

FitzRoy Support Huws

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Huws is a nursing home for people living with a learning disability, physical disability and or autistic spectrum disorder. Huws accommodates 14 people across two separate buildings each of which have separate adapted facilities. At the time of the inspection 14 people were using the service.

People's experience of using this service:

People were supported to take their medicines as prescribed. Medicines were stored in a safe way. The service was clean and infection control was managed well and in line with the providers policy and procedures. Systems were in place to make sure people were kept safe. There was enough staff employed to support people. Any shortfalls in staff numbers were managed by agency staff. Lessons were learned when things went wrong. These incidents were managed, and changes were made.

Staff completed an induction and training relevant to their post when they first started working with the service. However, we found gaps in the ongoing training matrix, which needed to be addressed. Staff received opportunities to review their work and development, but these were not up to date. People's needs were assessed, and care was reviewed to ensure people's needs were met. People were offered a choice of food and drink on a daily basis. If a person did not want what was on the menu alternative meals were offered. Positive outcomes were experienced from care and treatment. The service was adapted and designed to ensure it met people's needs and requirements. People had access to healthcare professionals and were supported to attend appointments.

People received support from kind compassionate staff who were knowledgeable about the people they cared for. People were able to express their views through meetings and discussions about their needs and preferences. People were treated with dignity and respect by staff that encouraged them to be independent and to do things for themselves.

Care was planned and delivered in a person-centred way. There was instructions and guidance to ensure staff supported people who used specialist equipment in a specific way that met the person's needs. Communication needs were identified and planned for in line with the accessible information standard. The manager was aware of end of life care, but we were not confident staff had received any training in end of life care.

We recommend that the service seeks advice and guidance from a reputable source about end of life care.

An interim manager was in post at the time of the inspection. The interim manager was an experienced registered manager from another service run by the provider. Staff were complimentary of the manager and felt supported. Monitoring systems were in place and where we identified concerns the manager had already started to take action. The provider understands and acts on duty of candour responsibility, as notifications were submitted to CQC in a timely manner.

Rating at last inspection: Requires Improvement last report published 4 January 2017)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we saw that improvements had been made. However, further improvement is required.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Huws

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector and a specialist advisor for nursing conducted the inspection over one day. An expert by experience conducted telephone calls on day two.

Service and service type: Huws is a care home with nursing. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had no manager registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information the provider sent us in the Provider Information Return (PIR). This is 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. The inspection was also informed by other information we had received from and about the service. This included statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also received feedback from the local authority who commission services from the provider. We used all this information to inform our inspection plan.

People who used the service were unable to speak with us due to their complex needs. However, we contacted family members and spoke with six relatives. We also spoke with the manager, deputy manager and four support staff.

We looked at five people's care records to check that the care they received matched the information in their records. We reviewed three staff files to see how staff were recruited and the training records to check the training provided to staff. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection November 2017 Improvements were required how people's prescribed medicines were stored. At this inspection we found improvements had been made.

Using medicines safely

- People were supported to take their medicines as prescribed. We observed a medicine round during the inspection. We saw people received their medicine in a dignified way and the way they preferred to take their medicines. Family told us their relation received their medicines as they should be given. One relative said, "[name] takes a lot of medicines, there has never been a problem with that." Another person said, "There had been concerns recently, but lessons have been learnt and mistakes will not be repeated."
- Medicines were stored and managed safely. There were clear records about how a person should receive their medicines.
- We observed staff responsible for administering medicines followed correct procedures for administering medicines. Staff demonstrated good knowledge of the medication process.

Preventing and controlling infection

- The service was clean and hygienic. Staff were aware of the prevention and control measures required to manage risks associated with infections and cross contamination. Relatives told us that staff wore personal protective equipment when they provided personal care to their relation. One relative said, "I know they always wear gloves and aprons." Another relative told us as far as they were aware staff wore appropriate equipment to prevent cross contamination of infection.
- We observed staff using personal protective equipment during the inspection. They disposed of used items to prevent cross contamination.
- The home had been given a five star rating by the food standards agency in March 2018. This means the hygiene standards of the kitchen, at the time of inspection was considered 'very good'. The food standards agency is responsible for protecting public health in relation to food.

