

FitzRoy Support

Brookview

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Brookview is a residential care home registered to provide personal care to eight people who have a learning disability or autism. At the time of this inspection visit, eight people received support.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People lived in well maintained and appropriate accommodation that enabled them to live a lifestyle of their choosing. People had a choice about how they lived their life. There were facilities such as a sensory area and plenty of activities to be involved with. Some people attended local day services and others chose to attend activities in the local community with support of staff.

There were enough staff available to support people to live the life they wanted. Staff were well trained and supported. There were good communication systems in place that enabled them to know how people needed to be supported on that day. Staff knew how to support people with distressed behaviour and were given suitable training. Staff knew people well and had developed positive relationships with people.

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. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There were good quality monitoring processes in place. The registered manager and provider of the service had good oversight of the care provided and had plans to further improve the quality of care people received.

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

Rating at last inspection

The last rating for this service was good (published on 03 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brookview on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our effective findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below

Good ●

Brookview

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 Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We met everyone who used the service and observed how they interacted with staff. The people who lived at

Brookview did not communicate verbally so we 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 three members of staff, the deputy manager and the registered manager. We also spoke with a health professional who was visiting the service.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one relative of a person living at Brookview. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A relative told us, "I trust the staff completely. They look after [Name] very well and I know [Name] is safe."
- Policies in relation to safeguarding and whistleblowing were in place and staff received training based upon these.
- Staff were aware of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager was aware of their responsibility to liaise with the local authority and us if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- Risks to people were assessed and safely managed. People's needs, and abilities had been assessed prior to using the service and risk assessments had been put in place to guide staff on how to protect people. These were regularly reviewed.
- The potential risks to each person's health, safety and welfare had been identified. Risks which affected their daily lives, such as using facilities such as the kitchen and access to the community and vehicle safety were clearly documented and known by staff.
- The written and verbal handover given between staff ensured any developments or changes in people's wellbeing was known to ensure risks were evaluated on a day to day basis.

Staffing and recruitment

- Appropriate checks were made before staff commenced employment which ensured only suitable supported the people living at the service. Staff confirmed checks were made before they started work.
- There were enough staff to meet people's needs and keep them safe. Staff confirmed there were consistently enough staff available to meet people's needs.

Using medicines safely

- People received their medicines safely and as prescribed. People were supported with their medicines to meet their needs.
- The registered manager ensured staff were trained so that they understood how to administer medicines safely and assessed their competency.
- When people were prescribed "as required" medicines information was available to staff about how to identify if a person needed these medicines. For example, staff were able to tell us how individual people indicated they wanted pain relief.
- The staff recorded all administration for each person. Records were checked regularly by the registered

manager. If the checks identified any errors in recording this was investigated by the registered manager and action was taken to prevent future errors.

Preventing and controlling infection

- Staff received training on how to prevent the spread of infection and food hygiene training.
- Staff were supplied with gloves and aprons to guard people and themselves from potential infection.

Learning lessons when things go wrong

- A process for learning when things go wrong was in place. Staff were clear about how to report accidents and incidents and action was taken to prevent a reoccurrence.
- The registered manager monitored the service and was keen to develop strategies that benefitted people. We were given examples of how the services had responded when matters did not go to plan, this included reflective meetings and changes to practice where needed.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care and support records. People's diverse needs were recorded and responded to.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support regularly reviewed. A relative told us they were involved in planning and reviewing their family members care.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their current roles effectively.
- New staff were supported through induction that included training and working shifts alongside experienced members of staff or the registered manager.
- Staff had additional training about people's needs such as autism and methods of communication such as Makaton, a type of sign language. This enabled staff to support people more effectively.

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

- People chose what they ate and drank. People were offered a range of choices at mealtimes, to ensure food met their support needs and preferences.
- People's dietary preferences were understood by staff. For example, when people had allergies staff knew how to prevent cross contamination to keep the person safe.
- People were referred to healthcare professionals when dietary guidance was needed.
- Where people were assisted to eat their meal, staff took their time and provided people with support to eat at their own pace.

