

FitzRoy Support

FitzRoy Supported Living - Uckfield

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

FitzRoy Supported Living Uckfield is a supported living service providing personal care to six adults with a learning disability and/or associated conditions, in one house and two bungalows to live independently in their own rented properties.

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

Records still needed to improve in areas such as how complaints are formally recorded and end of life planning. Care plans were becoming person centred and detailed with information for staff to follow. The service was in the process of imbedding practices and sustaining improvements in these areas.

Since the last inspection there had been a significant change in atmosphere, culture and care. The provider had recognised the registered manager needed to be more available and on site to effectively support the required changes to ensure people's quality of care improved. The registered manager said, "We have worked very hard to bring this back to a good service. Yes, there are things we need to do. Everything is organic and we will work hard to get this completed. We will work with the staff, people and their families to get it right."

People told us they felt safe receiving the care and support provided by the service. Staff understood and could recognise the signs of potential abuse and knew what to do if they needed to raise a safeguarding concern. Training schedules confirmed staff had received training in safeguarding adults at risk. Risk was identified and recorded with clear guidance for staff to reduce it as much as possible and people were assisted to access healthcare services when needed. Medicines were managed safely and administered by trained staff.

The atmosphere at the service now felt like a family home. People were free and eager to chat with staff and anyone who came to their home. There was a busy schedule which involved most people going out each day with staff to different activities. People were cared for by a staff team who were kind and thoughtful.

People's care and support needs were assessed before they started to use the service. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and regular supervision. People were supported to maintain a healthy balanced diet and had access to health care professionals when they needed them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. 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, relatives and staff were engaged by the service through meetings, so everyone could contribute to the development of the service. There was a credible strategy in place with plans for staffing improvements at the service. This was being implemented by the registered manager who was pro-active in considering how the service could be improved.

Without exception people, relatives, professionals and staff spoke highly about the management and improvements to staff morale and team work. The registered manager had worked in partnership with health and social care providers to plan and deliver an effective service.

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

Rating at last inspection and update

The last rating for this service was Inadequate (published 22 July 2019) and there were four breaches of regulation. We imposed a positive condition, meaning the registered provider had to provide a report of the actions they intended to take to meet all the breaches of regulations. This report had to be submitted to the CQC on the first Monday of each month.

The provider completed this report each month and met the imposed positive condition. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since July 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

We have found evidence the provider needs to sustain improvement. Please see the responsive and well led sections of this full report.

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?

Requires Improvement ●

The service was not always 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.

FitzRoy Supported Living - Uckfield

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

One inspector carried out this inspection.

Service and service type

This service provides care and support to people living in three supported living setting's, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We visited, spoke with and observed the care of one person who lived in one of the bungalows on site, and with three people who lived in the house. We contacted three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, acting deputy manager, health and safety manager, and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality audits and feedback questionnaires.

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 Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to protect people from the potential risk of abuse and avoidable harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Significant improvements had been made to protect people from the risk of abuse. The provider and registered manager were working openly with the local authority and took immediate action to reduce risks identified at the last inspection. This included reviewing their systems and processes to support people and staff in feeling confident to raise issues. Feedback from the local authorities included, 'They really have been engaging with us, which is always encouraging.' 'All individual staffing issues have been addressed through the disciplinary procedure, several staff didn't return as a result of this.' One person said, "I feel safe. Everybody here, is lovely."
- The registered manager demonstrated understanding of their responsibilities to protect people from abuse and to provide safe care. The provider and registered manager have worked on their systems and processes and produced new systems to improve safeguarding people. This included areas such as the induction process, a handbook for deputy managers with a description of their role, a robust reporting system that was checked daily by a member of the management team. This has led to prompter action when issues were raised.
- We spoke to staff about the safeguarding of people and each staff member had a good awareness of the principles of safeguarding procedures and who to report any concerns to. One staff member said, "I would report my concerns to the manager. I would check if anything was done about it and if not, I would report to CQC and human resources."
- Relatives told us their family members were safe. One relative said, 'It is (safe) now. There has been a tremendous effort since your visit earlier this year. The staff that are now in place are also happier, there is a much better atmosphere.' Another relative told us how changes in staffing had improved their confidence that their relation was safe.
- Records showed staff were trained in safeguarding procedures and this was included in the induction for newly appointed staff. The registered manager had attended safeguarding training which was provided by the local authority.
- Staff understood signs of potential abuse and told us they felt confident in raising concerns. They felt they were listened to and their concerns acted on. Without exception, all the staff told us the culture had shifted

