

## FitzRoy Support

# FitzRoy Supported Living - Birmingham

### Inspection report

The Sanctuary, Tangmere Drive, Castle  
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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 

### Overall summary

The inspection took place on 2 December 2015 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because we wanted to make sure staff were available to answer any questions we had or provide information that we needed. We also wanted the registered manager to ask people who used the service if we could visit them in their home. At our last inspection on 16 September 2013 the service was meeting all of the regulations that we assessed.

The service is registered to provide personal care to people in their own homes. At the time of the inspection the service was providing personal care to six people who were living in their own home within one 'supported living' facility.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

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 felt safe using the service and they were protected from the risk of abuse because the provider had systems in place to minimise the risk of abuse.

People were supported to receive their medicines as prescribed.

Staff were trained and supported to carry out their role.

Interactions between people and staff were friendly, relaxed and polite.

People were able to consent to the care they received and systems were in place to protect people's rights if they did not have the ability to make decisions for themselves.

People were supported to stay healthy and opportunities were provided so people saw a range of health professionals.

People's right to privacy was promoted and people's independence was encouraged.

Staff were aware of the signs that would indicate that a person was unhappy, so that they could take appropriate actions. Systems were in place to monitor the quality of the service.

# Summary of findings

## 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.

People were protected from abuse and avoidable harm because the provider had effective systems in place.

Risks to people were assessed. Staff understood how to keep people safe.

People received their medicines as prescribed.

Good



### Is the service effective?

The service was effective.

People were supported by staff who received the training, supervision and support to meet their needs effectively.

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards preventing people from being unlawfully restricted.

People were supported to access healthcare to meet their needs.

Good



### Is the service caring?

The service was caring.

People were supported by staff that knew them well so that they had positive experiences.

People were treated with kindness and respect.

People were supported to maintain their dignity and human rights.

Good



### Is the service responsive?

The service was responsive.

Care was delivered in a way that met people's individual needs and preferences.

People were supported to take part in activities that they enjoyed and were important to them.

Staff understood when people were unhappy so that they could respond appropriately. Systems were in place to ensure that concerns and complaints would be taken seriously.

Good



### Is the service well-led?

The service was well led.

There were systems in place to monitor the quality of the service and to strive to improve the service and build on developments already made.

People benefitted from an open and inclusive atmosphere in the home.

Good



# FitzRoy Supported Living - Birmingham

## 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 inspection took place on 2 December 2015. The inspection was carried out by one inspector. We spent time at the office where the care is organised from (The Sanctuary). The service provides support to people in their own home at one separate supported living facility (Sopwith Croft). The inspector spent part of the day visiting people at their home.

In planning our inspection, we looked at the information we held about the service. This included notifications

received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authorities that purchase the care on behalf of people, to see what information they held about the service and we used this information to inform our inspection.

The registered manager completed a Provider Information Return (PIR). This is information we asked the provider to tell us about what they are doing well and areas they would like to improve.

We met with all six people who received support from the service. We spoke with two relatives the registered manager, deputy manager and three care staff.

We looked at records of two people who received support from the service, medication records, staff training records, two staff recruitment files, safeguarding records, complaint records, staff rotas and quality audits.

# Is the service safe?

## Our findings

One person told us, “I feel safe where I live now”. Most people that used the service had limited verbal communication skills and were unable to tell us if they were concerned about their safety and if they were protected from abuse and harm. We saw that people looked relaxed and comfortable in the presence of staff. A relative told us, “I know that [Person’s name] is perfectly safe where they are living”.

Staff told us that they had received training that enabled them to identify the possibility of abuse and take the appropriate actions to keep people safe. All staff spoken with were able to describe different types of abuse. Staff told us that they knew who to report to if they had any concerns that people were at risk of abuse. A staff member told us, “I feel confident in raising any safeguarding concerns with the manager. Our responsibilities are clear” Staff were aware of how to escalate any concerns if they felt that action had not been taken. Records we held and saw during our visit showed that the provider had reported concerns appropriately to the relevant people and had taken the appropriate actions to ensure people were kept safe.

Staff spoken with told us that there were enough staff to meet people’s needs. We were told by staff and records that we looked at confirmed that there were sufficient staff on

duty so that people could participate in in house activities and trips out in the community. We saw that staff absences were covered by existing staff or bank staff and occasionally agency staff had been used.

Staff spoken with confirmed that prior to commencing employment the required employment checks had been completed. We looked at two staff files and spoke with the manager about the recruitment process. We saw that the provider had a robust recruitment procedure in place. We saw that profiles had been obtained for all agency staff that had worked in the service. The profile provided the manager with information about the employment checks that had been carried out and details of their training and experience. This meant that systems were in place to help reduce the risk of unsuitable staff being employed.

