

## FitzRoy Support

# Bainbridge Close

### Inspection report

5a & 5b Bainbridge Close  
North Walsham  
Norfolk  
NR28 9UP

Website: [www.efitzroy.org.uk](http://www.efitzroy.org.uk)

Date of inspection visit:  
26 July 2016

Date of publication:  
25 August 2016

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 26 July and we contacted the service before we visited to announce the inspection.

Bainbridge Close provides a domiciliary care service to a total of six people living in two bungalows adjacent to each other. The service provides 24 hour care to all six people who are living with learning and physical disabilities. The service's registered office is also on the same site.

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

Checks were completed on new employees to ensure they were suitable to work with the people who used the service. These were completed prior to staff starting in post. Enough suitably trained and competent staff were employed to meet the individual needs of people in a person-centred manner.

People benefited from receiving care and support from staff who felt valued and rewarded in their roles. Staff demonstrated team work and told us they felt supported by their managers and colleagues. They had received an induction that prepared them for their roles and ongoing training that was relevant and specific to the needs of those people they supported.

Staff respected each other and the people who used the service. They demonstrated warmth and a caring attitude in their approach. People's dignity and privacy was maintained and staff understood the importance of confidentiality. People were supported and encouraged in making choices.

The service had processes in place to help protect people from the risk of abuse and harm. Staff understood how to prevent, protect, identify and report any potential abuse. The risks to people who used the service and staff had been identified and appropriately managed. Accidents and incidents had been recorded and analysed on a regular basis. The provider had an overview of these which assisted in identifying any trends and contributing factors.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service adhered to the five principles of the MCA and the registered manager and staff had a good understanding of this.

Care and support plans contributed to the person-centred care that was being delivered. These were detailed and accurate and contained information that assisted staff to provide an individual service. They had been reviewed on a regular basis and people had been involved in decisions around these. Staff knew the preferences, likes and dislikes of the people they supported.

Staff assisted people to maintain relationships, hobbies and interests and had knowledge of what each person liked in relation to these. The service was flexible which allowed people to follow their interests and access the community.

The service worked closely with health professionals to meet people's wellbeing needs. Referrals were made promptly and staff supported people to attend healthcare appointments as and when required. Professional recommendations were followed.

People's nutritional needs were met and people contributed to the menus and meal preparation. Staff were able to tell us people's nutritional requirements as well as their likes and dislikes. People's nutritional health was closely monitored to ensure wellbeing.

Systems were in place to monitor the quality of the service and these were effective. People, their relatives, staff and professionals were given the opportunity to contribute to the development of the service and we saw that suggestions were actioned as appropriate. Complaints were investigated and addressed promptly.

## 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.

Staff were trained in safeguarding and the service had processes in place to minimise the risk of abuse. Risks had been identified and managed to help protect people against the risk of harm.

People's individual needs were met as the service ensured there were enough staff on each shift.

People medicines were managed and administered safely.

### Is the service effective?

Good ●

The service was effective.

People benefited from receiving care and support from staff that had received relevant training and felt supported in their work.

Staff had good knowledge of the MCA and the service worked within its principles.

People's nutritional and healthcare needs were met.

### Is the service caring?

Good ●

The service was caring.

Staff had developed warm, caring and respectful relationships with the people they supported. They knew people's needs well.

People's dignity and privacy was maintained and their independence promoted. People had choice in how they spent their day.

People had been involved in making decisions around the care and support they received.

### Is the service responsive?

Good ●

The service is responsive.

Care and support was delivered on an individual basis and met people's needs in a person-centred manner. People benefited from being supported by staff who knew and respected their preferences, likes and dislikes.

The service supported people to maintain their hobbies and interests.

Complaints were listened to and investigated. Actions were taken to appropriately address people's concerns.

### **Is the service well-led?**

The service was well-led.

People described the management team as approachable, visible and honest.

Team work was visible amongst the staff and they told us that morale was good.

The provider had effective systems in place that drove improvement and gave people the opportunity to contribute to the development of the service.

**Good** ●

# Bainbridge Close

## 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 26 July 2016 and was announced. We gave the service 48 hours' notice of the inspection. This was because it is small and we wanted to make sure that staff, the registered manager and the people who used the service would be available for our visit. The inspection was carried out by one inspector.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority safeguarding team, the local authority quality assurance team and a number of healthcare professionals for their views on the service.

