

FitzRoy Support Timber Grove

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

The inspection took place on 3 May 2018 and was unannounced.

Timber Grove 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.

Timber Grove accommodates up to 15 people in an adapted single storey building who may have a physical disability, learning disability or sensory impairment. The service does not provide nursing care. On the day of our inspection, 11 people were living at Timber Grove.

At our last inspection on the 4 and 8 February 2016, we rated the service Good. At this inspection, we found the evidence continued to support the overall rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our rating of the service has not changed since our last inspection.

The service embraces the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service requires and did have 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 2008 and associated Regulations about how the service is run.

There were adequate numbers of staff to help keep people safe, meet their needs and protect them from harm and abuse. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed. There were safe systems in place for receiving, administering and disposing of medicines.

People were supported by staff that had the skills and experience needed to provide effective care. Staff had an understanding of the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat and drink enough and maintain a balanced diet and to access health and social care services when required.

People were cared for by staff who knew people well and were kind and sensitive to their needs. Staff ensured people's privacy and dignity was respected and maintained at all times, and their independence promoted.

There was a strong emphasis on person centred care. Care plans were regularly reviewed and, where able,

people were proactively supported to plan their care and support to ensure they received a service that was based on their personal needs and wishes. People were encouraged and supported by staff to pursue their interests and hobbies and activities were tailored around people's likes, choices and abilities.

The registered manager demonstrated their commitment to learn and implement best practice, ensuring people had a good quality of life. Staff were motivated and proud to work at the service. Effective systems were in place to assess and monitor the quality of the service. The registered manager was able to demonstrate how they measured and analysed the care and support provided to people, and how this ensured that the service was operating safely and was continually improving to meet people's needs.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Timber Grove

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 checked 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 comprehensive inspection took place on the 3 May 2018 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection, we reviewed all the information we held about the service including statutory notifications we had received about the service. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR 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.

Not all people living at Timber Grove were able to speak with us so we used observation as our main tool to find out about the care they were receiving. During our inspection we spoke with two relatives, three members of staff, deputy manager and the registered manager. We also received feedback about the service from two health and social care professionals.

We looked at a range of documents and written records including two people's care plans, risk assessments and daily records of care and support. We reviewed staff training and supervision records and staff rotas. We also looked at quality assurance systems to see how the service was being managed and monitored.

Is the service safe?

Our findings

Staff were trained in recognising the signs of abuse, understood the importance of keeping people safe and protected from harm. Staff demonstrated a good understanding of safeguarding and whistleblowing procedures and what actions to take if they felt people were at risk. This included reporting to external organisations such as the Police or the Care Quality Commission (CQC). A member of staff told us, "There is a whistle blowing policy and I would use it if I had to; the safety of the people here are our priority." A health and social care professional told us, "I have no concerns whatsoever about [name's] safety or the treatment they receive from staff."

Individual risks to people had been identified, both within the service and when accessing the community. Management plans were in place to mitigate any identified/potential risks. Staff had an understanding of managing risks whilst allowing people as much independence as possible. The service regularly assessed and reviewed risks associated with people's care and support. This approach ensured risks to people were minimised, allowed them to feel safe and have as much freedom as possible. A relative told us, "[Name] is safe here and well looked after."

There were enough staff to meet people's care and support needs safely. The registered manager informed us staffing levels were flexible to ensure sufficient staffing at all times. Staff told us they felt there were always enough members of staff on each shift. During our inspection, we observed staff supporting people in a timely way. One relative told us, "Yes, there are enough staff and there is a good consistency of staff too." There were safe systems in place to ensure safe recruitment of staff. This included seeking criminal record checks with the Disclosure and Barring Service (DBS). The necessary checks had all been completed prior to staff commencing employment. Staff disciplinary procedures were in place to respond to any poor practice.

There were systems in place for the safe management of medicines and people received their medicines as prescribed. Staff responsible for the administration of medicines had received relevant training and had their competency to administer medicines checked regularly. One member of staff told us, "We have class room training and have to be observed three times before we start [administering medicines]. We then have refresher training every year and are observed to check we are still doing things correctly and following procedures." Medicines were stored safely in individual locked cabinets. The temperatures of the medication cabinets were monitored to ensure the medicines were being stored at the correct temperatures. The medicines administration records (MARs) we reviewed were completed correctly with no gaps or anomalies.

