FitzRoy Support

Wensum Way

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

Wensum Way is a care home providing support for up to eight people with a learning disability. The service is also registered to provide domiciliary care for people living in three supported living settings in the locality. At the time of our inspection on 9 May 2018, seven people lived at the residential care home, and nine people received domiciliary support.

At our last inspection on 9 July 2015, 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.

There was a registered manager in post. 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.

People received support to take their medicines safely. Staff knew how to keep people safe from the risk of harm. Actions had been taken to reduce risks to people's safety. There was enough staff to keep people safe and meet their needs.

Peoples care and support needs had been assessed which was reflected in support plans. The care provided by staff was in line with this.

Staff were competent to carry out their roles effectively and had received training that supported them to do so. People were supported to eat freshly prepared meals, and their individual dietary needs were met. People were able to access and receive healthcare, with support, if needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and compassionate in the way they delivered support to people. People were treated with dignity and respect and were able to lead their lives with high levels of independence. Staff ensured that people were able to have visitors, and enabled people to maintain relationships with relatives and friends who did not live nearby.

People and their relatives were confident that they could raise concerns if they needed to and that these would be addressed. People were able to access a range of activities of their choosing which they enjoyed.

The registered manager ensured that the service was well run. Staff were committed to the welfare of people living there. Staff were motivated and worked together with strong teamwork and high morale.

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? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Wensum Way

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 9 May 2018 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events, which the provider is required to send us by law.

Before the inspection, we asked the local authority safeguarding and quality assurance teams for their views about the service. We looked at the Provider Information Return. This is a form we ask the registered provider to complete detailing key information about the service, what the service does well and what improvements they plan to make.

During our inspection visit, we spoke with four people, observed how they were being supported and how staff interacted with them. We also spoke with four members of staff including care workers, two deputy managers and the registered manager. We checked two people's care and medicines administration records. We also looked at records and audits relating to how the service is run and monitored, including recruitment and training for three staff and health and safety records relating to the service.

Good

Is the service safe?

Our findings

The service remains safe.

People told us they felt safe, with one person saying, "I feel very safe." There were processes in place to protect people from the risk of abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm and had received relevant training in this subject. The registered manager knew their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. Staff were able to describe to us the types of abuse people were at risk from, and what they would do if they were concerned. Information on how to do this was displayed on notice boards in staff areas.

General risk assessments had been carried out in relation to the registered home's environment, and for those people receiving personal care in their own homes. These covered areas such as fire safety, the use of equipment, infection control and the management of hazardous substances. The risk assessments had been reviewed on an annual basis unless there was a change of circumstance. This ensured people living were safeguarded from the risks of any unnecessary hazards.

The risks involved in delivering people's care had been assessed to help keep them safe. These risk assessments gave detailed guidance and were linked to support plans. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise the risk of harm. Examples of risk assessments relating to personal care included people's mobility, nutrition, and medicines. These records had been regularly reviewed and updated.

Staff attended and contributed to a handover meeting between two teams at the beginning and end of their time at work. Any changes that had occurred in people's needs during that period, were shared and discussed. This meant staff had up-to-date information about how to manage and minimise risks.

There were enough staff to meet people's needs and people we spoke to confirmed this. Records we reviewed showed that staff had undergone an interview process and checks to ensure that they were safe to work at the service.

People received their medicines when they needed them from staff who were competent to provide this. One person told us, "I get my medicines on time." Staff completed daily audits of stock and daily checks of records. People told us that they had consented to the service managing and administering their medicines on their behalf.

People were supported to keep their home environment clean by staff who were supportive in promoting this as an area in people being independent. The registered manager had procedures and checks in place to maintain infection control.

The registered manager showed us how they had a system in place to learn from any accidents or incidents,

to minimise the risk of reoccurrence. This meant the feedback and analysis of where things went wrong was used to make improvements to people's care.

Good

Is the service effective?

Our findings

The service remains effective.

People needs were assessed before they started using the service. This included speaking with community professionals that also supported the person. People were also asked for their views and wishes on how to meet their needs.

The registered manager ensured that the provider's policies concerning people's human rights were followed at the service. These included policies on equality and diversity. People were supported with those aspects of their lives by staff who understood their responsibilities and people's rights. For example, for one person, a staff rota of who was going to provide support to them, had been provided using an alternative accessible language format.

Staff told us they had completed the provider's mandatory training and were supported to identify their own training needs. This included undertaking nationally recognised qualifications in providing care and support for people. Staff told us that they received a comprehensive induction when starting work. This allowed them to develop relationships with people and gain an understanding of their needs. Staff told us supervision sessions to support them in improving their performance were regular and they felt well supported. This support consisted of an annual appraisal of their performance and direct observations of their practice.

People were encouraged and supported to shop for and cook their own food. We observed staff assisting people with kitchen equipment and providing prompts. Where people had decided to cook and eat as a small group, they were supported to menu plan on a weekly basis, then shop on line using a local supermarket. Where people were at risk of not eating enough to remain healthy, senior staff had liaised with community professionals to obtain their input and support. If required, people's weight was monitored so that any detrimental changes to their welfare could be addressed.

People told us how staff organised for them to have their health care needs met and arranged health care appointments for them. One person told us, "I get to see a Doctor and go to the hospital when I need to." Staff spoken with were able to tell us about people's individual health care needs and how they were addressed.