Systems and processes to safeguard people from the risk of abuse

- People lived in a safe, calm and relaxing environment. We observed people interacted with staff well. Staff spoke to people in a calm way.
- Relatives told us they felt their family member was safe living at the home. One relative said, "I think [name] is very safe living at Huws. It is a safe environment and they are well looked after." "Another relative said, "Absolutely safe at Huws. [Name] is very happy and well looked after."
- Systems were in place to make sure people were kept safe from avoidable harm. Staff had a good understanding of how to keep people safe.

Assessing risk, safety monitoring and management

- Detailed risk assessments were in place and reviewed regularly. Care plans contained explanations of the control measures for staff to follow to keep people safe. For example, the effects on tissue viability when a person uses a wheelchair, and how this can impact on the person.
- Care plans we looked at identified the support and risk management. We saw cross referencing was used throughout the plans including red highlighted areas for increased risk to help support staff manage known risks for people.
- Service management was up to date. For example, equipment was checked to ensure it was in good working order, such as electric wheelchairs, lifts and relevant safety checks had taken place for the gas boiler and electricity testing.
- There was a door leading to the cellar and a key left at eye level. The door was kept locked, but there was a risk people could reach the key. We spoke with the manager and they said they would complete a risk assessment and remove the key. The key had been removed during the inspection.

Staffing and recruitment

- Sufficient staff were employed to ensure people were kept safe. One relative told us there was always staff around when needed. Another relative said, "As far as I have seen the staff are attentive and observant."
- When staff were recruited the appropriate references and checks were completed in line with current guidance. However, we found Disclosure and Barring service checks (DBS) had not been reviewed or updated for some time. There were gaps found in the staff files regarding history of employment and interview notes. The deputy manager told us they had plans in place to review all staff files to ensure they were current and up to date. We saw quality audits carried out on 19 December 2018 had identified all of the above. The manager provided us with an action plan and a time scale when the actions would be completed.
- Nurses registration with the National Midwifery Council NMC were checked regularly to ensure nursing staff were registered to practice.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and actions taken as needed. The provider's systems enabled the manager to look for any patterns or trends; to enable them to take action as needed.
- When issues occurred, we found the manager responded appropriately and used any incidents as a learning opportunity. For example, when an incident happened with a peg feed (Percutaneous endoscopic gastrostomy (PEG) feeding tubes are used where people cannot maintain adequate nutrition with oral intake.) Staff were trained to reconnect the peg feed if it was pulled out by accident.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had completed an induction and training relevant to their role when they first started with the service, but the manager told us they had identified gaps in areas of staff training and this did not reflect the training staff had undertaken. The manager had put a plan in place for staff to undertake refresher courses, but this had not yet been implemented.
- We received mixed comments from relatives regarding the staff training. One relative said, "I think they were very well trained up to about 18 months ago and then, even though the care was ok, the standards seem to slip and a lot of experience staff have left. Another relative told us they felt staff were trained, but said, "There had been a lot of agency staff and they can vary in their knowledge." Three relatives felt staff were trained to a very high standard. We spoke with the manager and they said they had used a high number of agency staff but used the same staff to keep consistency for people.
- During our visit we observed a member of staff from an agency that had started on the day of the inspection. They were not shadowed by a more experienced member of staff when completing task for people. We saw they were supporting a person to eat their breakfast, but there was no interaction or conversation with the person. This meant the person may not have a good experience, as they were not familiar with the staff member.
- Staff were given the opportunities to review their individual work and development needs. The manager told us these were not up to date, but they would act to address this. The manager told us they had daily contact with staff, where any concerns or actions were responded to. Staff files we looked at confirmed not all staff had received supervision. The deputy manager told us the staff files were under review and they had also identified this.

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

- People's needs were assessed and included the protected characteristics under the Equality Act 2010. For example, people's marital status, religion and ethnicity was consistently recorded. This is important information to ensure people did not experience any discrimination.
- Care was planned and reflected people's needs and care plans were person centred.
- All care plans were under review. Each person had three care files and information was to be merged into one in-depth file. The manager told us they used a RAG rate tool to oversee progress of the care plan project. This means they used a red, amber and green traffic light tool so it was easy to identify their progress.

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

- People were offered choices and access to different food options.

- People's family told us there was a good variety of food and plenty of choice at the home. One relative said, "If [Name] doesn't want a particular thing they [Staff] always offer an alternative. They [relative who used the service] gets plenty of drinks and snacks too." All relatives we spoke with said there was plenty to eat and drink and if their relation did not fancy a particular meal the staff would prepare something different.
- We saw pictures of food on the fridge to identify what sort of items people would find to eat.
- Where people required specialist equipment to support their eating and drinking this was accommodated. For example, one person had a sensory bottle that they could easily hold when they required a drink. For people who required a PEG feed, there was easy to follow guidance on how to maintain hygiene needs and give food with the use of this equipment.