from a bullying one to an open, transparent, inclusive one. A document about how to prevent bullying in the work place had been shared with staff. This covered; 'Stopping Workplace Bullying as an Employer; Stopping Workplace Bullying as an Employee and Understanding Workplace Bullying.' One staff member said, "I wasn't (confident) at first but I am now. It's a lot better than before. Because if I had reported it before there were repercussions. I feel protected now, the culture has changed. It's one of openness now." Another staff member said, "If I saw a concern with staff conduct I would whistle blow. We work in people's own home and we are there to protect them." Since the last inspection incidents were recorded and analysed and where an incident was deemed to be potential abuse, safeguarding alerts were sent to the local authority and the Care Quality Commission (CQC) was notified.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. The provider also failed to ensure staff were competent to administer medicines and the failure to ensure medicines were administered safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk management had improved since the last inspection. Where risks had not been previously managed by staff or the registered manager, there were now clear assessments in place which were being followed by staff. The risk assessment process supported people to increase their independence. Where people did not have the capacity to be involved in risk assessments we saw their relatives or legal representatives had been consulted.
- The service demonstrated a culture aimed towards maintaining people's independence for as long as possible. Care plans contained risk assessments in relation to challenging behaviour, accessing the community, cooking, medication, nutritional risk, using specialist equipment such as a hoist and transferring from one piece of equipment to another such as a wheelchair to a shower trolley and how these affected their wellbeing. People's care plans noted what support people needed to keep safe. For example, they provided information about support each person required in relation to safety awareness and completing activities such as going swimming, having a bath and accessing the community. These risk assessments detailed the required staffing ratio at different times and for specific activities to ensure the safety of people, staff and others.
- Risk assessments had been developed where people displayed behaviour, which challenged others. These provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and ensured that human rights were protected. The care plans described the steps they should take when supporting people who may present with distressed reactions to other people and or their environment. Staff were able to tell us about individual triggers, which might affect people's behaviour, and different techniques they used to defuse and calm situations. The staff told us they did not use direct restraint and used various supervision and communication techniques and their knowledge of the person to keep people safe. These plans were reviewed regularly and where people's behaviour changed in any significant way referrals were made for professional assessment in a timely way. During our inspection, we observed sensitive interventions by staff who recognised triggers for behaviours.
- Risk assessments were detailed and included photos to add clarity, such as how a person should be positioned in bed when eating to minimise the risk of choking or how to use postural aids to reduce pressure damage. One person said, "I feel safe when hoisted, they use it correctly, using slings." Staff were able to describe the steps in place to mitigate known risks and explained how they supported people safely.
- People's finances were kept safe. People had appointees to manage their money where needed, including

the Court of Protection. Receipts were kept where possible to enable a clear audit trail on incoming and outgoing expenditure, and people's money was audited regularly.

- Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. Gas and electric safety was reviewed by contractors to ensure any risks were identified and addressed promptly. Fire equipment such as emergency lighting, extinguishers and alarms, were tested regularly by an external maintenance engineer to ensure they were in good working order. Each person had a personal evacuation plan so staff knew what to do to support people to evacuate the premises in an emergency. A professional from the local authority informed us, 'Fire drills have been organised and staff have practiced the use of the evacuation mats.' This provided assurances staff would know how to use equipment in the event of a fire emergency.
- Medicines management had improved since the last inspection and there were now effective systems for ordering, storing, administering and monitoring medicines.
- Staff administering medicines were trained and had their competency assessed. We spoke with the acting deputy manager and three carers, regarding medicines practice. They were knowledgeable about people's medicines and why they took them. They knew how to support people within their medicines in the way they wished. One person said, "The staff help me with my medication, I struggle to do this. They are so good, they remind me of the times I need it. I would forget."
- Where people had their medicines 'as required' there were clear protocols in place for staff to understand what these medicines were for, as well as signs that would indicate when people might need these, if they could not verbalise their needs.
- There were up to date policies and procedures in place to support staff and to ensure medicines were managed in accordance with current regulations and guidance.
- Safe systems were in place and followed by care staff to support people who were prescribed topical creams. This information was included in care plans and on medication administration records.

