

FitzRoy Support The Croft

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

The inspection was carried out on 31 October and 1 November. It was unannounced.

The Croft is a residential care home that provides accommodation and personal care for up to four people. It specifically provides a service for older people who have a learning disability and some who are living with dementia. At the time of inspection, there were three people living at the Croft.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. The service ethos is to enable people with learning disabilities and autism to live as ordinary a life as any citizen.

The Croft had not had a registered manager since May 2017. We asked the deputy and quality manager about this and they said that there had been a manager in place but they had resigned before registering with the Care Quality Commission (CQC). The provider is currently recruiting for a replacement who will become the registered manager.

The atmosphere at the Croft was relaxed and friendly. People and staff interacted with kindness and respect. There was an inclusive, supportive and homely culture that reflected the provider's visions and values. People living at the Croft were supported to live full and enriching lives as much as possible. Staff knew people well and had the appropriate knowledge and training to keep people safe. Positive risk taking was encouraged to ensure people could maintain skills and experience new things.

There continued to be enough staff to support people and staff continued to have the training and support to provide people with high quality care that responded and adapted to people's changing needs. Staff had a good working relationship with associated professionals, so people received care and support from professionals as and when they required it. Relatives told us that they were kept informed of changes in people's physical and emotional health.

Medicines continued to be managed safely. Daily checks ensured that if there were any shortfalls, these were quickly identified and resolved. The clean and well-maintained premises continued to meet the needs of people and staff knew how to protect people against the spread of infection.

Care continued to be steered by developments in best practice. The provider and manager attended a variety of forums and developments were discussed in team meetings and through training sessions. Support plans were person centred and thorough and were written in a way that was meaningful to people. Peoples communication needs were assessed and staff used different methods to enable people to communicate their views and choices in their own way, through discussions, reviews and resident's meetings.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff worked with people and their relatives to ensure that support plans and support reflected their care needs. People discussed what they would like to happen if they were to pass away, and their wishes were respected.

The manager sought feedback from people using the service, staff, relatives and health professionals and an accessible complaints procedure was available. Complaints, compliments, accidents and incidents were recorded, and these were collected and analysed by both the manager and the provider to identify patterns and if lessons could be learnt. Regular checks and audits were carried out to ensure issues were identified and resolved.

People's information was kept securely in the office and staff respected people's privacy, dignity and confidentiality. The previous CQC rating of 'Good' was displayed on the provider's website and in the hallway for people to see.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Croft

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 31 October and 1 November was unannounced.

One inspector carried out the inspection.

Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We also looked at information sent to us by the manager through the Provider Information Return (PIR). The PIR contains information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

We looked at a variety of different sources of information relating to people, such as; care and support plans, activity plans and risk assessments. In addition, we looked at surveys, staff rotas, training records, recruitment files, medicine administration records, complaints and accident logs. We asked the deputy manager to send us some documentation via email after the inspection. These were received on the days following the inspection.

On the first day of the inspection, we spoke with one person and observed interaction between staff and people. We spoke with three members of staff, the quality manager and the health and safety manager. On the second day of the inspection we spoke with the deputy manager and one members of staff. The manager was not available on the days of inspection.

Is the service safe?

Our findings

The Croft continued to provide people with safe care and treatment. People appeared relaxed in the company of staff and one person told us that they felt safe living at The Croft. They smiled and laughed when I asked them if they liked it here and commented; "It is quiet here, I like it".

Staff were aware of the different types of abuse and knew to contact seniors if they witnessed or suspected abuse. Staff also knew about whistleblowing agencies. Risks to people continued to be assessed and action was taken to lessen identified risks. Staff also encouraged people to take positive risks to enable them to live an enriching and independent life, as far as possible. A relative told us; "[Loved one] finds walking difficult and is in a wheel chair a lot, but the staff are very encouraging, and he is being more inclined to walk a little further or for a little longer". Staff also encourage people to try new activities and opportunities. For example, one person had recently spent the day on a speed boat and enjoyed it so much they decided to go on a seal safari in the weeks after.