Staff working with other agencies to provide consistent, effective, timely care

- People experienced positive outcomes from their care and support.
- The manager gave examples of working with other health professionals and agencies to meet people needs. This included following any recommendations made by external healthcare professionals in a person's ongoing care. Information was also shared with external agencies such as hospital admission and discharge teams, to ensure people received effective care and treatment.

Adapting service, design, decoration to meet people's needs

- Areas in the kitchen were adapted for people in their wheelchairs, so they could use the work surface or sink area if they wanted to help prepare their own food.
- Huw's is a large two-story building which has a modern and spacious interior that is designed for comfort for the people that used the service. There is a central lift, so all rooms are easily accessible. Tracking hoists have been installed to ensure people are safe and comfortable when moving between their bed and wheelchairs or bathroom.
- People were encouraged to decorate their rooms as they would like.
- People had use of a sensory room and they were encouraged to use it.
- The garden was easily accessible with raised beds, patio area and wheelchair access to ensure all people living at the home could enjoy the outside area.

Supporting people to live healthier lives, access healthcare services and support

- Care plans were under review. The care plan format was easy to follow and clearly expressed the person needs.
- Health conditions were identified, for example, a person's dietary needs, such as, a Ketogenic diet (high-fat, adequate protein, low carbohydrate diet) to manage epilepsy.
- Relatives told us the service was proactive when people who used the service were in need of healthcare professionals, such as, GP, Dentist or hospital appointments. One relative said, "Staff always take [Name] to the dentist and send for a GP if they [Name] take ill." Another relative said, they [Staff] take [Name] to all healthcare appointments and provide 24-hour care when she is in hospital."
- Staff told us they monitor people's health and make referrals where necessary. Information we looked at identified a person was in hospital and staff had attended the hospital to ensure the person was supported throughout their stay and their needs met.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People can only be deprived of their freedom and liberty in the community by the court of protection. At the time of our inspection the manager was following procedures to ensure people were not unlawfully deprived of their liberty.

- We saw examples of capacity assessments that identified where a person lacked capacity to consent to their care. Appropriate evidence and best interest decisions were documented.

- Relatives told us people were not always able to make decisions for themselves, but staff gave people choices and made decisions in their best interest.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People received support from staff who were kind, compassionate and sensitive to their needs. One relative told us they felt staff were generally kind and considerate. Another relative said, "Staff go the extra mile. They are very kind caring staff, who care about the people who live at the home."
- Staff were positive and knowledgeable about people's needs. Care plans identified where people needed support. It was recorded what a person's needs were and the ability staff required to work alongside a person. For example, staff would need to be good at listening and know how to engage with the person. Through information documented in the care plan we gained an insight to the person before we met them.
- We observed staff supporting people well and treating them as individuals. Ensuring they kept their independence where possible.

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

- People were supported to make decisions about their care and treatment. Relatives told us they were involved in their family members care planning. One relative said, "I have been involved." Another relative said, "I am always invited to reviews."
- We observed good interaction with people and staff. Staff had meaningful conversations about people's day to day needs and aspirations. We found the home to be friendly and people got on well together.
- People were supported and helped to express their views, where required support was given by outside advocates.
- Each person had an "About Me" document that identified what the needs and aspirations were for the person. There was inclusion of the person's interests and characteristics. For example, how the person wishes to communicate. The record included information about a person's past, what they liked and disliked and how they wanted to be helped on a day to day basis.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was upheld by staff who had a sensitive caring approach. Relatives told us staff were always discreet and respectful. One relative said, "Staff give [Name] privacy when providing personal care." Another relative said, "I think staff are very respectful and always considerate." A third relative told us their family member could have private time and spend time in their room when they wanted too.
- We observed staff being respectful and encouraging people to be independent throughout the inspection.
- People accessed community groups and social activities where they had opportunities to develop their friendship group. People were supported to maintain and develop relationships with those close to them, social networks and the community. One relative said, "[Name] has lots of activities outside the home, which they like to do." Another relative said, "As far as possible staff help my relation to go to a day centre, which

gives them some independence."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: ☐ People's needs were met through good organisation and delivery.

