

FitzRoy Support Pelham Road

Inspection report

94 Pelham Road
Gravesend
Kent
DA11 0JB

Tel: 01474321079
Website: www.efitzroy.org.uk

Date of inspection visit:
11 January 2017

Date of publication:
23 February 2017

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

This inspection took place on 11 January 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection.

Pelham Road is registered to provide personal care to people in their own homes. At the time of the inspection they were providing a supported living service to five people who lived together in a shared house. Supported living is where people live in their own home and receive care and/or support in order to promote their independence.

The service has a registered manager. 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 and associated Regulations about how the service is run.

People received a safe service. Systems were in place to minimise risk and to ensure that people were supported as safely as possible. Staff were aware of their responsibilities to ensure people were safe and what to do if they had any concerns. They were confident that the registered manager would address any concerns.

People were treated with respect and their privacy and dignity was maintained. They were supported by a small, caring and consistent staff team who knew them well. One person told us, "The staff are nice to me."

Systems were in place to ensure that people received their prescribed medicines safely. Medicines were administered by staff who were trained and assessed as being competent to do this.

Staff received the support and training they needed to give them the necessary skills and knowledge to meet people's assessed needs, preferences and choices and to provide an effective and responsive service.

People were protected by the provider's recruitment process which ensured that staff were suitable to work with people who need support.

People were encouraged to develop their skills and to be as independent as possible. They were supported to carry out daily living activities such as shopping, cooking, cleaning and laundry.

People were actively involved in developing their care plans and in agreeing how they should be supported. Care records contained detailed information about people's needs, wishes, likes, dislikes and preferences.

The registered manager and the provider monitored the quality of service provided to ensure that people received a safe and effective service that met their needs.

Staffing levels were sufficient to meet people's needs and to enable them to do be supported in a way that they wished.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported. Systems were in place to ensure that their human rights were protected.

Staff felt the registered manager was approachable and supportive and gave them clear guidance.

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. Systems were in place to ensure that people were supported safely by staff. There were enough staff available to do this.

Risks were clearly identified and strategies to minimise risk enabled staff to support people as safely as possible both in the community and in the service.

People were supported to receive their medicines safely.

The recruitment process ensured staff were suitable to work with people who need support.

Is the service effective?

Good ●

The service was effective. People were supported by staff who had the necessary skills and knowledge to meet their needs. The staff team received the training they needed to ensure that they supported people safely and competently.

Systems were in place to ensure that people's human rights were protected.

People's healthcare needs were monitored and they were supported to remain as healthy as possible.

Systems were in place to support people with their nutritional needs.

Is the service caring?

Good ●

The service was caring. Staff supported people appropriately and responded to them in a friendly way.

People were supported by a small consistent staff team who knew them well. People were happy with the staff that supported them.

People were encouraged to be as independent as possible and to develop their skills and confidence.

Is the service responsive?

Good ●

The service was responsive. People received individualised care and support. Their care plans were personalised and gave a clear picture of how they wanted and needed to be supported.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported.

People were involved in activities of their choice in the community and were supported to do what they wanted and liked.

People were supported and encouraged to raise any issues and to give their opinions about the way they were supported.

Is the service well-led?

Good ●

The service was well-led. The provider's quality assurance systems ensured that people received a safe and effective service.

The registered manager provided clear guidance to staff to ensure that they were aware of what was expected of them.

Pelham Road

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 11 January 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service in people's own homes and we needed to be sure that someone would be available to assist with the inspection. The inspection was carried out by one inspector.

At the last inspection on 5 December 2013 the service met the regulations we inspected. Before our inspection, we reviewed the information we held about the service.

During our inspection we met and spoke with all five people who used the service. We also observed the support provided by the staff. We spoke with two members of staff, the registered manager and to one relative by telephone. We looked at three people's care records and other records relating to the service. This included recruitment, training and medicines records.

Is the service safe?

Our findings

People who used the service told us they felt safe at Pelham Road. One person said, "We are safe here. There's a chain on the door at night and we don't let strangers in. We ask for I.D." A relative told us they felt "stress free" since their family member started to use the service.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent it from happening. Systems were in place to safeguard people who used the service. Staff had received safeguarding training and were clear about their responsibility to ensure people were safe. They were aware of different types of abuse and knew what to do if they suspected or saw any signs of abuse or neglect. They felt confident that the registered manager would deal with any concerns they raised.

Risks were identified and systems put in place to minimise risk and to ensure people were supported as safely as possible. People's care plans covered areas where a potential risk might occur and how to manage it. Risk assessments were relevant to each person's individual needs. One member of staff told us, "Risk assessments are in place. We remind them to let us know when they are back and also to take their mobile with them." Another said, "Risk assessments are important and we all read and sign them." Risk and safety had been discussed with people to help that to understand this and to keep themselves safe. One person told us, "I tell them [staff] where I am going and when I will be back." Another said, "I phone to say I have arrived at work."