The manager and staff carried out checks to ensure the environment and equipment used by people were safe. Health and safety checks were carried out, as well as fire safety checks and drills. Staff were aware of peoples 'Personal emergency evacuation plans' (PEEP) and grab bags containing PEEP's, fire maps and protocols were in situ to ensure staff knew how to support people if there was an emergency. Business continuity plans were in place and staff knew what to do in the event of an emergency.

There continued to be enough staff to support people. Staff rotas were calculated to meet people's needs. When people were out taking part in activities or when people's needs changed, staffing levels were adapted accordingly. There were on-duty protocols to ensure there were enough staff to support people in case of staff emergencies. The deputy manager occasionally used staff employed by an agency to cover night shifts. Agency staff were vetted by the provider and they had a training session with the deputy on or before their first shift. A relative commented; "My father and I have always been impressed that there are at least three members of staff at The Croft whenever we visit".

Staff continued to be recruited safely. The provider made the necessary checks to make sure that new staff were safe to work with people. New staff took part in an accredited induction programme, and their competencies were checked by the manager before working alone with people.

Medicine's continued to be managed safely. Staff had the appropriate training to give people their medicine safely and spot checks were carried out by the deputy manager to ensure staff practice continued to be safe. People received their medicine on time and we observed people being supported to take their medicine independently. There was guidance for staff so they knew how and when to give people 'as needed' (PRN) medicine, such as paracetamol or homely medicines.

The Croft was clean and well maintained. Staff had infection control training and we saw staff using personal protective equipment (PPE) such as gloves and aprons when cleaning, cooking and delivering personal care.

Staff continued to learn from issues and shortfalls. Accidents and incidents were recorded and analysed for patterns and trends.

Is the service effective?

Our findings

People continued to be provided with person-centred care and support. Staff knew people well and best practice guidance and tools were in place to ensure people were supported with the latest and best practice. For example, staff used accredited tools such as; the Waterlow scale (pressure sores), ABC charts (behaviour), body maps, positive behaviour support plans and epilepsy profiles created by external health professionals. The provider also reviewed guidance from professional bodies and as a result, they were exploring the use of technology within their services to aid communication and to promote people's independence. These tools and guidance would be used to feed into ongoing assessments of people's needs.

Staff had the knowledge and skills to support and care for people. New staff undertook an accredited training programme, containing a mixture of face to face training and eLearning. New staff told us that they found the programme very helpful in their new roles.

Established staff underwent a range of training which helped them to support people. A member of staff told us; "I went on training and found that people's perception of colour changes with dementia, red is the last colour they see, hence why the floor and chair is red. The changes were made after [person] had their diagnosis". Another commented; "I had autism training recently, it gave me a better understanding. I haven't worked with it before, but I now understand why people do certain things or like things done a certain way".

We spoke to staff who told us that they felt supported by the management. One member of staff commented; "It makes a difference being listened to, I feel valued". Supervisions and appraisals were held where they discussed their wellbeing, performance and development opportunities. Staff felt that they would benefit from more visible manager support at the Croft. We discussed this with the deputy manager and they told us that this was an area for improvement that had already been identified. The provider was considering employing a deputy manager for the Croft's sister service, so the deputy could spend all of their time at the Croft.

People were supported to live healthy lives and staff were conscious of people's dietary and hydration needs. When we arrived, we saw staff check a person's blood sugar levels. Staff told us that their levels had been low that morning, so they needed a boost and gave them a snack. People decided on menu's together and new recipes were trialled on a regular basis. For example, on the day of inspection staff were making pumpkin soup using the pumpkins they had decorated for Halloween the previous day.

It was clear that staff worked well together, staff spoke patiently and with respect to people and other staff members. Any changes to people's care and support needs were written in communication books and discussed during staff handover. We spoke with people and relatives who told us that staff knew when they were unwell and were quick to act. Information passports were provided to health professionals if a person was visiting or admitted to hospital so that a consistent level of care could continue.