Learning lessons when things go wrong

At our last inspection the provider had failed to monitor the service to learn from incidents and improve the quality of the service provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems and processes had improved to ensure appropriate action was taken when incidents and safeguarding situations occurred to reduce risks to people. The registered manager explained all individual incident and accident reports were seen by her and the deputy manager. These were entered onto a computer system which generated a monthly report, which was reviewed by the health and safety manager and shared with other senior managers. A trend analysis was completed to enable the management team to identify any themes or trends to reduce the likelihood of reoccurrence. The registered manager said the report collated safeguarding situations, incidents and accidents. We viewed these records from April 2019 and found accident and incidents had been analysed and action taken to reduce their reoccurrence. For example, staff received additional training and support in relation to a medication error. The person's safety was not impacted from the error.
- Staff took part in debrief meetings with management following behavioural incidents. These meetings enabled staff to reflect on the incident and discuss events before the incident occurred, actions taken and any learning.
- Learning was shared with staff during supervisions, handovers and staff meetings. During a review of staff meeting notes we found lessons learnt was a standing agenda item.

Staffing and recruitment

- Staffing levels remained appropriate to support people's assessed needs. Staffing was well managed, and the team was coordinated to meet the changing needs of people. People said there were enough staff to meet their needs and they were reliable.
- Recruitment processes remained robust and ensured staff were safe to work with people before they started work at the service.

Preventing and controlling infection

- The service was clean. Staff had training in infection control and information was readily available in relation to cleaning products and processes. We observed staff use personal protective equipment (PPE) such as gloves during the inspection.

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 the last inspection, staff did not have access to regular supervision or appraisal, in line with the provider's policy. Staff told us they did not have regular supervision and did not always feel supported.
- At this inspection, records confirmed and staff told us, the frequency and quality of staff supervision and appraisal had improved. Staff confirmed they were happy with the supervision and appraisal process. The management team completed observations of staff practice regularly to ensure people received safe care, in line with their needs. A staff member said, "This has improved since the last inspection, drastically improved. Before we never really got them. We got shouted at. Now they listen. They listen to everything. I feel confident to talk. It is great fun here now." The staff member said, this led to feeling valued.
- Staff undertook training the provider considered essential. The registered manager monitored this to ensure staff's knowledge and skills were up to date, enabling them to provide effective care. Since the last inspection, the provider has introduced autism training and safeguarding training as mandatory, delivered by the local authority for all staff. Staff received on-going refresher training to keep their knowledge and skills up to date.
- A staff member said, "The Autism training has really been helpful. It has taught us how to support people and how to be aware of their triggers. How we can be proactive rather than reactive with the behaviours we might be faced with. It can be very challenging. But in the training, we used real examples from what we support here and were then taught methods of how to manage this. The training has worked."
- People and their relatives were complimentary of staff skills and knowledge. One relative fed back, '[Person] has been there for a number of years and due to their autism has very specific needs. I believe all of the staff that I have encountered know [person] and understand their needs.'
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

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.

- People's choices were respected and encouraged. People were asked for their consent before being supported. We observed staff asking people what they would like to do before assisting them.
- Staff and the management team had a good understanding of the principles of the MCA and how to support people in line with these principles. Staff supported a person to answer some questions by giving prompts and encouragement, without controlling them or putting words in their mouth.
- If people lacked capacity to make specific decisions, best interest meetings were organised. The process involved a multidisciplinary team which supported good outcomes for people. For example, around particular medical decisions which were reflected within people's care records.