Systems were in place to ensure that the environment was safe. People told us that staff carried out checks and that, "sometimes we go outside when there is a fire test." Records showed that equipment and services were checked and maintained to ensure they were safe and fit for purpose. Staff were aware of what to do in the event of an emergency and had received first aid and fire safety training.

The provider had a satisfactory recruitment and selection process in place. This included prospective staff completing an application form and attending an interview. We looked at the files of two members of staff. We found that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who use services. People were protected by the recruitment process which ensured that staff were suitable to work with people who use services.

This supported living scheme had 24hour staffing including a waking and a sleep in staff night. The level of support and supervision people needed was varied. Some people went out independently and did not need constant supervision whilst others needed the support of two staff to meet their moving and handling needs. Staffing levels for each person were agreed with the placing authority before they received a service. People told us that staff were available to support them when they needed this. Staffing levels were sufficient to meet people's needs.

People were supported to receive their medicines safely. Medicines administration records had been properly completed and were up to date. Medicines in use were safely stored in locked cupboards in people's rooms. Due to space constraints some stock medicines were stored in the office until they were needed. Medicines were administered by staff who had received medicines training and been assessed as competent to do this task. The competency checks were carried out each year by the registered manager or deputy manager. They had received additional training to enable them to do this. People told us that they were happy for staff to administer their medicines and had signed consent forms agreeing to this. Each person had a medicines plan which included details of what they took, why and how. When asked what was good about the service one person answered, "If I need meds they [staff] order them."

Is the service effective?

Our findings

Relatives and people who used the service had confidence in the staff who provided support. One person said, "The staff are pretty good."

People were supported by a small consistent staff team who had the necessary skills and knowledge to meet their assessed needs, preferences and choices and to provide an effective service. Training was a combination of e-learning and face to face courses. There was a computerised system that indicated training staff had received and flagged up when this needed to be updated or new training completed. It also indicated what training was available and when needed, the registered manager was able to book staff on to the necessary courses. We saw staff had received a variety of training including safeguarding, fire safety, food hygiene, medicines and moving and handling. One member of staff told us, "Training is pretty good and is relevant." Another commented, "Training is up to date and is the right training."

Staff told us that they received good support from management team and the registered manager. This was in terms of both day-to-day guidance and individual supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). One member of staff said, "Can't fault the support." Systems were in place to share information with staff including staff meetings and handovers. Therefore people were supported by staff who received effective support and guidance to enable them to meet their assessed needs.

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 by the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff had received MCA training and were aware of people's rights to make decisions about their lives. People were encouraged and supported to make decisions about their care and had signed their care plans and other documents indicating their knowledge of and agreement with these. The registered manager was aware of how to obtain a best interests decision when needed. At the time of the visit it had recently been thought to be necessary for one person. Information had been sent to their care manager so that the necessary assessments and applications could be made. Systems were in place to ensure that people's legal rights were protected.

People told us that they liked to have their evening meal together and that they took turns to choose the meal. They said that they helped staff to prepare the meal. One person said, "The food is delicious." People individually chose what they wanted to eat at other times and each person had their own space in the kitchen to store their food. Most people went shopping with staff and one person did this independently. They told us they got their shopping on Mondays as the shop was quieter. This person's care plan stated

that they went shopping on their own but liked staff to help them with their shopping list. None of the people had any specific dietary requirements in relation to their culture or religion but one person was living with diabetes and was supported and encouraged to follow an appropriate diet. Systems were in place to support people with their nutritional needs.

People's healthcare needs were monitored and they were supported to remain as healthy as possible. They saw professionals such as GPs, psychiatrists and psychologists as and when needed. When asked what was good about the service one person responded, "Staff take me to the doctors when I need it." Another person said they went to the optician and dentist when they were "sent for." A relative told us, "They look after [family member's] health." Each person's file contained a health action plan with details of their health needs and how these should be met. Details of medical appointments, why people had needed these and the outcome were all clearly recorded.

Is the service caring?

Our findings

People told us that they were happy with the staff that supported them. One person said, "The staff are nice to me." A relative told us, "[Staff] are doing a smashing job."

People's privacy and dignity were respected. They told us that staff always knocked and waited before entering their rooms. One person said, "Staff knock before they come in and are pretty good at it. They wouldn't come in if we said no." A member of staff told us, "We always keep people covered when going to and from the shower room and make sure the door is shut and blinds are down." Another said, "We don't discuss their personal stuff in front of the others."

Throughout the inspection we saw staff speaking to people in a polite and professional manner. There were positive interactions between the staff and people who used the service. Staff were patient and considerate and took time to explain things and listen to what people had to say and to what they wanted. One person told us, "Staff reassure me and explain things. I talk to them about what I want to do."