During our inspection we spoke with the registered manager and three support workers. The people who used the service were unable to tell us about their experiences of the service so we observed the care and support some of them received.

We viewed the support records and medicine administration record (MAR) charts for three people who used the service. We tracked the care and support one of these people received.

Records in relation to the management of the home were also viewed. These included staff training records, the home's quality auditing system, accident and incident records, three staff recruitment files and minutes from meetings held.

## Is the service safe?

### Our findings

The people who used the service were not able to tell us about their experiences in relation to their safety. However, we were able to talk with the registered manager, staff and a healthcare professional about this. We also observed how care and support was delivered.

The service had processes in place to help protect people from the risk of abuse. When we spoke with staff, they were able to explain the different types of abuse and the process for reporting any concerns they may have. They told us the types of symptoms that may indicate a person was being abused. Staff were able to direct us to the whereabouts of the contact details for the local authority safeguarding team and told us they would report any concerns should the need arise. Staff told us that they had confidence in the registered manager and that they would action any safeguarding concerns appropriately. Staff had received training in safeguarding people.

When we discussed this with the registered manager they demonstrated that they had a good knowledge of how to prevent and protect people from the risk of abuse. They were able to give us examples of concerns they had referred to the local authority safeguarding team that showed they were aware of what constituted potential abuse.

The individual risks to the people who used the service had been identified and assessed on a regular basis. People's support plans contained detailed risk assessments which were relevant to them. They covered risks associated with areas such as personal care, nutrition, behaviour, use of equipment, mobility and individual medical conditions. When we discussed people's needs with staff they were able to tell us how their individual risks were managed in order to help keep people safe.

The risks associated with staff carrying out their roles had also been assessed and appropriate measures had been put in place to help manage those risks. For example, risks associated with the working environment had been identified and recorded. These included the risks associated with working alone, driving for work and the use of chemicals. All were appropriate and up to date.

The service had an emergency file in place that contained plans for adverse events such as staff shortage, loss of utilities, a missing person and the outbreak of fire. These gave accurate and detailed information that helped contribute to people's safety and the continuity of the service.

Accidents and incidents had been robustly recorded and investigated with actions taken to reduce reoccurrence. The risk level associated with any accident or incident was assessed which then prompted the service to take appropriate action. This included ensuring they were reported to external agencies as required. We saw examples of incidents that showed the service took appropriate action and used them as a reflective exercise to further mitigate potential risk. A system was in place that allowed the registered manager and service provider to have an overview of accidents and incidents which helped to identify any trends or patterns.

The provider had processes in place that helped to ensure that only staff suitable to work in their service were employed. These included two interviewers for potential employees, the completion of a numeracy and literacy test and the completion of an application form. The service also requested two references for potential employees and completed a criminal records check. All the staff we spoke with told us these had been in place prior to them starting in post. The three staff recruitment records we viewed, confirmed this.

There were enough staff to meet people's individual needs and they worked flexibly to suit the needs of those they supported. All staff worked across the service and had a good understanding of the needs of all people. The staff rotas we viewed showed that the service consistently had the amount of staff on shift that the provider told us there should be. On the day of our inspection we saw that people's needs were met promptly and at the time they chose. We saw that, when a staff member was going to be absent for the night shift, the deputy manager left the service in order to return later to cover the shift to ensure the level of service was maintained.

When we discussed staffing levels with the registered manager they told us about the processes the service had in place to manage this. These included the use of their own bank staff and an absence policy which ensured sickness was appropriately managed. Where the service had used agency staff in the past, they had sought written confirmation that those staff had been appropriately trained and that recruitment checks were in place.

We viewed the medicine administration record (MAR) charts and associated records for three people. This was to see whether they supported the safe administration and management of medicines.

The people who used the service received their medicines safely and as the prescriber intended. The MAR charts we viewed were accurate, legible and had been fully completed as required by good practice. Medicines had been counted on arrival into the service and all except one of those stock counts we completed corresponded with the information on the MAR charts. Where medicines had not been administered, correct codes were used on the MAR chart with further information recorded on the reverse. This ensured that staff had all relevant information in relation to the person and their medicines management in order to maintain safety and wellbeing.