People were kept safe in emergencies. All staff spoken with knew what to do in the event of an emergency and how to report accident or incidents so these could be managed effectively.

Staff spoken with told us that they had the training and skills they needed to administer medication safely. One staff member said, “I feel confident supporting people with their medicines”. We saw that people had a safe place in their bedroom for storing their own medicine, with their medication administration records. We saw that records were maintained to ensure that people had received their medicines as prescribed.

# Is the service effective?

## Our findings

One person told us, “The staff are good they talk to me and listen to me”. A relative told us, “The staff are very good they really know [Person’s name] very well and understand their needs”.

Staff had some understanding with regards to the Mental Capacity Act 2005 (MCA) and staff understood the need to ask people’s consent. Staff were able to explain how they obtained consent to provide care on a daily basis. Staff understood that any restrictions in place needed to be in the best interest of the person and needed authorisation. Staff were able to explain what restrictions were in place and why. The registered manager told us that DoLS authorisations had been requested for the people that needed them.

Staff spoken with told us that they had received the training and support needed to enable them to carry out their role. They told us that most training was in the form of on line learning. Staff told us that they also had the opportunity to discuss any training or learning matters with the deputy or manager. A staff member told us that they had completed induction and that this had involved working alongside experienced colleagues so they understood what was expected of them in their role. Staff told us that they received regular supervision and that this included face to face discussion and also the deputy manager observed them supporting people and provided feedback on their performance. A staff member told us, “I am very happy with the support I get to carry out my role”. We saw that records were kept of the training that had been provided to staff. We also saw that supervisions were planned and scheduled in advance to ensure that this was delivered effectively to all staff.

We saw that staff used different methods to communicate with people. We saw that communication passports had been developed for people. These included personalised information about how to involve the person in making decisions about their care. They also included guidance for staff to follow about the best way to communicate with the person.

One person told us that they liked the food and they were offered a choice about what they wanted to eat. Staff explained how menus were planned. They told us that most people required support to help them make a choice about what they wanted to eat. Staff were able to tell us about people’s nutritional needs and knew people’s likes and dislikes. Staff described to us how they encouraged a person who had a poor appetite to eat. This included offering food and drinks at regular intervals, monitoring their intake and working closely with the nutritionists to ensure the person received the best support.

We saw that people looked well cared for. One person told us, “If I am not well the staff take me to see the doctor”. Relatives spoken with told us that they felt their family members were well cared for and that healthcare matters were well managed. Staff were able to tell us about the healthcare needs of the people they supported. They spoke compassionately about how they supported people to maintain good health, and also how they supported people with their changing healthcare needs and the challenges this brought. Hospital passports had been developed to ensure that if a person needed to stay in hospital information would be available to healthcare professionals about the person’s individual care needs and how these should be met. People had Health Action Plans (HAP) in place. HAP tell you about what you can do to stay healthy and the help you can get. Records looked at showed that people were supported to access a range of medical and social care professionals.

# Is the service caring?

## Our findings

One person told us, “I really like it where I live. The staff are very nice and kind”. A relative told us, “The staff were caring and kind and [Person’s name] was relaxed and happy with the staff that supported them”.

Staff were comfortable in displaying warmth and affection towards people. We saw that people were comfortable and relaxed in the company of the staff who supported them. Some people had a visual impairment and we saw that they were encouraged to move freely around their home and they did this with confidence.

Staff that we spoke with had a good understanding of people’s needs and were able to tell us how they cared for people in a dignified way. They were able to describe to us how they would respect people’s privacy and dignity when providing personal care to people. All the staff that we spoke with showed concern for people’s wellbeing.

Staff that we spoke with told us that they knew when people were unwell or becoming anxious. They told us that they would see a change in people’s body language or behaviour if they were unhappy, unwell or anxious about something. A staff member told us, “ I know [Person’s name] so well. I know if they are unwell and I can act on it straight away.

People told us that they had been involved in making decisions about their care. One person told us, “The staff ask me about my care. They ask me what I want to do”.

We saw that people were supported to maintain or develop their independence. We saw that people were encouraged to put their cups and plates in the sink and to put waste paper in the bin. Staff told us that it was important that they encouraged people to do as much for themselves as possible. Staff described how they encouraged a person to hold the flannel to wash themselves. They told us how they encouraged another person to remove their bed sheets and take the washing to the laundry room.

Staff told us that people’s care records provided enough detail about how a person’s care should be provided and included detail about how to care for the person in a way that promoted the person’s dignity and independence.

The registered manager told us that the service had been nominated for a ‘Pride of Fitzroy’ award in recognition for the support staff gave to a person through a period of being unwell. She felt this demonstrated that the service had a staff team that was very caring.

