manager told us the provider's senior managers were supportive and responsive to continuously improve the service.
- There were systems in place to effectively monitor the service. This included regular audits and quality meetings with the service managers carried out by the providers quality assurance team. The service had continuous development plans in place which were reviewed and updated.
- Staff spoken with understood their role and the ethos of the service. Staff meeting minutes demonstrated that staff were kept updated with any changes in the service and any shortfalls which required addressing.

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

- The service involved people and their relatives in day to day discussions about their care in a meaningful way. People and their relatives told us they were encouraged to comment on the care delivered to them.
- There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. Surveys were sent out annually to people, relatives, staff and other

stakeholders to gather feedback about the quality of the service provided.

Continuous learning and improving care

- The registered manager had a programme of audits which assisted them to identify any shortfalls and address them promptly.
- The registered manager and management team ensured their skills and knowledge base was updated by undertaking additional qualifications in leadership and health and social care.

Working in partnership with others

- The service worked well in partnership with other agencies, which ensured people received safe and effective support in all areas of their lives. This included people's physical health needs and support with people's emotional wellbeing.