There were robust records in place to assist with the safe and appropriate administration of people's medicines. This included a detailed and accurate medicines plan for each person we viewed. This document gave information such as when medicines were to be administered and how the person liked to take their medicines. These were person-centred and individual to each person.

Where people had a medical condition, or had 'as required' medicines prescribed, information was available to staff that showed why and when a specific medicine should be administered. These gave full information and aided staff in safely managing and administering the medicine and person's condition.

The service had additional processes in place that contributed to the safe management of medicines. These included regular recording of the temperature of the environment where medicines were stored. This was to ensure the medicines remained effective. Those medicines that were no longer required, were recorded and returned to the pharmacy for disposal. In addition to counting medicines into the service, all boxed medicines were counted at each handover by two members of staff. This was to ensure that stock counts of medicines corresponded with the MAR charts and to reduce the risk of misadministration of medicines.

## Is the service effective?

### Our findings

The people who used the service were not able to tell us about their experiences in relation to how effective they found the service. However, we were able to talk with the registered manager, staff and a healthcare professional about this. We also observed how care and support was delivered.

The people who used the service received individualised care and support from staff who had the skills and knowledge to meet their needs. New staff had to complete 15 hours of training before starting in their role as well as a one day classroom session. This covered areas such as the working environment, health and safety and being introduced to the people who used the service. One staff member we spoke with told us this had also given them time to read people's care and support plans to help them understand people's needs.

Staff received a comprehensive induction that included a number of shifts as an extra member of staff. This gave them time to get to know the people they supported and their role. New staff had their competency to perform their role assessed after induction and this had to be approved by their line manager before they were able to commence fully in their role. The staff we spoke with told us that they felt the induction they received had prepared them for their role.

Staff had received training to meet people's individual needs. As well as receiving training in topics such as manual handling, first aid and nutrition, staff also received specialist training in epilepsy and supporting positive behaviour. The training was delivered in a variety of forms and was up to date. The service ensured staff were booked onto refresher training courses in good time. The management team also undertook observational competency checks on staff. These included observations on manual handling and medicines administration. When we spoke with staff, they confirmed these took place on a regular basis. Staff generally felt the training they received was good. One told us, "It's full on but you learn a lot." Another said, "The training we receive is always relevant."

Staff told us they felt supported in their roles. One said, "Staff are always there to help you." A second staff member told us, "We support each other." When we discussed staff support with the registered manager they told us this was achieved by a variety of means including support and development sessions, appraisals, regular meetings and observational competency checks. They also said, "I'm always available for staff to drop in and discuss any issues." The records we viewed confirmed that staff had received regular support.

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. We checked whether the service was working within the

principles of the MCA.

The staff we spoke with told us they had received training on the MCA. They were able to tell us how the MCA affected their role and the support they provided to the people who used the service. Staff understood the importance of people receiving support to make their own decisions and gave us examples of how they achieved this. One staff member explained the principles of the Act and told us a person's capacity should only be assessed if it was in doubt.

The registered manager had good knowledge of the MCA and demonstrated that they followed the principles of the Act when supporting the people who used the service. We saw records that showed appropriate steps had been taken in regards to protecting those people who were unable to make their own decisions. These included the recording of who was involved in making decisions in people's best interests and what these decisions were.

Although we did not observe a mealtime during our inspection, from the records we viewed and from the staff we spoke with, we concluded that people's nutritional needs were met. Staff were able to tell us each person's nutritional requirements including any specialist diets they may need. We saw that robust recording of people's fluid intake and weight was consistently completed to help monitor people's wellbeing. Where required, specialist advice had been sought in relation to people's nutritional needs. We saw that where recommendations were made, these were followed.

The service worked with a number of health professionals to ensure that people's health and wellbeing was promoted. We saw records that showed these included the GP, district nursing team, occupational therapist, speech and language therapist, neurologist and specialist nurses as required. In addition, people had received regular treatment from the dentist, chiropodist and optician. Annual medicines reviews had taken place. One healthcare professional we spoke with regarding the service following their advice told us, "Sometimes they need a little persuading but they always get there."

## Is the service caring?

### Our findings

The people who used the service were not able to tell us about their experiences of how the staff interacted with them. However, we were able to talk with the registered manager, staff and a healthcare professional about this. We also observed how care and support was delivered.