# Is the service responsive?

## Our findings

Staff were knowledgeable about people's needs. They were able to describe to us how people liked to be supported and the things that people liked to do. People had all been assigned a key worker. A keyworker is a member of staff that works with and in agreement with the person they are assigned to. The key worker has a responsibility to ensure the person they work with has maximum control over aspects of their life. Staff described to us that part of their role as keyworker was to complete a monthly summary report. This involved ensuring that all aspects of a person's care were being considered and that the person had been supported to achieve these. This included their healthcare and social needs. A relative told us, "We know who their keyworker is and we have a really good relationship with the staff member. They keep us informed about [Person's name] care. We have meetings with the staff and we are updated about their care needs."

A staff member described how a person who enjoyed music had recently been supported on a trip to Blackpool tower and ballroom and they told us that the person had enjoyed it. We saw them listening to a CD that they had purchased on their trip and they were relaxed and smiling. One person told us that they liked to go out to the shops and for meals and that they enjoyed seeing their family members. They told us that they were supported by staff to attend a day service. One of the people told us that they were going to a pantomime and they were looking forward to it. A staff member told us about 'The curry club' which people enjoyed. This involved meeting up regularly with people from another service at a local restaurant. Staff told us that they completed learning logs following social activities and new experiences so that any learning from these could be used to inform future planning.

Staff recognised the importance of social contact. They supported people to maintain friendships and relationships. Staff helped people to visit family members and supported people to take part in family events. Three people had recently celebrated significant birthdays. Staff had supported people to celebrate. A venue had been hired and a party organised for family, friends and staff.

Staff told us that any concerns or changes in people's care needs would be passed onto the manager. Staff told us that a handover took place between staff each day and any changes in people's care needs would be discussed and recorded.

One person told us that they would speak to staff if they were not happy about something. All the relatives that we spoke with told us that they would raise their concerns if they needed to. The provider had information about how to make a complaint. This was provided in a written and pictorial procedure. Staff told us that most people would not be able to make a complaint but would be reliant on them or a family member to raise concerns on the person's behalf. They told us that they monitored people closely to observe for any signs that a person was unhappy about something and they would let the manager know their concerns. The registered manager and deputy visited the service regularly to monitor people's wellbeing and any changes. Records showed that there was a system for recording, and investigating complaints and to identify any emerging trends. This information would be passed onto senior managers within the organisation to scrutinize. The service had received no complaints since our previous inspection.



# Is the service well-led?

## Our findings

One person told us, “I am happy and I like the staff”. A Relative told us, “ We are very happy with [Person’s name] care. The staff are very good. They are really on the ball. I know I could go to [managers name] If I needed to and if there was anything that needed to be sorted I know it would be.

The service had a history of meeting requirements. The registered manager demonstrated to us that she knew the individual needs of the people that used the service well. This showed that they were aware of their responsibility to notify us so; we could check that appropriate action had been taken.

The registered manager had promoted a positive culture in the service encouraging people that used the service and staff to raise any concerns with them. Staff told us, “We work well as a team”. Another staff member told us, “I am happy working here. It is a good place to work and it is a well organised service”. Staff told us that regular meetings took place to discuss any work related issues and they felt supported in their role. A staff member told us how they were encouraged to speak out in the meetings and share their views. For example they told us they would discuss people’s risk assessments and if any improvements could be made to how they managed the risk. This ensured that there were effective platforms in place for all staff to discuss their practice.

We saw that there were systems in place to monitor the service and quality audits were undertaken. Where audits

had taken place an action plan had been developed so that the provider could monitor that actions had been taken. We saw that information regarding accidents and incidents was regularly reviewed by the registered manager. We saw that action plans were put in place to address any shortfalls. The registered manager discussed with us examples of learning and development session’s with staff members, following an incident to ensure improvements were made and steps taken to prevent reoccurrence.

Staff told us that communication arrangements were good. They told us that the registered manager visited the supported living service and spent time talking to people and staff. Staff told us that they also visited the office where the service was delivered from.

The registered manager told us in the information they sent us that the organisation had a Staff Forum which all staff had access to via their Forum representative. This enabled staff to have a voice within the organisation enabling them to give feedback and share ideas. It was also a way for the organisation to share information with staff regarding terms conditions and any changes to policies. An employee assistance programme was available for all staff to access. Staff were made aware of this particularly at times of difficulty and were assured that it was confidential.

The registered manager told us that all people had a tenancy agreement in place. People’s homes were owned by a landlord separate to the care provider. The registered manager told us that they had regular contact with the landlord and would raise any issues that needed to be addressed with them.