The environment at the Croft continued to meet people's needs. The premises were clean and well kept.

Peoples rooms were decorated to their own taste. The deputy manager told us that they brought colour and wallpaper samples for people to choose between.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). Applications had been made for DoLS and staff continued to have training in the Mental Capacity Act and DoLS. People made their own decisions and staff respected their choices. When capacity fluctuated, best interest meetings were held and where appropriate, those who knew the person made decisions on their behalf and these were recorded in support plans. A relative told us; "The staff discuss his needs and best interests with us and we have never disagreed on a course of action for him".

Is the service caring?

Our findings

The atmosphere at the Croft was friendly and relaxed. Staff and people interacted with kindness and respect. We observed that staff knew people well and really cared for people living at the Croft. They talked about people's interests and families with them and we saw a member of staff comfort a person by stroking their hair and holding their hand. We asked staff about this and they told us they were very affectionate and tactile and always found touch relaxing.

Staff supported people to take an active part in all aspects of their day, based both on what they could do and what they wanted to do. People were encouraged to do what they could so that skills could be maintained and developed. A relative told us; "The staff seem genuinely concerned about [loved ones] happiness and like to give him a range of experiences and challenges to broaden his life". On the day of inspection, we saw people helping to sort and put away the grocery shopping and getting staff members ready for the Halloween party by painting their faces.

Staff knew how to communicate with people. People had communication passports that detailed how each person communicated their likes, dislikes, pain and discomfort. Staff told us how each person communicated, using speech, facial expressions, noises and body language. We saw that staff had consulted people during reviews, as they had described their response and what this meant. For example; a lip smack meant yes whilst a shake of the head meant no.

The staff used Makaton to communicate with some people. Makaton is a language programme using signs and symbols to help people to communicate. People were also supported with visual aids and objects of reference to help them make decisions. We saw people being shown different drinks for them to choose between. The deputy manager told us that the provider was researching the use of technology to aid communication between people and staff, using computer tablets and accessible information applications.

People's families continued to be involved with their care and support. People and their relatives attended keyworkers and resident's meetings, where they discussed their care and support, as well as activities and meals they would like to try. A relative told us; "We attend the yearly review with the social worker. The staff phone us if he needs something like antibiotics or an X ray and ask our permission first". Noticeboards also had information about helplines and how to access advocates. Advocates support people to express their views and wishes and help them to stand up for their rights.

Staff respected people's right to dignity and privacy. Staff knocked before entering people's rooms and closed the curtains when giving people personal care. Staff had equality and diversity training and treated people with equal respect and warmth. People were encouraged to discuss their beliefs and preferences and staff supported them to maintain these, for example; one person attended church regularly. Staff also ensured that people at end of life, were involved in day to day life at the Croft as much as everyone else.

Information relating to people was kept confidential and staff understood their responsibilities to do so. A member of staff explained how they protected people's privacy, dignity and confidential information; "If

there is a problem, we do not say it in front of other people, you need to be discreet. Being conscious that people are around and things aren't to be discussed".

Is the service responsive?

Our findings

People were given care and support that was adapted to their needs and enabled them to live active, fulfilling and interesting lives. A relative told us; " They plan day trips that they know [loved one] will enjoy and be stimulated by". A member of staff told us how "[Person] wanted to go up to West Ham to see the ground. His brother is a West Ham fan, so for his birthday I phoned his brother and we arranged to go up there together – he loved it".

We saw pictures of people taking part in a range of activities and when people's needs changed, activities were adapted to them and their needs. One person used to enjoy water fights and other physical activities. However, since the person's health had declined, staff focused on providing meaningful activities that centred around the person at home, involving other people as much as possible. Movie nights took place regularly in the persons room, and reflexologists and occupational therapists visited the person to provide massage and sensory activities.