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

- People's needs continued to be assessed prior to them receiving the service and regularly thereafter. This meant their preferences were known by staff. This involved meeting with the person, their relatives, if appropriate, and relevant health and social care professionals.
- Protected characteristics under the Equality Act (2010), such as disability, religion and sexual orientation were considered as part of people's care assessments and reviews, if people wished to discuss these. People's wishes in relation to contact with people they love and access to the local community and activities were part of the assessment process. This demonstrated people's diversity was included in the assessment process.

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

- People continued to be supported to maintain a balanced diet. Staff were aware of people's individual dietary needs, their likes and dislikes and this was reflected in people's care plans. One relative fed back, '[Person] is able to do their own shopping and decide what they want to eat. Staff do try to encourage [person] to eat more healthily.' Another relative shared, 'I regularly enquire with [person] about their meals and from what information I can get, it would appear that they have a balanced diet and seem to enjoy the food given.'
- Where people had specific dietary needs, these were known by staff and well planned for. For example, one person was living with diabetes. Their care plan gave staff good guidance to support their nutritional and health needs, and this guidance was known by staff who had a good understanding of the person's diabetes. One relative said, '[Person] is diabetic and staff are aware of this and they are restricted to eating only certain foods in moderation. [Person] enjoys the food and advises me of the different meals they have eaten.'
- Staff used professional guidance to safely support people's nutritional needs. For example, two people were at risk of choking when eating. Staff had sought professional guidance from the speech and language team and followed this to maintain the person's safety. We observed staff follow this guidance when supporting the person with their lunch.

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 healthcare professionals and the service worked in collaboration to ensure their needs were met. Staff monitored people and picked up on changes in their health. Records confirmed people had been supported to meet with a variety of healthcare professionals including the GP, hygienist

and chiropodist.

- A psychologist within the local community team became involved with a person when they moved into the home due to an increase in behaviour that could be challenging .. In a review report about the person, the staff team were complimented on how well they had worked with the individual over a period of time, resulting in the behaviours reducing and the psychologist discharging the person. This was due to the skills, training and rapport the team had.
- Each person had a Health Action Plan (HAP), which had been reviewed with the GP. A HAP details information about the person's health needs and the professionals involved.
- People had hospital passports which provided hospital staff with important information about their health if they were admitted to hospital.
- Disability Distress Assessment Tool (DisDAT) had been completed for people which helped staff identify if the person might be in pain or discomfort and require medical attention. This tool was designed to help identify distress in people who have severe limited communication. Discussion with staff and examination of records confirmed people were referred to health care professionals promptly when needed and their advice was acted upon.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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; Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure service users were treated with dignity and respect and the failed to maintain service user's privacy. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- There had been a significant change in the atmosphere in the home and the culture of the staff. Whereas people had been withdrawn and quiet at the last inspection, at this inspection they were chatting with staff and inspectors. There had been a significant improvement with regards to caring and kindness.
- The registered manager recognised the importance of training and had introduced 'staff champions' for certain areas of care. For example, one staff member was the Dignity in Care champion and received additional training in this area which provided additional support, advice and guidance to other care staff. A professional from the local authority told us, 'A champion is allocated regarding Dignity in Care, tools and information has been shared with the team. Examples of misconduct have been discussed and boundaries have been put in place.' Staff told us this has provided an opportunity to improve their practice by providing better quality of care.
- People told us staff were friendly. They had developed positive relationships over time as they were supported by the same staff on a regular basis. One person said, 'I like living here. I like them (staff) now. The staff here treat me very nicely.' Another person said, "The staff are caring. They care about me."
- A relative informed us the staff were caring. Stating; 'The key staff, are extremely patient and understanding.' The registered manager said, "I believe we are now a very caring and person-centred service. We are safe and the team are so passionate and fight for the people we support here and get the best for them. I would live here. It is a home. It's their (people's) home."
- Staff spoke in a respectful tone, did not rush people's speech and gave people time to respond. Staff said they had sufficient time to listen to people and spend time with them.
- Staff we spoke with demonstrated a caring approach to people and expressed they wanted to provide care that met people's needs to improve their quality of life. One person became upset about an upcoming dentist appointment. A staff member immediately offered assurances and gave them a cuddle. The staff member knew the person well and offered to take them to the appointment. The staff member stroked the

persons shoulder as the care plan instructed. This provided the assurances assessed as needed and the person agreed to attend the dentist with the carer.