People lived in a clean environment and staff had received infection control training in how to manage infection control risks. We observed all areas of the home to be clean. Staff had access to personal protective equipment (PPE) when delivering personal care to people. A relative told us, "There are never any smells and it's always clean when we visit." Records showed appropriate monitoring and maintenance of the premises and equipment was ongoing.

Systems were in place to record and monitor incidents and accidents and these were monitored by the

registered manager and the provider. This ensured that if any trends were identified prompt action would be taken to prevent reoccurrence. The provider's reporting system enabled an open and transparent approach to all incidents and accidents. Staff understood their responsibilities to raise concerns and report incidents. Where appropriate the registered manager worked alongside staff to address issues and share learning. Records showed that staff were trained in first aid and fire awareness and how to respond to emergencies. Staff were aware who to contact in the event of an emergency.

Is the service effective?

Our findings

Staff received appropriate training and support to enable them to meet the individual needs of people. New staff were supported to complete the Care Certificate; this is a nationally recognised training programme for staff who are new to working in the care sector. Staff spoke highly of the provider's training programme. One member of staff told us, "The training is very good. We were even trained how to do armchair exercises, this really benefits and enhances their [people's] life." Another said, "We are trained to the hilt. We have regular training sessions as well as refresher training." In the provider's PIR, they informed us they were in the process of introducing a new outcomes based framework tool called 'Love my life' to encourage a more holistic and person centred approach towards achieving and evidencing effective outcomes for people living at Timber Grove. At our inspection, the 'Love my life' was in the process of being rolled out. The registered manager told us the provider was continually striving to ensure good outcomes for people, which in turn promoted a good quality of life. Staff had received training on the new 'Love my life' tool.

Staff told us they felt supported in their roles and enjoyed their work. They received regular supervision and a yearly appraisal of their performance. Staff told us both the registered manager and deputy manager were always available for support and guidance. One staff member said, "You don't have to wait for your next supervision if you need to discuss something." Records confirmed staff received regular supervision and had an appraisal in place. This meant staff had a structured opportunity to discuss their responsibilities and to develop in their role.

People were supported to eat and drink enough and maintain a balanced healthy diet. Pictorial menus were available and people were able to choose alternatives if they chose not to eat the planned menu. Snacks and fresh fruit were readily available. People's care plans recorded their food dislikes and likes. Where people were at risk of poor nutrition, or had swallowing problems, records showed staff worked closely with the speech and language team (SALT) to provide appropriate care and support in line with the SALT's team recommendations.

People were supported to maintain good health including accessing healthcare services as required such as GPs, hospital appointments, opticians and dentists. The outcome of health appointments were recorded within people's care plans so that staff were aware of the outcome of appointments and, where required, actions to take. People also had health and hospital passports; these are documents, which include information about the person's medical and support needs. They are used as a quick reference for sharing information with other healthcare professionals. This ensured continuity of care and reduced people's anxiety, for example if they were admitted to hospital.

Care records demonstrated the service worked effectively with health and social care services to help ensure people's care needs were met. One healthcare professional told us, "I have had lead responsibility for the patients of Timber Grove for the last 25 years. I believe our working relationship with the home has strengthened over that time, and we usually receive appropriate calls with a good level of information to assess the patients. Recently we have expanded communication methods to include email, which has been helpful without leading to inappropriate use of this facility."

People's diversity was respected and their bedrooms were personalised to reflect their own interests. The environment at Timber Grove was accessible, and people were able to access all areas of the building and garden, including communal lounges and a sensory room. Relatives were very complimentary about the homely atmosphere at Timber Grove. One relative said, "We feel very lucky; it's like a home from home."

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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Standards (DoLS).

We checked whether staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff received MCA training and were able to demonstrate a good working knowledge of the MCA. They understood the importance of gaining people's consent and helping people to make choices on a day-to-day basis and described to us how, for people who were unable to verbalise their consent, this may be through facial expressions, nods or sounds. People's capacity to make decisions had been assessed and clearly recorded. This meant their ability to make some decisions, or the decisions that they may need help with and the reasons as to why it was in the person's best interests had been recorded. We were assured from our observations that staff understood the importance of giving people choices and respecting their wishes and how to support people that could not always make decisions and choices for themselves. Where people had been deprived of their liberty appropriate applications had been made to the 'Supervisory Body' for a DoLS authorisation.

Is the service caring?