Staff had caring and respectful relationships with the people they supported. A healthcare professional we spoke with prior to our visit told us, "A caring approach is there" in regards to the staff and the service they delivered. One staff member said of their colleagues, "They show so much respect." During our inspection we saw that staff warmly interacted with the people they supported. When the registered manager introduced us to the people living at Bainbridge Close, we saw that people smiled and reacted positively to their presence.

The staff we spoke with knew the people they supported well. They could tell us people's likes, dislikes and preferences including their interests, hobbies, cultural needs, personalities and situations that could make them anxious. They were able to explain people's needs and how they met those. The service had a key worker system in place that assisted staff to get to know people.

Staff understood the importance of promoting people's dignity, privacy and confidentiality and explained ways they achieved this. For example, one staff member said, "It's about treating people in the way I wish to be treated." They told us they ensured personal care was delivered in private and, should another staff member knock to come into a person's room, asking the person's permission before answering on behalf of that individual. This staff member also explained the importance of keeping people's personal information secure and confidential. They told us it was about always being aware, keeping personal information secure and shredding personal documents such as medicine labels. Another staff member said of the people they supported, "I respect them as I would want people to respect me."

Independence and choice was encouraged and people had opportunities and support to live as they chose. Care and support was available at the times people wished and we saw that people were offered choice in day to day decisions. For example, we saw that the service was flexible to take into account people's wishes to go out. During our inspection we saw that people were offered choice in where and how they spent their day and what they had to eat and drink. Staff told us ways they offered choice and gave us examples of this. For example, one staff member told us about a person whose appearance was very important to them. They told us how they supported that individual in decision making around clothes and personal appearance.

People had been involved in developing their care and support plans and, where appropriate, relatives and health professionals had also been involved. The service had begun to move people's care and support plans over to a new system which allowed electronic copies to be sent to people's tablet devices. We saw that this had occurred for one person who used the service and that others were being developed with the input of the person and their key worker.

People had regular 'Key Team' meetings where their care and support plans were discussed with them and

those important to them. This gave them an opportunity to review and make decisions around the care and support they received. We saw that staff were involved in these meetings and minutes produced to record what was discussed and agreed.

## Is the service responsive?

### Our findings

The people who used the service were not able to tell us about their experiences in relation to how responsive they found the service. However, we were able to talk with the registered manager, staff and a healthcare professional about this. We also observed how care and support was delivered.

People received care that was person-centred and responsive to their individual needs. This was delivered at a time they chose. A healthcare professional we spoke with prior to our visit told us they felt the standard of care that people received at Bainbridge Close was, "Generally good."

We looked at the care and support plans for three people who used the service. This was to see whether people's individual needs had been identified, assessed and reviewed in a person-centred manner. They demonstrated that the service knew the needs of those they supported. People's care and support plans were detailed, accurate and reflected their needs, choices and preferences. A document entitled 'All About Me' gave staff an overview of the person and included information about them such as their personality, communication needs, medical conditions and support that was essential to the person. People also had the opportunity to record what was important to them, their likes and dislikes, what people admired about them and how they communicated their consent. These documents captured the person and the care and support they needed and chose.

Care and support plans were detailed and relevant to the person's individual needs. The communication plans we viewed were comprehensive and gave staff detailed information on how best to communicate with the people they supported. These included details on how the person expressed themselves and what they were potentially communicating. For example, they explained types of facial expressions, body positions and verbal sounds and gave staff information on what the person could be attempting to express.

Plans were in place that detailed people's preferred routines at relevant times of the day. These contained person-centred information that assisted staff in meeting people's preferences. For example, one morning routine plan we viewed gave specific information on what toiletries a person liked to use, how they liked to have their hair styled and how they liked to be assisted to choose their clothes for the day.

We saw that care and support plans were in place for individual medical conditions and were specific to how the diagnosis affected each person. They gave staff information on how best to support that person to maintain their health and prevent their condition from deteriorating. All staff signed each person's individual care and support plans to confirm they had read and understood them.

The service carried out monthly reviews of people's care and support plans that resulted in a monthly document that highlighted any changes in the person's needs. This document also celebrated people's achievements that tied in with their recorded goals and aspirations.