People could opt to socialise with others they lived with or spend time privately if they wished. The gardens were accessible and all people had their own bedroom. In one location, the service provided the regulated activity of accommodation for persons who require nursing or personal care. This means that the provider is responsible for ensuring the suitability of the premises. We saw that in this location, some areas of the home were in need of redecoration due to wear and tear. The registered manager told us that they were working with the housing association landlord in order to make improvements. They hoped that some areas would be redecorated in the current year.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

All of the staff we spoke with demonstrated they had an understanding of the MCA and worked within its principles when providing people with care. Consent to care and treatment was sought in line with legislation and guidance. People had been assessed for their capacity to consent to specific aspects of their care. When people lacked capacity to consent, best interest decisions were made in consultation with relevant others, such as relatives or GP's. DoLS applications had been made appropriately where required.

Good

Is the service caring?

Our findings

The service remains caring.

People told us that staff were kind and caring. One person said, "I get on well with all the staff, they are very kind and caring, very good to me, I like living here." We saw positive interaction between people who used the service and staff when we visited.

Staff understood their role in providing people with compassionate care and support, which included promoting people's dignity. People's choice to spend time alone in their bedroom was respected by staff. Staff ensured that people were able to have visitors, and enabled people to maintain relationships with relatives and partners including those who did not live nearby.

People were consulted about the care they needed and how they wished to receive it. People were able to request preferences about how their care was delivered, including the times at which they received their support. People had a key worker allocated to them, and were able to meet regularly with them to review how their care was provided.

Staff respected people's privacy and ensured they did not share any information about people where they could be overheard. Staff told us how important it was to maintain confidentiality about people's support needs and they were sensitive in ensuring people's privacy. We observed staff knocking on doors and waiting to enter during the inspection, which demonstrated respectful practice.

People were encouraged to maintain their independence, and staff were clear about what level of support people needed. One person told us how they enjoyed participating in domestic tasks around the service and staff supported them to do this. They said, "I give them top marks, they really let me, help me. I'm ever so pleased to live here, they (staff) are a lovely crowd of people."

Good

Is the service responsive?

Our findings

The service remains responsive.

People told us that they had been included in the planning of their care. This had helped them to improve or maintain their lives in their own home. Prior to providing any support, the service undertook a detailed assessment to determine if it could meet the person's needs. The assessment had been used to write a support plan, which was updated appropriately. The person-centred support plans included details of people's likes, dislikes and preferences. The format used followed an established and well regarded set of standards. They had been written in conjunction with the person and had been signed by people where they were able to consent. The plans were sufficiently detailed in order that the staff would know, understand and be able to provide the care to the person as they wished.

People received support which was personalised and responsive to their individual needs. The care plans were written in a positive and person-centred way for example focusing upon what the person could do for themselves and what they person required assistance with.

The daily records we reviewed showed people's needs were being appropriately met. All the people we spoke with said that the staff completed daily notes each day. Staff recorded when people accepted or declined an activity or support, or wished to do something different. This helped staff monitor people's preferences, mood and wishes.

People were able to engage in a flexible programme of activities that they had worked with staff to create. One person told us, "There's enough things to do."

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff, or the registered manager, if they had a concern or wished to raise a complaint. One person told us, "I would talk to [registered manager] or [deputy manager] if I had a problem, they are very good." Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner. We saw that information boards at the service contained information about how to raise concerns to the provider, and the contact details of their quality advisor.

At the time of our inspection, the service was not supporting anyone that was terminally unwell. However, staff had considered that people, through their choice, may wish to stay with the service when they were extremely unwell.

Good

Is the service well-led?

Our findings

The service remains well-led.

People told us that the service was run well, one staff member said, "[registered manager] is approachable and good at her job." Another told us that the registered provider was a supportive employer. They said, "Fitzroy are good to work for, they care about you."

The service had a registered manager who was registered with the Care Quality Commission. 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 registered manager had worked for the provider for several years, and had significant experience of the providers systems and processes. They told us that they were due to retire this year, and had been working with the provider in the recruitment of the successor and ensuring a detailed handover of information before they left.

The registered manager was visible throughout the service locations and accessible to staff and people that used the service. They visited in location on a weekly basis. Staff told us that morale and teamwork was strong. A staff member said to us, "The staff team get on like a house on fire." A person using the service told us, "There's good team work here". There was strong oversight of the service by the provider organisation. The regional manager visited regularly, and a trustee of the organisation also visited annually. The organisations Chief Executive had also recently visited.

Staff were aware of the lines of accountability and who to contact in the event of an emergency or with concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities. We saw that the rating of the last inspection was on display and could be accessed by people and visitors to the service. Notifications were received promptly of incidents that occurred at the service, which is required by law.

We saw there were policies and procedures, which set out what was expected of staff when caring for people. Staff had access to these and they were knowledgeable about key policies. The provider's whistleblowing policy supported staff to question practice. It also assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed they would report any concerns and felt confident the registered manager would take appropriate action.

The provider and manager used various ways to monitor the quality of the service. For example, they checked on people's care plans and daily records to ensure they were completed accurately. This meant they could be assured people were receiving the care they needed. The registered manager completed monthly checks on a range of areas within the service. These included monthly infection control audits, checks on people's medicines and health and safety. We saw these audits were identifying areas for actions and these were taken promptly.

We found the registered manager and staff team had systems in place to provide consistent care and work collaboratively with other agencies. This included engaging with a range of health professionals such as doctors, nurses, physiotherapists and hospital departments. The staff team had regular opportunities to discuss people's care and they had handover meetings at the start of each shift. This meant staff provided consistent care and had support from other professionals to improve outcomes for people.