

FitzRoy Support

FitzRoy Support at Home Norfolk

Inspection report

7 St Nicholas Court
North Walsham
Norfolk
NR28 9BY

Tel: 01692668438
Website: www.fitzroy.org

Date of inspection visit:
01 September 2016
07 September 2016

Date of publication:
30 September 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 1 and 7 September and was announced.

The service provides care and support to people with a learning disability living in their own homes. The numbers of people using the service can fluctuate but at the time of our inspection, there were about 44 people receiving support. Support varied from 24-hour assistance with all personal care, to a few hours each week to support people with social activities.

There was a registered manager in post as required. 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.

Risks to people's safety were assessed and guidance provided for staff about how they should manage these to promote people's safety. Staff were aware of specific individual risks and the way they needed to support people. There were enough staff to meet people's needs. Staff understood the importance of their role in contributing to protecting people from the risk of harm or abuse and of reporting any concerns they had. Recruitment practices contributed to people's safety.

There were some gaps in training where staff had not completed updates or their Care Certificate within the provider's expected timescales. The registered manager accepted that there was a need to follow this up more robustly to fully assure themselves that staff were competent and their knowledge was up to date. However, staff were supported in their roles and could raise any queries they had about people's welfare. Staff understood the importance of supporting people in a way that enabled them to make decisions and took into account their capacity to do so. Further work was needed to ensure the rights of people, who did not understand risks to their welfare and received high levels of supervision, were protected.

People were supported to have enough to eat and drink to meet their needs, where this was a part of their care package. Staff monitored people who may be at risk of not eating or drinking enough so that they could intervene or seek advice if necessary. They also supported people to make healthy choices about their diets. If people needed advice about this or other aspects of their health, staff supported them to make and attend appointments to promote their health and wellbeing.

Staff supported people in a kind and caring way, and had developed warm and compassionate relationships with people. They supported people to make choices about their care and took into account the way that people could communicate their views. Staff treated people with respect and in a way that promoted their dignity, privacy and independence.

People received care that took into account their individual preferences and needs and was focused on meeting these. Staff responded flexibly when people's needs changed. Where people or their

representatives had concerns or complaints about the care they received, they could be confident the management team would take these seriously and resolve them where possible.

The service was led in a way that encouraged people using and working in it to express their views and make suggestions for improvement. People's relatives were also consulted for their views. The registered manager used the information obtained to assess and evaluate the risks to the service, what they did well and where there were opportunities for improvement. The way the service was running and the role and involvement of the management team, contributed to good teamwork and high staff morale.

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 understood the importance of reporting any concerns that people were at risk of harm or abuse.

Risks to people's safety and welfare were assessed and staff following guidance to promote people's safety.

There were enough staff to support people safely. Staff were recruited in a way that contributed to protecting people from staff who were not suitable to work in care.

Where support was needed for people to manage their medicines, staff administered these safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not always complete training promptly to demonstrate their continued competence, and this was not always robustly followed up.

Staff understood the importance of supporting people to make their own, informed decisions as far as practicable and of considering what represented people's best interests.

The registered manager was aware the need to ensure people's freedom was not restricted without appropriate authority but needed to pursue this further to ensure people's rights were protected.

Where it was part of people's care packages, staff supported them to have enough to eat and drink and to seek advice about their health and welfare.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who had developed kind and

compassionate relationships with them.

People were encouraged to make choices about their care and in their daily lives.

Staff supported people in a way that promoted their privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

Staff supported people in a way that focused on their individual needs and took their preferences into account. The support people received was flexible and adaptable when people's needs changed.

People could be confident that their complaints, or those made by relatives on their behalf, would be listened to and dealt with.

Is the service well-led?

Good ●

The service was well-led.

People, their representatives and staff were encouraged to express their views and suggestions about the way the service was running.

The leadership within the service had fostered open communication and a high level of staff morale and teamwork, which benefitted people using the agency.

Challenges and risks relating to the delivery of the service were taken into account in developing a programme of improvement.

FitzRoy Support at Home Norfolk

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.

The inspection of the office took place on 1 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We also arranged with the registered manager to make visits by agreement with people using the service, on 7 September 2016. The inspection was completed by one inspector.

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 reviewed the content of this. We also looked at all the information we held about the service. This included information about events happening within the service and which the provider or manager must tell us about by law. We sought feedback from the local authority's quality assurance team. We also received surveys from 17 people using the service, two relatives and three community professionals.