People were very involved in the running of the service and were kept informed of what was happening. For example, they told us about a "new person" who was going to move into the service. They were also involved in selecting staff to work with them. People said that they met prospective staff and asked them questions and enjoyed doing this.

People were supported to be as independent as possible. Staff supported people to do necessary daily living tasks including cleaning, changing bedding and laundry. Those that were able were encouraged to travel independently. One member of staff told us, "If people go anywhere new we would go with them a few times just to assess how they do and give any support needed." Another said, "I am proud of the progress people have made. For example, one person would not even go out of the door when they first came. Now they are independent of staff when they go out."

None of the people had any specific cultural and religious needs. Some people used to go to church but had decided they no longer wished to do this. The registered manager told us that the service would meet any needs that were identified.

Staff told us about people's individual needs and preferences. There was a stable core staff group and this helped to ensure that people were consistently supported for in a way that they preferred and needed. People were all able to indicate what they liked and wanted, but if needed, for more complex issues, staff arranged for independent advocates to be involved. This was to ensure people understood the issue and to support them to express their views and wishes.

Is the service responsive?

Our findings

People received individualised care based on their needs, likes, dislikes and preferences. Their care plans were personalised and contained assessments of their needs and risks. The care plans covered all aspects of emotional and physical health and described the individual support people required to meet their needs. They contained sufficient information to enable staff to provide personalised care and support in line with the person's wishes. For example, one person's plan said they could go out on their own and also use public transport independently. Another person's said they needed help to set a budget but could go to the bank and withdraw money independently. Care plans also contained information on how people communicated and what different behaviours signified. For example, one plan said that if the person's hand was shaking they were anxious. For another if they started to get red in the face it meant that they were angry. People were involved in developing and reviewing their care plans. One person told us, "I've got a care plan" and another said that they liked to talk to staff about their care plan.

Care plans were reviewed and updated with the person when needed. People had monthly meetings with their keyworker to discuss their support, needs and wishes. Information from these discussions was then used to update care plans and risk assessments. Therefore systems were in place to ensure that staff had current information about how people wanted and needed their support to be provided. This enabled staff to provide a service that was responsive to people's changing needs and wishes.

Systems were in place to inform staff about people's care needs and any identified changes. Changes in people's care needs were communicated to staff during the handover between shifts and at staff meetings.

People were encouraged to make choices and to have as much control as possible over what they did and how they were supported. We saw that they chose what, when and where to eat, what they wore and what they spent their money on. People chose what they wanted to do each day and were encouraged to go out and to be active. They told us the things that they did. This included going to a day centre, voluntary work, leisure activities, outings and going on holiday. One person said, "I enjoy days out. Sometimes with staff and sometimes on my own." Another commented, "I wanted to come here. The house is good and you can do what you want." A relative told us that their family member went out a lot more since they started to use the service. We saw that people also chose where to spend their time when they were at home. Sometimes they were in their own room or in the lounge or kitchen.

The provider's complaints procedure was available and complaints had been discussed as part of a tenants' meeting to ensure that people were aware of the process. People said they knew how to complain and who to complain to. People were supported and encouraged to raise any issues that they were not happy about.

Is the service well-led?

Our findings

People who used the service and relatives were positive about the way the service was run and managed. A relative told us, "I think it's excellent. [Family member] has never been so well looked after." One person said, "It's all good. We are happy."

There were clear reporting structures. The registered manager was also responsible for another service and spent at least two days per week at Pelham Road. This ensured they had a good oversight of what was happening there. There was also a deputy manager based at the service full time. Staff were clear about their roles and responsibilities and told us that the registered manager was accessible and approachable. One member of staff said, "We get good clear instructions and are asked for our input, ideas and suggestions. It's well run and flows. [People who use the service] know what's happening." Another commented, "[Registered manager] listens. You can discuss things and get advice from them."

People were involved in the development of the service and decisions about what happened in the house they shared. They were asked for their opinions and ideas at 'tenants' meetings. We saw that people had discussed issues and made decisions and agreements about what they wanted to happen. They told us they "talked about everything." People were listened to and their views were taken into account.

People were provided with a service that was monitored by the registered manager to ensure that it was safe and met their needs. This was both informally when they were at the service and by audits and checks that necessary tasks had been completed. For example, medicines and health and safety audits.

The provider had a structured quality monitoring and service development process in place. They employed quality managers who visited and reviewed the service at least twice each year. In addition the area manager visited bi-monthly. Any recommendations from these visits were put into a location improvement plan. We saw the location improvement plan and it detailed areas for improvement and had the action the registered manager had taken and was working on. The area manager went through this when they visited to check that action had been taken. The plan and any progress notes were online and were therefore accessible senior managers to monitor. For example, the quality manager, health and safety manager and operations director.