Support plans were thorough and person-centred. Staff were alert to small changes in people's physical and emotional health and any changes were documented in the communication book and transferred across to support plans. This ensured there was clear guidance for staff on how to monitor and manage changing aspects of their care.

The admission process captured peoples spiritual, sexual and cultural needs and these were revisited formally and informally to ensure peoples emotional needs continued to be met. One person attended church regularly, however it was clear from talking to staff that if the person declined to go, then this choice would be respected by staff.

Everyone had their own key worker (a key worker is a staff member who takes a lead in a person's care and support). Through informal discussions, key worker meetings and house meetings, people could make informed choices and raise ideas and concerns. Staff gave people time and presented information in a way that was meaningful to them. We saw that a person had said in a residents meeting that they wanted to go the pantomime. On the first day of inspection, the person showed us the brochure for the pantomime which had been booked and they were eagerly awaiting.

Information and support was provided in line with the Accessible Information Standard (AIS). AIS is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff understood the standards and worked with speech and language therapists to tailor support and support plan reviews to enhance effective communication and the care provided to that person.

A person told us that they would feel confident raising concerns and complaints to staff and felt they would be dealt with promptly. There was an easy read 'How to Raise a Complaint' guide in people's support plans and displayed in the hallway. No complaints had been raised, but it was clear when speaking to the deputy manager and staff that these would be explored thoroughly.

People's end of life wishes had been discussed with them and their families. People said that they wanted to stay living at the Croft until the very end. Staff were passionate about respecting their wishes and had a very close relationship with the local hospice and palliative care team, who visited as and when needed.

Is the service well-led?

Our findings

Staff at the Croft shared the same set of values and the kind and supportive culture was clear to see. One member of staff told us about the provider's values; 'We are brave, we see the person, we are creative'. They continued to say; "I think staff live by those values – this job is all about our people, we have a nice team, work off each other, we are all kind-spirited and enjoy having a party. We are like a big family". A relative commented; "It strikes me that staff always want to enable and facilitate the residents at The Croft to fulfil their lives as best they can, making sure they are comfortable, healthy and happy".

This nurturing and inclusive culture was clear to see, staff were kind and laughed and joked with people. For those who were unable to take part in the Halloween party, staff made sure to talk to them about it so they felt as included as possible.

The Croft had not had a registered manager since May 2017. We asked the deputy and quality manager about this and they said that there had been a manager in place but they had resigned before registering with the Care Quality Commission (CQC). The provider is currently recruiting for a replacement who will become the registered manager. 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.

The deputy manager conducted a series of daily, weekly and monthly checks to monitor and maintain the quality of care given to people. The provider's quality and health and safety managers also monitored the service. Staff were delegated responsibility for ensuring that certain aspects of the service were monitored and maintained. Checks were recorded, and action plans were put together when needed. The provider had created an 'single point action plan' for the service, which the deputy manager were working on together with the provider.

An 'open door' policy was in operation for people and staff. Team meetings were held so that staff could share best practice, ideas for improvement and any concerns they had. We saw that staff had put forward items on the agenda to be discussed. One member of staff told us how a person loved railways, so at the meeting they suggested taking the person to Bluebell railway. This had taken place and the person enjoyed it so much they were due to go again.

Staff, people, relatives and health professionals were asked for their feedback. This information was then collected and analysed by the provider centrally. We looked at the feedback and saw that the majority of responses were positive. We discussed how the surveys could be more specific to the Croft. The quality manager informed us that this was an area for improvement found by the provider and was being worked on by the quality improvement team.

The provider attended best practice forums run by the local authority and other agencies such as the fire brigade. The provider also had a service improvement team which gave information to the deputy manager

relating to the latest and best practice through managers meetings, newsletters and bulletins. The deputy manager also had a close working relationship with local agencies and professionals, such as a local sensory centre and the swimming pool which people visited regularly.

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. CQC check that appropriate action had been taken. The deputy manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

Records were clear and up to date and held securely. The rating for the service of 'Good' was displayed in the hallway for people to see and was also displayed on the provider's website.