

FitzRoy Support Wall Hill Road

Inspection report

137 Wall Hill Road
Allesley
Coventry
West Midlands
CV5 9EL

Tel: 02476331621

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Wall Hill Road is a residential care home providing accommodation and personal care to up to five people. The service provides support to people with a learning disability and/or autistic people. At the time of our inspection there were four people using the service.

People's experience of using this service and what we found

People living at Wall Hill Road were treated well and each person's uniqueness and diversity was respected. Staff had an empowering approach towards people, promoting their status as equal citizens. People showed us by their actions they liked the staff members caring for them, were very comfortable in their company and enjoyed interacting with them. Staff members were knowledgeable about what was important to each person and used this information to provide care and support that was meaningful to them.

Staff received the training and support they needed to care for people effectively. People were supported to eat and drink what they wished. A healthy diet was encouraged and people were supported to make their own decisions. Staff used a variety of communication tools and techniques to ensure they constantly sought people's views throughout the day and supported them to make decisions.

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

Systems were in place to ensure people remained safe. Risks to people were assessed and well managed. Staff supported people to live full and busy lives. Infection control measures were in place to protect people. There were enough staff working at the home and people's medicines were managed safely.

The service was well led by a registered manager and deputy manager who inspired and supported their staff team. They ensured that people, staff and those important to people worked in partnership. The culture of the service empowered people to improve their independence and make their own decisions about how they wanted to spend their time and live their lives.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support:

- The model of care and the accommodation maximised people's choice and control, independence and promoted opportunities for inclusion. Each person's accommodation was thoughtfully designed and adapted in partnership with them and their family to ensure it met their needs and preferences.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights; People were supported in the way they chose and were treated as an individual by staff. Staff knew people well and understood how to support them. Staff told us about the rapport they had built with people which enabled them to provide the appropriate support even when people were anxious or distressed.

Right culture:

- There was a positive, person-centred culture amongst the staff team. It was clear that people living at the home had benefitted from this approach and had experienced positive outcomes. The provider worked collaboratively and in partnership with people using the service and a range of stakeholders. In the staff team there was a culture of listening to people and taking action based upon their feedback.

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

Rating at last inspection

This service was registered with us on 16 September 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Wall Hill Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place.. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Wall Hill Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

People living at the home did not communicate verbally, we spent time observing staff interacting with

people. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two relatives. We spoke with four members of staff including the deputy manager, care workers, and a representative of the provider. We looked at documentation relating to three people's care, three staff files and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse. Potential incidents of abuse were investigated and reported appropriately and in line with the local safeguarding team's guidelines.
- Staff received training in safeguarding vulnerable adults and were able to describe how they would identify and report potential abuse. There was a confidential whistleblowing line and staff knew how to access this.
- Relatives we spoke with said the home was safe.

Assessing risk, safety monitoring and management

- Each person had a risk assessment and risk was managed and addressed to ensure people were safe. The registered manager kept these under review and updated where required to ensure staff had access to information to support people safely.
- The provider had systems to record and review accidents and incidents. Accidents and incidents were investigated, and actions put in place to minimise future occurrences. Lessons learned were shared with staff to improve the home and reduce the risk of similar incidents.
- There were regular internal and external health and safety checks of the environment and any equipment used to ensure people were safe.

Staffing and recruitment

- There were sufficient, appropriately recruited, staff to meet people's needs.
- Relatives and staff told us there were enough staff available to care for people safely. There were contingency arrangements in place to cover staff leave or sickness.
- Appropriate recruitment checks were conducted to ensure applicants were suitable to work with people who may be vulnerable. These included requesting references from the applicant's previous employers and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely and as prescribed.
- The systems and processes for the ordering, storage, administration and disposal of medicines were safe.
- Staff received training in medicines administration and had their competency to do so assessed by qualified staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the home.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people living in the home and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were reported and investigated appropriately, and any learning shared at supervisions and handovers.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff asked people for consent before supporting them with any care, staff acted in accordance with their wishes. Staff involved people in their care and allowed them time to make their wishes known. This was through the use of individual cues, such as looking for a person's facial expressions, body language and verbal cues. People's individual wishes were acted upon, such as how they wanted to spend their time.
- People's legal rights were protected. People's capacity to make decisions about their care and support was assessed and staff knew how to support people if they did not have the mental capacity to make decisions for themselves.
- If a person did not have capacity to make a specific decision, meetings had been held with their relatives or advocates and health and social care professionals to make decisions in the person's best interest. An advocate is an independent person who represents the best interest and views of the person they support.
- DoLS applications had been made to the relevant local authority where it had been identified that people were being deprived of their liberty.

Staff support: induction, training, skills and experience

- Staff told us, "The training is really good" and confirmed they could request additional training or support if they needed it.
- Staff completed an induction and probationary period when they started work at the home. The induction required new members of staff to be supervised by more experienced staff; to ensure they were safe and competent to carry out their roles before working alone.

- Staff received training which they told us helped them to feel confident in meeting people's needs and recognising changes in people's health. Training was adapted to reflect the needs of people living in the home and new training was provided if their needs changed.
- Staff received on-going supervision and appraisals, which helped them to feel supported in their roles and to identify any future professional development opportunities.