During the office inspection visit, we reviewed computer records relating to the care of four people. We checked the training programme for the staff team and computer records for five staff. We also viewed a sample of records associated with the quality and safety of the service. We spoke with the registered manager, deputy manager and administrator. We followed this up by visiting three people at home and speaking with two members of care staff. We observed the interactions they had with people within their homes. We reviewed the care records for two of these people with their permission. We spoke with four people's relatives.

Is the service safe?

Our findings

The service helped to protect people from the risk of harm or abuse. A person receiving support commented in their survey for us, "I'm very happy with the service." Everyone who completed surveys said that they felt safe from abuse and harm from their support staff. Two relatives completing surveys also said this was the case.

People's relatives told us that they felt their family members were safe using the service. For example, one relative commented, "I have no concerns about the way [person] is treated. They are always lovely." They felt that the person would indicate their reluctance to engage with staff if they had any anxiety about the way they were treated. They told us the person, "...has got used to the staff and trusts them." We asked another relative if they felt their family member was safe with staff. They told us, "I should say so!"

The registered manager and deputy manager knew how to raise any concerns that people were at risk of harm or abuse. They were aware of the importance of cooperating with the local authority's safeguarding team if they needed to.

The provider's induction programme showed that staff received training to support them in recognising and responding to abuse. The registered manager provided us with training records for the staff team. These showed that staff completed the training and had regular updates to refresh their knowledge. Where a few staff had not completed updates, most had these arranged. Staff spoken with confirmed they had received training and were clear about what they needed to report. They told us how they could go directly to the safeguarding team if this was necessary.

Care records contained assessments of risks to people's safety and welfare, with guidance for staff about how these should be minimised to promote people's safety. This included risks around personal care, eating and drinking, safety in their community and triggers for anxiety or distress.

We found that one person's assessment for epilepsy and showering showed that the associated risks were discussed with them and others who knew them well. This enabled them to make an informed decision about their welfare and showering in privacy. For another person we found that their assessment of risk for showering said they may ask to be left alone in the shower and did not refer to their epilepsy. We discussed this with the registered manager. They explained that the type of seizures the person experienced did not pose a risk that they would fall from their shower chair and injure themselves.

A new staff member told us how they managed risks for a person they were supporting. The information they gave us was consistent with what we had seen in their assessment of risk and associated guidance. They were able to tell us in detail how they promoted the person's safety and how their food and drink was prepared. They were also able to tell us what foods the person could eat and what was not suitable.

There were enough staff to support people safely. People's relatives expressed no concerns about the availability of support for their relative. One relative told us two staff supported their family member. They

explained to us that sometimes the rota sent to them only included one staff name. They said this was if cover from a second staff member had not been confirmed when the rota was sent. They had no concerns about rota arrangements and cover. They told us, "Sometimes they have to shuffle things around but there is always someone [person] knows really well. They send the rota for the month." They described how their family member received support from a core group of regular staff. They were confident that this meant staff understood how to work safely with the person and that they were not left without appropriate support.

Everyone who completed surveys for us said that they received support from familiar and consistent staff. One staff member commented in their survey for us, "On the whole, long term staff membership gives confidence that service users will get the continuity they need."

We noted that the agency used bank staff if necessary, to cover people's support requirements. The registered manager provided us with information showing that they made use of bank staff when required to ensure people received appropriate support. Staff told us that colleagues were very good at picking up shifts to provide cover when it was necessary because of sickness. The registered manager explained how they had recently appointed two senior support workers who provided support and oversight to 'patches' within the county and could help address problems with staffing.

Recruitment processes were robust and contributed to promoting people's safety. Appropriate checks were made to ensure that staff appointed were suitable to work in care services.

The registered manager and deputy manager explained how the provider's human resources department oversaw the recruitment process and confirmed with them when information was obtained. This included references and enhanced background checks for prospective staff. The management team explained the interview process to us. They were aware of the importance of exploring any gaps or anomalies in applicants' employment histories so that these were all accounted for. The registered manager showed us the questions they used at interview for each prospective staff member. They asked applicants the same questions so that they applied the recruitment process fairly.

Before our inspection visit, we received information from the local authority's quality assurance team that there had been medication errors. They told us that they were aware of seven medicines errors since May 2016. We reviewed information regarding these with the registered manager. We could see from their information that staff reported medicines incidents as errors when people they supported dropped medicines staff had given to them. The information raised no concerns that staff were not managing medicines safely. There was only one report of staff giving one person their medicines but staff forgetting to sign to say this had happened.

People managed their own medicines if they wished to and understood how to manage these safely. Where appropriate, aids to managing them were in use. For example, we could see that one person's care records showed they managed some of their tablets using a 'carousel' dispenser. Staff supported them with other medicines if this was needed.