Our findings

Staff were kind, caring and supportive towards people and treated them with dignity and respect. Many of the staff had worked at the service for a number of years, which enabled positive relationships to develop. We observed people and staff relaxed in each other's company and it was clear staff knew people well. There was free flowing conversation and exchanges about people's wellbeing and about their day. People were addressed by their preferred names and staff interacted with people in a kind and compassionate way and took time to listen closely to what people were saying to them. We saw, irrespective of people's ability to communicate that everyone was included in what was going on. A relative told us, "Staff are very kind, we have no qualms whatsoever. They are kind, caring and sensitive to people's needs and it's not 'put on' believe me. We feel very lucky." A healthcare professional told us, "I have always been impressed by the level of caring and individualised care that the residents receive."

Care plans were person centred and contained detailed information about people's likes, dislikes and preferences in regard to all areas of their care including cultural and religious beliefs. Staff were able to demonstrate a good knowledge of how people wished to be supported and cared for. One member of staff said, "The care plans really help us to understand people's needs." As already highlighted within the Effective section of this report, people's care plans were in the process of being updated in line with the provider's outcome based 'Love my Life' programme. This was the provider's new approach of assessing and monitoring an individual's quality of life and what is important to them.

From April 2016, all organisations which provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. The provider was meeting this standard and communication for people living at Timber Grove was available in accessible formats such as large print, pictorial and Makaton. Makaton is a language programme using signs and symbols to help people to communicate. The registered manager was passionate about effective communication and described how one person was using a velcro Makaton shopping list. They said, "I am passionate about Makaton, it takes time to use, but it really makes a difference. We need to involve people as much as they can and want to be."

People were supported to be as independent as possible. Staff encouraged people to do as much as they could for themselves and care records documented what people could do for themselves and where they required support. Staff told us it was important for people to be encouraged and supported to be independent. For example, one person who was wheelchair bound was supported to do their laundry. They participated by carrying the laundry on their lap to the washing machine and helped to put it in the washing machine.

People were supported to maintain links with their families. This included supporting people to visit families and, where required, supporting family members to come and visit their family members at Timber Grove. One member of staff told us, "We regularly support [name of person's relative] to come here to see [name]. They are unable to come themselves now and it's important we help them to see each other." We saw a

compliment received by the service, which stated, 'Thank you to all the staff that welcomed me on Christmas Day. I really enjoyed it; the carols at the end finished the day lovely.' Relatives told us they could visit at any time. One relative said, "They don't know when we are coming but we can come at any time and always feel welcomed."

During our inspection, the registered manager informed us planning permission had been granted to build bespoke buildings within the grounds of Timber Grove. They went on to say this provided an opportunity to have better facilities and access to assistive technology to improve the lives of people living at Timber Grove, particularly as they were becoming older and their needs were changing. We saw records, which showed staff had started to discuss with people about the transition of moving into the new buildings. The registered manager confirmed an independent advocate would be sourced to support the move. An advocate helps people to make choices, to say what they want and ensure that their voice is heard and listened to.

Is the service responsive?

Our findings

The service was responsive to people's needs. Staff provided person centred care and supported people to lead full and meaningful lives. Our observations showed that staff knew very well. They knew what people enjoyed, and how they wished to be supported. Care plans clearly detailed people's individual care and support needs such as personal care preferences, specialised care needs, and any cultural or spiritual needs and wants.

Despite people's complex needs, the service worked proactively to engage them, where possible, with the planning and review of their care. Care plans were reviewed regularly and, where appropriate, people's relatives were included in the review of people's care. One relative told us, "We are involved in [name's] care reviews and are very much aware of what is going on." A health and social care professional said, "[Name] is very well supported. Staff know [name] and their needs very well and this is reflected in their support plan and risk assessments." A handover was undertaken prior to each staff shift, which helped staff to be kept up to date of any changes in people's care and support needs.

People were supported to live fulfilled and meaningful lives. The registered manager recognised the importance of involvement and participation, which formed an extremely important part of people's daily lives and told us the 'Love my Life' concept supported this. People were provided with opportunities to do things they enjoyed and staff actively encouraged and supported people to follow their interests and hobbies and to access links within the local community such as attending local events and clubs. One person enjoyed horse riding and happily showed us with pride the rosettes they had won. People were also supported to go on holidays and records showed discussions had been held with people about where they wanted to go. One relative told us changes to their family member's health needs meant they were unable to do the things they had previously enjoyed. However, they went on to say, "They try and give [name] as much activities as they can." Several social events were held throughout the year such as parties, fireworks and BBQs where families were invited to attend.