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

- People's healthcare needs were recorded in their care plans. Staff monitored their health on a daily basis and recorded this in their care records. They also reported any changes in people's health to the registered manager, who liaised with healthcare professionals and people's families when needed.
- People were supported to access different healthcare professionals.
- Staff worked effectively with other health and social care professionals to ensure consistent care, for example when people attended hospital appointments.

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

- The environment had been adapted to meet people's needs. Significant investment had been made in the accommodation and grounds to provide a good quality environment. These included the development of a new sensory area and purchasing a new accessible bath. The service was being redecorated at the time of our inspection visit and people had been involved in choosing the new décor.

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 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 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 had received training regarding the MCA and were able to tell us about this and their responsibilities relating to this. Staff understood about 'best interest decisions' and the processes that should be followed.
- We observed staff asked consent before they supported people.
- The registered manager understood their responsibilities under the MCA and had sought appropriate DoLS authorisations.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People were supported by staff who were kind, caring and they had good relationships with them. Some of the staff had worked at the service for a number of years and knew people very well. A relative told us, "The staff are very kind, they treat [Name] with respect and make sure everything they do is in [Name's] best interest.
- People showed us that they were happy living at the service and that they benefitted from positive relationships with staff. Throughout the day we observed staff spoke encouragingly to people and used friendly terms of endearment which people responded positively to. We saw people regularly hugging staff and showing affection to them.
- Staff told us they would be happy to have family members live at Brookview because of how kind staff were and because of the respectful way people were supported.
- Staff had received training about equality and diversity and understood how to support people live their lives the way they wanted.
- People's care plans recorded their cultural needs, religion, belief and other aspects of their identity.

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

- People had communication plans in place, which instructed staff on how each person communicated and the best ways to involve people in decision making. This meant people were involved, as much as possible, in making decisions about their care and treatment.
- Daily notes showed that people were asked how they wanted their care and support to be provided. People consistently were given choices that were respected for the decisions they had made.
- People had regular reviews to discuss their health and support needs with their representatives, to make decisions about how their care should continue to be delivered.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their privacy and dignity. Care staff respected people's individual privacy in the home by knocking on doors before entering their room, and by providing people with space to be alone when they needed it.
- People were supported to maintain relationships with those that mattered to them. Friends and families could visit people when they wished, and people could stay with their family on home visits.
- The service complied with data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question had remained the same. 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

- People received personalised care which met their needs. We could see that people were happy with the care and support they received. A relative told us "Staff know how they (person) like to do things."
- One of the care staff spoke about the positive changes they had observed for the people who they supported. They explained that people's behaviour was interpreted, and they were supported accordingly to lessen anxiety.
- The registered manager had been responsive to changes in people's needs and had adapted their support accordingly. For example, the registered manager had explained to us how they had changed their staffing levels to support more people to participate in the activities they enjoyed.
- The provider had developed new care plans with people. The plans included a breakdown of tasks the staff needed to perform, the desired outcomes and how these would be achieved. There was an emphasis of providing choice and understanding people's routines and how they wanted to be supported. The information was detailed and outlined specific likes, needs and interests.
- Staff recorded support given in a respectful and informative way. These showed that planned care tasks were followed, they also recorded how the person felt. Information was clearly recorded and detailed. Staff recorded any symptoms or behaviour that was out of the ordinary for people. They reported this to the registered manager and discussed with other staff if they had a concern that someone was potentially unwell or anxious.
- Staff told us they were able to work with the same people on a regular basis. They got to know people well and had good professional relationships with them.
- The registered manager had met with people and their representatives to formally review their care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs assessed as part of their original assessment. This was then used to develop care plans. People had access to professionals such as opticians and speech and language therapists as required to support them with communication needs.
- Staff had access to information and training on communication methods used such as Makaton.
- The registered manager had identified that they could improve how they met people's communication needs and had applied to be part of a new project which looked into using different technology to support

people to communicate.