Staff had appropriately completed medicine administration record (MAR) charts that we reviewed. We noted that one person had creams on their MAR, which were for regular administration. We followed this up with the registered manager who told us that the creams were no longer required. They said this was why they were not signed as given, and they had not been supplied by the pharmacy for some time.

Training records showed that staff completed relevant training in the management and recording of medicines. Their training included a practical assessment of the way they managed medicines. A staff

member spoken with confirmed that they had completed training to administer medicines safely. Senior support workers were responsible for completing periodic assessments of the competency of other staff and logging these within staff members' electronic training records. We checked this for one staff member and found their competence was assessed as expected. We found that, where people needed staff to assist with managing their medicines, they did this safely.

A second staff member told us that they were awaiting training and were not administering medicines at the time of our inspection visit. They said that they would be doing this after training and, in the meantime, they could observe how other staff members handled medicines.

Is the service effective?

Our findings

People's relatives told us that they felt staff were competent to meet people's needs and understood the people they were working with. One told us, "[Person] is really lucky. They are good helpers. [Person] is not the easiest but they cope very well." Another relative said, "I don't know what I would have done without them." Both relatives who completed surveys for us said that staff were competent to meet their family member's needs.

We found that staff completed their basic and introductory training at the start of their employment to ensure they were competent to meet people's needs safely. However, there were some concerns about the continued competence of staff when time limited training expired and needed renewal to ensure up to date knowledge and practice. This was particularly where the training was e-learning on the computer rather than face-to-face training. For example, one staff had their training record created on the computer in September 2015 but there was no record of them logging in to it. Their fluid and nutrition refresher course on line was due for completion in March 2016 but they had not started it. Another staff member had the same training due at the same time and although they had started it, they had not completed the e-learning course.

One staff member had not completed their Care Certificate in a timely way. This certificate represents best practice in induction. We found that their training record showed this was due for completion on 1 April 2016. At the time of this inspection, it was showing as started but incomplete.

Improvements were needed to the way this training was monitored. This was so the registered manager could be sure staff completed it promptly, to ensure their continued competence. Recent relocation of the office and associated problems with administration and technology contributed to some of the difficulties monitoring the progress of staff. The registered manager's 'Round Robin' reminders had not always achieved improvements. We discussed with the registered manager the need to follow this up more robustly to ensure that staff knowledge and skills remained up to date.

During our inspection, the administrator who also organised the duty rosters, arranged to release some staff to attend face-to-face training sessions. The registered manager confirmed that the agency paid staff to attend their training, and for the time allocated to complete each e-learning module.

A staff member new to post told us they felt their induction training was good. They also explained how their learning style was better suited to learning from others rather than using the computer. They told us that they were learning from shadowing experienced staff until they were confident they could provide the support people needed. They told us that they had felt well supported by experienced members of the team and the management team. They explained that they felt free to seek advice and raise any questions they had. They felt it was not easy for them to log into the provider's 'academy' to complete their e-learning but said that the manager had offered to help them with this.

The registered manager was aware that some staff appraisals and supervisions were overdue. We found that

this was the case from staff records. One staff member spoken with was aware that there was a probation period of six months. However, they did not know who their supervisor would be during this time. Supervision is intended to address and discuss staff performance and development needs. The management team had put schedules in place to make improvements in this area. Despite supervision or appraisal being overdue, staff said they felt well supported in their roles. One commented in our survey, "Management are very supportive!"

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. Where people receive care in their own home and may experience restrictions on their freedom, providers are required to work with commissioners to liaise with the Court of Protection. We checked whether the service was working within the principles of the MCA, and whether there were any concerns that people may be being deprived of their liberty.

People's care plans on the computer contained some information about how people needed support to make decisions. They recorded the discussions staff had with people when they made agreements about their care and how they would engage with staff. We found that information within people's homes was clearer about how they communicated and how staff should engage with them. People's likes and dislikes were recorded, together with how they would indicate their disapproval of care they were offered.

A relative commented to us how staff always explained things and asked the person what they wanted to do. They described staff as, "...very professional. They always offer choices." Staff confirmed they had access to training to support people with decision-making. Our discussions showed that family members were involved in supporting people to make decisions about their care if this was necessary. Staff were very clear about the permission they should seek from people when they were entering and working with people in their own homes.

We found that a healthcare professional had assessed one person's capacity to understand risks, and make decisions about eating and drinking relating to these risks. Records were kept of the process undertaken to determine that person did not have capacity to consent to the programme of care needed to ensure their safety.

The assessment took into account that the person's medicines should be offered to them on yoghurt or jam to aid with swallowing. However, it was clear that staff should do this in front of the person and allow them the opportunity to decide about taking it. We found that staff worked with the person around these two decisions about their lives, within the principles of the MCA.