The service had a policy in place for dealing with concerns and complaints. Relatives we spoke with were not aware of the complaints procedure but told us they were confident they would be listened to if they needed to make a complaint or raise a concern with management. There had been four complaints since our last inspection and records showed these had been dealt with promptly by the registered manager.

At the time of our inspection, no one living at the service was receiving end of life care. The registered manager told us people would be supported to receive end of life care.

Is the service well-led?

Our findings

The service had a registered manager who was supported by a deputy manager with the day-to-day management of the service. Both managers had worked at the service for a number of years, promoted a person centred culture, and demonstrated their commitment and dedication to ensuring people living at Timber Grove received good quality care.

We asked the registered manager what they knew about the Registering the Right Support Guidance (CQC's policy on registration and variations to the registration for providers supporting people with learning disabilities). They were able to demonstrate an understanding of the principles of the guidance. The provider was signed up to 'The Driving Quality Code'. This Code was developed following the Winterbourne review that identified abuse of people with learning disabilities at Winterbourne View. The government and many other organisations that support people with learning disabilities are taking action to make sure that this never happens again.

Staff, relatives and health care professionals spoke positively about both the deputy and registered managers and considered the service to be well led and managed. One staff member told us, "[Names] are very approachable and supportive. I can contact them at any time for support and guidance. I do feel valued by them and can think of no improvements to the way the service is managed by them." A relative told us, "[Registered and deputy managers] listen to us and to what staff have to say. The service is definitely well led and managed. [Name] is happy here." A healthcare professional who had experience of working with the service for a number of years told us, "In short, I recommend this service as being caring, effective, responsive, well-led and safe."

Staff embraced the provider's vision and values 'to transform lives every day by supporting people to do the simple things that make a real difference to their everyday life, and leading the lives they choose.' Staff said they enjoyed working at the service, felt valued and could approach management at any time for support and guidance if required. Staff said they worked effectively as a team and staff morale was high. The registered manager told us a new staff recognition scheme; 'Active support – every moment has potential' had recently been introduced to recognise good staff practice. Staff told us they welcomed the new recognition scheme. One member of staff said, "It's a brilliant idea, you can nominate your peers. It's good for staff morale that we are being recognised for the work with do with people."

The provider was committed to promoting and embedding equality and diversity by ensuring people and staff were treated fairly, valuing differences and removing barriers that limit access and opportunities. The policies and systems in the service supported this practice.

Regular staff meetings were held and topics such as updates on people living at the service, training, activities and the day-to-day running of the service were discussed. The registered manager operated an open and transparent culture and encouraged staff to challenge processes. There was also a staff suggestion box. The registered manager told us, "We have a large team so we say 'write it down'. We will then clarify any issues and share and comment on any suggestions made at team meetings." Staff told us

they felt able to discuss the operation of the day-to-day running of the service and make suggestions to how it could be improved.

The registered manager sought the views of people, their relatives and other professionals. This was done in a number of ways such as daily interactions with people, resident meetings and surveys. We reviewed the outcome of the provider's 2017 satisfaction surveys and noted responses were positive and complimentary about the service provided.

The registered manager told us they were part of the provider's steering group to review its policies, ensuring these were available in easy read format. The provider's National Service User forum, of which one person living at Timber Grove attended, would be consulted with as part of the steering group's work. The registered manager went on to say that, although the person was unable to verbally communicate, the provider's staff communicated with them by Makaton to enable them to convey their views by placing a 'tick' or a 'cross' in response to questions asked. This showed the provider welcomed people to have input into the development and continuous improvement of service delivery.

The registered manager told us they received good support from the provider; this included the cascading of important information such as patient safety alerts and requests to check systems in place at the service following external safety incidents. They also attended internal and external meetings, which provided them with an opportunity to share good practice, discuss challenges and keep up to date with changes in the care sector. They also kept themselves updated by accessing websites such as 'Skills for Care' and the 'National Institute of Excellence' (NICE) to obtain guidance relevant to the management of the service.

There were systems in place to monitor the quality and safety of the service. Regular checks and audits such as health and safety, medication and the fire system were carried out to ensure people's health and welfare. The registered provider also visited the service regularly to undertake quality assurance checks. Where actions had been identified, these had been followed up. This demonstrated the provider had a quality assurance programme in place, which was effectively monitored.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.