Staff demonstrated good knowledge of the people they supported and told us that the care plans contributed to their knowledge. One staff member described people's care and support plans as, "Very

detailed" and told us, "They're person-centred but simple to follow for staff." Another staff member said of the care and support plans, "If you are a new staff member they give you enough information to be able to support a person." When we spoke with staff about people's likes, dislikes and preferences, they were able to explain in detail what these were. These included what made people smile and be happy, what type of music people liked and their preferences in regards to holidays, television programmes, hobbies and food and drink.

Due to the flexible nature of the staffing levels and bank staff system, people were supported to maintain their hobbies and interests. On the day of our inspection we saw that three of the people living at Bainbridge Close accessed the community on an individual basis. We saw that when they returned, staff asked them how their day had been and shared in the enjoyment of the activity.

The service had received one complaint and we saw records that demonstrated that this had been addressed, investigated and responded to appropriately and in good time.

## Is the service well-led?

### Our findings

The people who used the service were not able to tell us about their experiences in relation to the management of the service. However, we were able to talk with the registered manager, staff and a healthcare professional about this. We also observed how care and support was delivered.

The staff we spoke with talked positively about the management team at Bainbridge Close and we saw that the people who used the service were relaxed in their company. One staff member told us they found the registered manager and deputy manager "Brilliant." They said, "They're always there and they find the time to talk to you." Another staff member said of the management team, "They're there if you need them." A third told us that they thought the registered manager was, "A good manager." One healthcare professional described the registered manager as approachable, helpful and honest. They said, "They're [the registered manager] very genuine in their care for the people who use the service."

There was a registered manager in post at the time of our inspection. They were experienced and knowledgeable and had managed the service for some years. They were able to tell us the types of events they needed to report and the information we hold about this service confirmed this had happened in the past.

The registered manager told us they felt supported in their role, particularly by their line manager, and were complimentary about the provider. They said, "I feel supported by FitzRoy." They explained that they saw their line manager regularly, attended manager's meetings every three months and had colleagues they could liaise with who had knowledge in specific areas. They spoke positively about their relationship with the deputy manager and explained how they challenged each other in order to improve the service. They told us the deputy manager made suggestions for improvements that sought to develop the service. They told us, "We get on really well. Challenging each other is a good thing; it's refreshing."

During our inspection, people were not able to verbally tell us about their experience of the management team. However, we saw that the registered manager and deputy manager was available and visible to staff and the people who used the service. When the registered manager introduced us to people, we saw that they responded positively to their interactions. The registered manager was able to tell us about people and their needs and we saw that their preferences were respected and adhered to. For example, during introductions, one person communicated that they did not want to be part of the inspection and this was immediately adhered to by the registered manager. We saw that they demonstrated warmth in their communications with people and ensured they met eye contact and spoke with people at their physical level.

The staff we spoke with told us they worked well as a team and that morale was good. One staff member told us, "We're all really caring and work well as a team." Another explained how welcoming the staff had been when they first started in post and said, "Staff are lovely." A third staff member told us that they were happy in their role and felt valued. They said, "They [the management team] praise and value the staff." During our inspection we saw that the team worked flexibly to meet the needs of the service. For example,

one staff member rearranged their working pattern to ensure continuity of the service when a colleague was unable to attend for duty.

Systems were in place to develop and improve the service. Regular meetings were held with people on an individual basis as well as a group. Minutes from group meetings were taken and from those we viewed we saw that suggestions put forward were actioned and followed through. The provider had given health professionals and people's relatives the opportunity to comment on the service and the responses had been analysed. Although few responses had been received, those that had been submitted were positive. Meetings were held for staff that included discussions on training, health and safety issues and working processes. From the minutes of one meeting we viewed we saw that the management team had praised the staff for their work.

The provider had effective systems in place that monitored the quality of, and strove to improve and develop the service. Regular audits were completed and these covered areas of the service such as medicines management, cleanliness, equipment, and health and safety. In addition, the provider's quality assurance manager completed regular comprehensive audits on all areas of the service. These were completed and assessed against the five questions asked in this report. The latest full audit had been completed in April 2016 and we saw that, as a result, an action plan had been developed with regular updates on progress recorded. This demonstrated that the audit was effective at identifying concerns and putting actions in place to improve the service.