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

- Information about people's nutrition and hydration needs was available in their care plan.
- Mealtimes were arranged around the needs and preferences of individuals, and people were offered choice.
- When people wanted to, they were involved in preparing food and indicated they enjoyed their meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Relatives we spoke with said people were well cared for and that they were always informed of any updates to people's health and wellbeing.
- People were supported to access health and social care providers in a timely way. Care plans clearly recorded people's interactions with health and social care providers, why they were needed, what actions were taken and what the next steps were for staff to take.

Adapting service, design, decoration to meet people's needs

- Wall Hill Road is a converted residential bungalow with individual bedrooms and shared communal areas.
- The home was decorated and personalised to people's tastes and preferences. People were supported to choose furniture in communal areas.
- The home was accessible. There were no signs or obvious external indicators that the home was a care home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives told us staff treated people with kindness and respect.
- Staff were skilled in giving people reassurance and comfort. People responded to gentle humour and conversation. Their reactions showed they were at ease in the home and with the staff supporting them. Staff interactions were good humoured and caring.
- Many staff had worked at the home for a long time and demonstrated good knowledge of people.
- The provider had an equality and diversity policy. Information about any needs in relation to protected characteristics of the Equality Act were recorded in people's care plans. People were supported to follow their chosen faith.

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

- Staff supported people to express their views and be involved in making decisions about their care. These were recorded in care plans and at care plan reviews.
- The service understood the role of advocates and other appointed individuals when complex decisions were to be made. These roles were clearly defined in the provider's policies and procedures.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect when helping them with daily living tasks.
- People's bedrooms gave them privacy and space to spend time on their own if they wished. Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example, by knocking on bedroom doors before entering and being discreet, closing the curtains and gaining consent before providing care.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Staff provided support in line with people's individual needs and preferences. There was an understanding of seeing each person as an individual with their own social and cultural diversity, values and beliefs. A relative commented: "They (staff) know [Name] really well and understand their needs."
- Each person had a detailed personalised care plan that focused on their needs, preferences and what was important to them. Care plans were focused on people having positive outcomes in their lives, gaining independence and enabling them to live a lifestyle of their choice.
- Staff kept records of the decisions made by each person about what was important to them, who they spent their time with and times when the person had changed their mind about something. This information was used to help improve the care and support provided and as a form of gathering feedback from people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and were met. Throughout the inspection we observed staff chatting and generally engaging with people in a way that met their individual needs. Support plans included information about how to support each person to communicate. This included using simple sentences, using photographs as visual support and getting the person's attention before speaking with them.
- Care records contained clear communication plans explaining how people communicated and information about key words and objects of reference they used to express themselves.
- A range of information was available in easy read or pictorial format. This included information about external organisations and people's rights.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider and staff were passionate about working with people to identify and promote activities relevant to each person. They worked with people to identify each person's interests and ambitions. There was an emphasis on engaging people in mainstream activities and not restricting them to a learning

disability environment.

- People communicated to us about friends and family they had outside of the home. One person communicated they were going to meet family and showed us a photo of their friend who they met with regularly.
- During the COVID-19 pandemic people were supported to keep in touch with those who were important to them as safely as possible. One person's family member told us, "During COVID we had regular phone calls and video calls. The staff were always happy to speak to us and stop us worrying."

Improving care quality in response to complaints or concerns

- There was a complaints policy which provided guidance for people. People were asked if they had any complaints or concerns. This was done at meetings and when people had reviews with care staff.
- People communicated they felt comfortable with staff and could let staff know if they weren't happy. Family members told us the responsiveness of staff and the registered manager, along with the culture of the service, meant they felt comfortable raising any concerns they may have. One person's family member told us, "I've not got any complaints but if something wasn't right they (the registered manager) would act on it."

End of life care and support

- Nobody needed end of life care at the time of our inspection however care records included information of how a person would like to be supported at the end of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service was open, honest and focused around supporting people to live their lives the way they wanted to, with as few restrictions as possible.
- We saw staff supported people in a way which included them in daily activities in the home and empowered them to feel in control of their home environment. One person chose to check the identity of any visitor to the home and to make sure they were complying with guidance for visiting. Another person was supported to be involved with making a meal at lunchtime.
- Family members were positive about Wall Hill Road. One relative said, "I'm very happy, I'm always kept informed and the staff are amazing."
- Staff told us they felt able to raise concerns with the manager or deputy without any fear of what might happen.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Quality assurance processes were effective and helped to hold staff to account and keep people safe. They also helped to protect people's rights and provide good care and support.
- The provider and care staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- Staff had a clear understanding of their role and what was expected of them in respect of individual people they supported. Staff described ways in which they worked together as a team to provide consistently good care for people.
- The provider understood their obligations in line with the duty of candour. There was a culture of staff and the home manager being open and honest with people, their family members and other partnership organisations.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were fully engaged with the home, the developments and improvements. The registered manager and staff had sought feedback from people in creative ways; for example, people had been consulted using a pictorial system to show what they liked and did not like.
- Staff and relatives were encouraged to give feedback about the service in a number of ways, including

surveys.

Continuous learning and improving care; Working in partnership with others

- There was a culture of continuous improvement and effectively using information to improve the quality and safety of support, care and accommodation being provided for people. There were a number of recent examples of information that had been recorded by staff, being used effectively to improve the systems and practices used at the home. Staff were fully involved and spoke positively about improvements that had been made. This had become part of the culture of the service.
- The service worked well in partnership with other health and social care organisations. This helped to give people using the service a voice and improve their wellbeing.