- During shift changeovers and community activities, we observed staff greeting each person when they walked into the room, whether it was coming on shift or just come back from an outing with another person.

- Staff were considerate of the equality and diversity needs of people in the service. Staff said they tried to ensure people received same gender support when this had been requested by people. Staff informed us the assessment process is set up to address equality, diversity and cultural needs of people. Records confirmed this.

- Staff ensured people's privacy and dignity. Staff were diligent and patient when supporting people to eat. We observed staff knocking on people's doors, toilets and bathrooms or enquiring whether they could enter before doing so.

- People were supported to maintain their independence, as far as possible, and were encouraged to participate in the cleaning and tidying of their bedrooms and the communal areas and participate in meal preparations. One person said, "I am very happy living in my own home, it means so much to be able to have my own independence. Staff respect what I can do myself. I can wash my own hair and body parts but struggle to dry the tops of my arms so they help with this. I prefer female staff and this is respected. This week a male carer has helped with the hoisting two or three times, but they leave the room while the female carer helps me with my personal care. When I don't need help, the carer leaves the room and when I say I am ready, they come back in." Care plans identified people should be encouraged to do as much as possible for themselves.

- Staff we spoke with understood about confidentiality. They said they would never discuss anything about a person with others and when they have handovers or meetings, they do so in a private area, so they would not be overheard. Files were kept in locked cabinets in the office, which was accessible to staff only.

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

- People were involved in shaping their outcomes and care. The registered manager held monthly meetings for people to discuss the support provided. With regards to engaging with people about their care, one relative fed back, 'I step in when needed but [person] likes to feel they can manage without me if possible and the staff do try and make this happen.'

- The staff approach and values of the service was focused on people's strengths and abilities. People were treated as individuals and had outcome focused care plans which they, and people important to them, were involved in completing and reviewing on a regular basis.

- People were supported in making decisions by staff and relatives, who acted as advocates when important decisions were required. One person said, "The care and support I need is done in a way I like, I am given choices. I tell the staff how I like to be supported. I have new furniture coming which I chose. I have a key worker, who I meet with (monthly) and they check I am happy. I can talk to staff when I am not happy."

Another person said, "I am in charge of my life, I make the choices. I make the decisions about my care that staff are following my care plan. I chose the colours for this room [lounge]. I chose my room colour." Another person said, "I have a key worker. A keyworker is someone who gets to know me. I have two keyworkers. They check I am ok, happy with the care I get, ask for my views on the care plans. I am asked if I am happy with the staff who are supporting me, that I feel safe with them. They help me open my post. Sometimes I have letters I don't understand. They read them to me and help me understand them."

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 Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- At the last inspection, the management team did not always follow the systems in place to manage concerns and complaints effectively.
- At this inspection, complaints and concerns were recorded in various formats and it was difficult to see a full overview of concerns and complaints received. This meant that the provider could not be assured that all complaints were logged and that actions were always taken to resolve concerns. The registered manager informed us of a new system they were putting in place to improve this although as this had only been implemented recently we did not have evidence of the effectiveness of this new system.
- Whilst complaints had been reviewed and action taken to investigate complaints, there was a lack of effective analysis carried out to determine any themes which could improve care quality across the service.
- People were given information about how to use the provider's complaints procedure when they started with the service. People told us they knew how to complain. One person told us, "If I wasn't happy I would talk to [registered manager]. Things have improved, and I feel confident to talk about concerns and worry's I may have. The staff listen to me and act on what I say." One relative fed back, 'I feel fairly confident now that any concern or complaint will be taken seriously and acted upon promptly.'