The registered manager was aware that the level of supervision commissioned for some people's safety, constituted a potential deprivation of their liberty. We could see that they had consulted with commissioners about this to ensure they were operating lawfully. The registered manager undertook to explore this further and seek further advice directly from the relevant authorities to ensure they operated within the law and DoLS codes.

Where appropriate, staff supported people with their meal planning or preparation to ensure they had

enough to eat and drink for their needs. We observed that staff offered this support and consulted with people about what they wanted. We saw that one person had their meal prepared in a soft form to help with their swallowing difficulties.

For two people, staff were aware of risks that they may not be eating enough and made efforts to encourage this. They sought advice where this was proving to be difficult. For one person we saw that staff checked whether they wanted a hot or cold drink and their preferences. We noted that others had drinks to hand and for one person staff thickened their preferred drink to ensure their safety.

For another person, who was at risk of unintended weight gain that compromised the person's health, staff supported the person appropriately. Their relative explained, "Staff have helped [person] a lot. They have helped [person] to lose weight and eat sensibly. They're motivating [person] really well. They help with shopping and menu planning and explain what [person] needs to do."

Where it was needed as part of care packages, staff supported people to maintain their health and access healthcare support if this was needed. This included assisting them with making and attending appointments if they were not able to do this for themselves.

One person told us that staff had been with them to see their doctor for advice. We also noted from another person's records that staff supported the person with access to specialist neurological and psychology input. Another person had received advice from a speech and language therapist so that staff could ensure they support the person safely.

A professional involved with the service told us in their survey response that they felt that staff consulted with them for advice. They were confident that staff acted upon the guidance they gave to promote the person's health and welfare.

Is the service caring?

Our findings

People received support from staff who had developed warm and caring relationships with them. They took action to offer reassurance and comfort when people needed it. We saw that people welcomed staff who were supporting them. A person using the service told us who their keyworker was and that they liked them saying, "[Staff member] helps me."

A relative also wrote in their survey about a particular event that was distressing to the person. They said, "Fitzroy staff were sensitive, caring and supported [person] in a similar way to that of a family member. Excellent!" A relative spoken with said, "This is a really good service. There's a good quality of care. They help a lot." Another told us, "They are brilliant. [Person] can be difficult but staff are so helpful. They explain things and what needs to happen." They went on to tell us how staff offered reassurance to their family member if they were worried about something, and helped to sort things out.

Two relatives told us about situations that were a source of anxiety for their family members. They told us what staff had done to resolve this and offer reassurance. One said, "They have always turned up trumps. They bend over backwards to help.... They do all they can."

A professional connected with the service commented in their survey that the person they were involved with had high levels of anxiety. They said that staff had supported them with compassion and dignity during that time and until the person's situation settled down.

Staff supported people in a way that enabled them to make decisions and choices about their care. We observed that they asked people what they wanted to do. We also noted that their family members who knew them well were part of supporting people to make these decisions and choices. A relative told us, "Staff present information in a straightforward way that [person] can understand. [Person] can make decisions – they encourage, persuade and explain things."

A professional involved with the service commented to us that staff always listened to what people were saying or requesting. They were confident that staff acted on people's views to ensure they had a good quality of life. Another professional also described staff as working above and beyond expectations, to support people as well as they could.

Staff treated people with respect for their dignity, privacy and independence and worked in a way that promoted these aspects of care. Staff spoken with confirmed that they had training in the core values the provider expected them to apply to their daily work.

All of the people who responded to our surveys said that staff were kind and treated them with respect.

We observed on our visit to a shared tenancy, that staff knocked on the doors to people's individual flats and asked whether they could come in before entering. Staff asked people respectfully whether they needed assistance or support. They took action to promote one person's privacy when another person sharing the

property compromised this.

All of the people completing surveys for us agreed that staff supported them in a way that enabled them to be as independent as they could be. Surveys from relatives confirmed this. One staff member commented in their survey for us that, "The staff team from the managers to the support workers work really hard to enable our clients to lead their lives as independently as possible." A staff member spoken with was very clear with us about what people could do for themselves and that their independence was promoted. This was consistent with what we saw in care records within the person's home, showing what they could manage for themselves. Two relatives commented how staff had encouraged their family members to take an active part in their local community and how much they valued this.

Is the service responsive?

Our findings

People received care that was responsive to their individual needs. A professional in contact with the service said staff responded well to people's planned care, in a crisis, and in response to changing needs. Another commented that the service provided was flexible in meeting the needs of the person throughout the year.