At the last inspection November 2017 Improvements were required for specific instructions and guidance for staff to follow. At this inspection we found improvements had been made.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care planning was focused on person centred and detailed instructions were being implemented. For people who required equipment, such as a PEG Feed, there was easy to follow guidance on how to maintain hygiene and how to give the food.

- People's care plans identified what a person could do independently and what they needed others to do and why. For example, giving information and guidance to staff on how the person wished to use the bath, including their care needs.

- People participated in meaningful activities that were of interest to them, such as going to football matches, shopping trips and the day centre where people were able to show characteristics of their independence.

- The Accessible Information Standard was being met. This standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. People's communication and sensory needs had consistently been assessed and planned for. For example, A member of staff had been identified as a Makaton champion (Makaton is a language programme designed to provide a means of communication to individuals who cannot communicate efficiently by speaking). Booklets of sign language were available and weekly sign workshops were held to support and help people and staff to learn sign language.

Improving care quality in response to complaints or concerns

- There was a robust complaints system that dealt with complaints in line with the providers policy and procedures.

- Relatives told us they were aware how to use the complaints policy if they needed to. One relative said, "I definitely feel able to complain and have in the past." Another relative said, "I have made complaints over the past year and I am satisfied lessons have been learnt."

End of life care and support

- At the time of our inspection people who used the service were young and healthy and so there was no one in receipt of end of life care. The manager was aware of the importance of developing end of life care plans with people, when they required end of life care. There was no training identified on the training matrix shared by the manager, although one staff told us they had attended training in end of life care we were not confident that all staff had received relevant training in this area.

We recommend that the service seek advice and guidance from a reputable source about 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was no registered manager in post at the time of our inspection.
- The registered manager left in January 2019 and a interim manager from another of Fitzroy services came into post to support the home through the transition period until a new manager was employed.
- Staff were very complimentary of the manager and felt valued supported and listened to. One staff member said, "I feel staff will be more supported and I have received guidance to help me in my role."
- The interim manager told us they had plans to improve the service. They wanted to ensure the service was the centre of excellence and person centred. Their key challenge was to make sure the staff team all work together as one team.
- The manager told us the key value of the service was to create and develop an open and transparent service, where staff and people can feel comfortable to raise any concerns. They wanted people to feel confident their concerns will be listened to and acted upon. One relative said, "I have had a long discussion with the manager and I am very hopeful that things will improve now. The staff are much happier already."
- The deputy manager said they were supported by central support management team on a two-weekly basis. If they felt they needed extra support this would be accommodated.
- Staff were clear about their roles and had a good understanding of what was expected of them.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There had been areas of concern raised from the local authority since the last inspection.
- Where we identified concerns during this inspection the acting manager had already set up an action plan, as they found the same concerns when auditing the service.
- The manager was tasked to make sure the home was following the providers policy and procedures, but there was no evidence that the improvements would be sustained.
- Monitoring systems were in place to ensure the service was run well.
- Care was delivered in a person-centred way.
- There was not a full consistent staff team, as agency staff were regularly used. The manager said where possible they always asked the agency for staff that had already worked at the home. However, permanent staff knew people and their needs well. Where appropriate staff were promoted within the service
- Notifications were made in an accurate and timely manner. The service had an open and transparent culture. Where required, lessons were learned if errors had occurred.

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

- People received the opportunity to feedback their experiences about the service through their family members completing surveys. People who communicated non-verbally were able to give feedback as staff had a good understanding of their facial expressions and actions.
- Relatives told us they had completed surveys in the past and attended meetings when they were held. Another relative told us they had attended meetings of how the service was run and found them very useful. They went on to say the home took action when needed and they [the relative] got a progress report at the next meeting.
- Relatives gave positive feedback in regard to the keyworkers and how the home was now run. One relative said, "the keyworkers are marvellous. The home is fantastic and I am hoping staff are much happier now." Another relative said, "Even though there was a period of mismanagement the standard of care has never changed."

Continuous learning and improving care

- Staff were confident to report and deal with any incidents or accidents which occurred and that any learning or recommendations from incidents were shared with them.
- The manager was aware of shortfalls within the home and knowledgeable about quality issues. They provided assurance that arrangements were in place to drive continuous learning and improve the quality of care provided.

Working in partnership with others

- People were supported to access healthcare professionals We saw that people attended GP and hospital appointments. We saw evidence in the comments book and running records from numerous health professionals that had visited people to make sure they kept healthy.