End of life care and support

- People's preferences and choices for their end of life care and where they wished to die, including in relation to their protected equality characteristics, spiritual and cultural needs, were not clearly recorded, communicated or kept under review. The registered manager said, "We have spoken to families about end of life, but we are at the beginning. This is something we need to approach and give (people) time to think about." This was an area requiring improvement.
- Staff were not supporting anyone who required end of life care during this inspection.

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

- In September 2019 the registered manager had moved care records on to a different format. This transformation had impacted the level of personalisation and accuracy contained in care plans. There was enough basic information to provide care to people. However, people's personal goals and preferences were out of date and no longer gave a live picture of what a person was working towards and how this was being supported. We raised this with the registered manager who was aware of the inconsistency in care plans, as this had been identified through their quality monitoring system. Records confirmed this with an action plan to ensure all records were reviewed and updated to include this information by the end of December 2019. The registered manager explained since the last inspection their efforts have been focused

on improving the safety of the service and developing a more positive culture. This is an area of needed improvement.

- People had care plans that described their health and social care needs and included guidelines for staff on how to best support them. Care plans reflected the principles and values of Registering the Right Support. They referred to promoting people's independence, their diverse needs and inclusion within the local community. People said they engaged in a wide range of personal hobbies and interests. A person said, 'On Monday and Thursday I have day service. I go out to the beach, clothes shopping and garden centre. I enjoy these things and the staff make it possible.' Another person said, 'I get to do drama, I am supported to do the things I like, seeing my friends. I like to go [supermarket]. Everyday I do a shopping list, I go and get my shopping with [carer].' Another person said, 'I go out at least twice a week in my car. Yesterday I met with my friend in town for a tea. I have known them years and staff drive my car, to enable me to see her. If I wanted to vote I can. Staff encourage me to do this, but I don't want to.'
- We asked staff what person centred care meant to them. A staff member said, 'It means assessing care for their individual needs, that we plan for and deliver that.' Another staff member said, 'That I support a person with their needs prioritised in a way they like. They are the main person.' We observed staff respond to people in a proactive way that enabled them to predict people's mood and behaviours and reduce the likelihood of any behaviour that may challenge the service.

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.

- At the last inspection, staff did not always comply with the Accessible Information Standard (AIS).
- At this inspection, the service followed AIS and people's communication needs were effectively assessed and documented within their care plans. Staff had a very good understanding of people's communication skills, abilities and preferences. For example, one person used sound and words to communicate. Staff understood what each sound meant and what the person was trying to communicate. Staff said this was based on working with the person over a period of years. A person said, 'I stay in contact with my family through the laptop. I get to see their face through skype and messages. The staff help me write my messages. I say "can you help me" with my laptop and then they do that.' Another person said, 'I have a communication board. It informs me who is working and when, I like it. It means I know who is supporting me.'
- People were given information in a way they could understand. For example, some people responded well to picture cards when making decisions. We saw staff used these with people when making daily decisions such as meals, clothing and activities. One person had limited verbal communication and their care plan guided staff to use body language and the person's physical gestures when communicating with them. Staff seemed very confident in using this method of communication and did so with enthusiasm and kindness.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the 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 requirement; 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

At our last inspection the provider failed to assess, monitor and improve the quality of the service and failed to maintain accurate, contemporaneous records. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvements were still required.

- The provider had made improvements to the quality assurance system to protect people's safety. This included reviewing and updating audits in relation to how medicines were being managed. The audits measured all aspects of the service and were effective in driving improvement. Audits were carried out by the management team in relation to care plans, medicines, activities, kitchen, mealtime experiences, and infection control. Actions were recorded that had arisen out of any issues found. Audits were effective and identified areas for improvement. Staff personnel files had been audited and where particular training was going to expire, arrangements had been made for staff to attend refresher courses. The improvements made were recent and more time was needed for these improvements to be fully embedded into the culture of the service.
- The registered manager understood their responsibilities under duty of candour. Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- Staff knew how to whistle-blow and how to raise concerns with the local authority and with CQC if they felt they were not being listened to or their concerns acted upon.
- Policies and procedures included disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- The provider had their previous inspection rating displayed on their website and in the office location.
- The provider and deputy manager demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed. The rating awarded at the last inspection was on display at the service entrance and on the provider's website.