People's care records reflected their interests and preferences. Staff considered these when they supported people in both the community and their own homes. Staff spoken with had a good understanding of the needs and preferences of each individual. They were able to describe these in detail and the information was consistent with what we found where we cross-referenced it with people's care records.

Staff understood how people communicated their wishes and feelings, either verbally or by sounds. People's care plans within their homes included this detail. We saw that one person had a photographic plan for their week so that staff could assist them in understanding what was going on.

Our discussions with the management team showed that they were aware of each person's needs and how these had changed over time. They were able to tell us about the progress people were making. A staff member told us how the registered manager always knew what was going on with people. We discussed with the registered manager how they could better demonstrate changes and progress when they updated people's computer care records in preparation for reviews.

Relatives confirmed that they were included in their family member's care plan reviews so that they could be involved and support the person. We noted that one person had a review of their care while we were completing this inspection. Three members of their family were involved to support them with their communication and decisions. A relative told us how the agency was flexible with them about arrangements. They said the registered manager ensured reviews took place when they were able to be involved and support their family member.

A staff member explained to us how the registered manager tailored one person's support at an appointment. They said that the manager had arranged the support to ensure that the staff member allocated was someone with a good knowledge of their background and health needs. This demonstrated a flexible response to the person's support needs.

Where staff supported people with social activities as part of their care, they were able to tell us about people's hobbies and interests. One person told us how they enjoyed bowling sessions. A relative told us how staff had enabled their family member to find and attend a voluntary job, which they enjoyed.

There was an effective system for responding to and investigating complaints raised with the agency. In practice, for most people, they would need the support of staff or their relatives to raise complaints. Relatives told us they would be able to tell if their family members were not happy with aspects of their care. Staff spoken with understood how people communicated that they were not pleased or did not like something.

Relatives told us that they had not needed to complain or raise a concern recently. One told us that they had done so historically because they were not happy with a staff member. They said that the manager, "...was on the ball and listened." They were happy with the way the situation was resolved.

Other relatives told us that the agency had given them information in the past about how to complain. They also confirmed that they knew the agency office had moved and how to make contact if they needed to. One commented that, "I would know if something was wrong. I'm confident that the manager or deputy manager would sort it out. We have a good service." A professional involved with one person using the service told us how they had passed on a concern and the management team had resolved it to their satisfaction.

Is the service well-led?

Our findings

People using and working in the service were empowered to express their views about it. Their relatives were also able to do so and were confident that the management team would respond. We found that leadership within the service had contributed to high levels of staff morale and commitment to working well with people.

People knew who the registered manager was and could name them to us. We observed that those people we visited responded well to the manager's presence. People's relatives told us how approachable they found the management team, referring to both the registered manager and deputy manager by name as approachable. One described the registered manager as, "... a gem." Others were confident that the management team would act on their views.

People using the service could go to a regular 'forum' with others using the provider's services and discuss their views. The provider's records confirmed this was the case. Relatives told us both on the telephone and in their surveys that they were asked for their views. One relative told us that they had received questionnaires and received feedback on the action being taken to respond to suggestions. Another relative commented to us that either the registered manager or deputy manager rang up from time to time, to check how everything was going. They were confident that communication between the agency and themselves was good.

Staff valued the approach of the management team. They spoke highly about the leadership within the service, either in conversation with us or in surveys. For example, one staff member told us that the registered manager and deputy manager, "...are so approachable if I had a problem." They told us that they felt teamwork and morale were very good. A staff member commented in their survey for us that, "The managers are friendly and approachable and I wouldn't want to work anywhere else." One staff member, with a lot of experience of working in care services, described FitzRoy as the best service they had ever worked for.

The registered manager showed us how they consulted with staff from time to time so that they could see what staff felt about the service. The staff submissions showed where they felt the service was doing well and where it could improve. This resulted in analysis, which the registered manager sent to their line manager. The analysis showed where they felt improvements could be made and how they wanted to develop the service. We reviewed the findings, which showed the registered manager was aware of challenges and risks within the service and how they could go about making improvements.

The registered manager acknowledged and accepted where there were issues they needed to follow up to ensure the quality and safety of the service was developed and maintained. They were aware of their obligations to promote the health and safety of employees and liaising with the provider regarding the assessment of arrangements at the office.

The registered manager had worked for the service for many years, as had the deputy manager. Our

discussions showed that they had developed a good understanding of their roles and obligations. This included an awareness about the information they needed to tell the Care Quality Commission about, in relation to events taking place within the service.

They also had knowledge about each of the people using the service. Staff confirmed this to us and were impressed that the managers, "...always know what's going on for people."