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

- People were encouraged and supported to maintain meaningful relationships with family members.
- People were supported to attend regular day care where this was appropriate, and others enjoyed a variety of activities of their choice with staff support.
- The garden was being developed as a sensory garden. People were involved in planning what to include, one person enjoyed gardening and was being supported to create raised flower beds which would be more accessible for them and others. This showed a positive, equal relationship between staff and those they cared for. .

Improving care quality in response to complaints or concerns

- People using the service were encouraged to make any concerns known and were listened to. A relative told us, "I don't have any complaints, if I did I would speak to the (registered) manager."
- The service had a complaints log where all complaints were recorded, however, in the 12 months prior to our inspection visit there had been no recorded complaints. Where learning was acquired through people's feedback, the registered manager shared this with the provider and staff, to ensure improvements were made.

End of life care and support

- People and their relatives were supported to make decisions and plans about their preferences for end of life care. No-one at the home at the time of our visit was receiving palliative care.
- Advance planning took account of people's wishes to meet their individual cultural and religious preferences.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; 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

- The systems in place focused on the individuals using the service and sought to meet their needs and provide them with high quality care. These systems measured and monitored outcomes for people with a view to making improvements where possible and making people's lives better.
- The provider had a culture of listening and engaging with people when they received feedback, to improve their services. A relative said, "I can speak to staff or the manager anytime I like, they're always available."
- Staff told us they felt well supported. They explained they met with the registered manager often through daily contact with them. They told us they could speak with the registered manager if they needed any help or advice. Staff told us they worked well as a team and there was a good rapport between the staff. They said they met for formal and informal meetings and that there were good systems for communicating with each other.
- The registered manager and provider understood their responsibilities to share information under the duty of candour regulation

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

- The registered manager ensured staff, people and their relatives could attend regular events at the home to share their feedback about the service with managers. For example, relatives were invited to attend regular seasonal events at the home to support their relations.
- We saw people's feedback was sought in weekly meetings where people could share their views and socialise with each other. It had been identified from these meetings that people wanted to try different foods so each week an "Around the World" meal was arranged where people would choose a country and choose a meal to try.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was led by a registered manager and deputy manager, who with the provider's support strived to deliver the best person-centred care possible in accordance with the regulations.
- The staff team understood their roles and responsibilities toward people living in the home and embraced further learning and developmental opportunities, so people received the best care and support possible.

- The management team ensured staffing practices met their expectations by working alongside them, where they demonstrated best practices. For example, during weekly shifts they assisted people and staff to help them develop relaxed, positive relationships with people, and discreetly observe staff's support of people, so performance was continuously reviewed.
- The registered manager understood their regulatory responsibilities. For example, they ensured the rating from the last Care Quality Commission (CQC) inspection was prominently displayed in the home and on their website and, there were systems in place to notify CQC of notifiable incidents at the home.

Continuous learning and improving care

- The provider had systems and processes to monitor the quality of the services provided which the registered manager implemented. The registered manager undertook audits and looked for continuous ways where improvements could be made. Audits included checks on medicines, infection control and health and safety.
- All actions from audits were added to an action plan the registered manager and provider oversaw. The audits and action plan helped the provider to monitor and improve care for the people using the service.
- The provider shared learning across their group of homes, through regular governance meetings with their management team. Items discussed included learning from accidents and incidents, and best practice guidance.

Working in partnership with others

- The service had links with external services, such as government organisations who provided links to renewed best practice guidance, charities, commissioners of services, nurses and health professionals. These partnerships demonstrated the provider sought best practice to ensure people received good quality care and support.
- The registered manager actively sought opportunities to work with other bodies to increase people's enjoyment in life. For example, local charities to increase people's opportunities for social interaction and employment in their local community.