- The registered manager and deputy manager was very involved in the day to day running of the service including working hands on, alongside staff where required. The provider had a defined organisational management structure and there was regular oversight and input from them. The registered manager said, "I am proud at how the team have taken on board what was going wrong, they have really embraced the changes. They have been very involved in the improvements. I am proud of the team and I am starting to be proud of the service again. It's a good service."
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service. Staff told us they worked within a caring and supportive team where they were valued and trusted. Staff morale and a team spirit throughout the workforce was good and staff were committed to their work with their colleagues. A staff member said, "Everything has improved. Every detail, even staff are kinder to each other. People are happier. We can actually talk to management and know something will be done, before we would complain, and we were not heard. It's different." Another staff member said, "In the last six months the staff have settled down now this has made a big impact on the residents. They are more relaxed and appear happier. The atmosphere is much nicer now that certain staff members have gone."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

At our last inspection the provider failed to ensure feedback from people, their relatives and staff was sought and acted on. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People and relatives told us they were given opportunities to share ideas and make suggestions to improve the service as and when they wanted to. There was a suggestions box at the entrance of the service. One relative fed back, '[Registered manager] has promised that there will be regular meetings, at least twice or three times a year between staff and relatives. I hope this happens as it would help everyone to work together better towards a common goal.' We will not be able to assess if sufficient action has been taken until our next inspection.
- People were offered the opportunity of monthly meetings as a minimum with their keyworker. This was an opportunity to discuss activities, menu planning and make suggestions in how the service they received could improve. The feedback from people was recorded and showed the action taken. This was then fed back to all who attended. For those unable to share their views, families were consulted.
- People and staff felt confident to talk with the provider or the deputy manager if they needed to. People and relatives told us they found all staff to be approachable, from care staff to management. One relative told us, '[Registered manager] and [deputy manager], I have confidence in these two members of staff and trust them.' Another relative shared, 'I am very glad that Fitzroy have taken the decision to remove those members of staff and can only hope that the service is closely monitored until my trust is built up again.'
- The service had clear visions and values in place focusing on community inclusion and supporting people to live fulfilled lives. These values, and any organisational changes, were communicated to staff regularly for example through meetings and discussions.
- Staff said they were given opportunities to share ideas and make suggestions to improve the service at team meetings, supervisions and as and when they wanted to. Records showed the registered manager held regular team meetings for the staff. Records showed meetings were well planned and included a clear agenda which staff had contributed to. We noted discussions were focussed on improving care for people

using the service. The registered manager shared important information at the meetings to ensure staff had enough knowledge.

- Staff were motivated and proud of the service. All staff consistently knew people well and felt they worked well as a team. One staff member said, "Its fantastic here, I love it. I am happy to work here. Looking after these guys and having fun and making them laugh, is what I enjoy." Another staff member said, "Knowing that we are helping people, to the best standards we can provide for them. That gives me a nice feeling."
- The registered manager said, "I have had a lot of support, from quality monitoring (the local authority), health and safety coming in, offering support. They will continue to have input. My regional manager regular visits and their visits have changed. They audit me as well and now spend time talking to people and the staff. This is a change. They listen to me. It's not just here, they are looking at how managers are supported across our other services as well to improve and ensure lessons have been learnt from where we went wrong."

Working in partnership with others

- Staff worked closely with local healthcare providers such as the GP surgery and the local pharmacy. The registered manager and provider worked in partnership with the local authority commissioners to share information and learning around local issues and best practice in care delivery.
- A professional from the local authority shared, 'The Quality Monitoring team from Fitzroy is now structured and has reviewed their process. A monthly Quality Audit takes place and is more robust. Interviews with staff and tenants are included.' This had empowered people and staff to talk about their experiences and improve practices.