

FitzRoy Support

The Pastures

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 the 19 October 2016 and was unannounced.

The Pastures provides care for up to thirteen people, on the day of our visit nine people were living at the home. The Pastures is a nursing home which supports people who have complex health needs. People had a range of learning and physical disabilities. The home was purpose built offering accommodation in the form of three large bungalows.

There was a registered manager in place and a deputy manager who was a qualified nurse. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Throughout this report the registered manager will be referred to as the manager. When we state 'management team' this refers to the manager and the deputy manager.

People benefitted from being supported by staff who had been safely recruited and trained. Staff worked in a collaborative way with their colleagues and the management team. Staff felt supported by the management team. There was consistently enough staff to safely meet people's individual needs.

Staff understood how to protect people from the risk of abuse and knew the procedures for reporting any concerns. Medicines were administered safely and adherence to best practice was applied. People received their medicines safely and in the manner the prescriber intended. The service regularly audited the administration of medicines. Medicines were stored securely.

Staff knew and understood the needs of people living at The Pastures. Staff made real efforts to get to know the people who lived at the home. People received care which was person centred.

The management team observed staff's care practice and was involved in the daily running of the service. Staff had not received supervisions for some time but the manager was addressing this. Staff received training; however the manager needed to improve their overview of this.

Staff told us they were happy working at The Pastures. Staff were committed and dedicated to the service. They assisted people with compassion and in a professional way. People's dignity and privacy was maintained and respected. People were treated as individuals. People's wishes and what was important to them was promoted by staff and the management team.

The Care Quality Commission (CQC) is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service was depriving some people of their liberty in order to provide necessary care and to keep them safe. The service had made applications for

authorisation to the local authority DoLS team. The service was working within the principles of the MCA. The manager and the staff had a good knowledge of the MCA and DoLS.

People's care plans contained important, relevant, detailed information to assist staff in meeting people's individual needs. People's needs were regularly reviewed.

Staff promoted people's emotional wellbeing. The service responded proactively to changes in people's health and social care needs.

The service encouraged people to maintain relationships with people who were important to them. Relatives felt involved and welcomed to the home. There were planned group and individual activities daily, people also went on trips and day experiences. People were encouraged to develop and maintain their interests.

There was a positive, open culture at The Pastures. The service was welcoming and had a friendly atmosphere. There were also systems in place to monitor the quality of the service and the management team were developing these further.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were safely recruited to meet people's needs.

People were supported by staff who knew how to prevent, identify and report abuse.

People were kept safe as risks had been identified, and managed appropriately. Staff had effective guidance to support people in relation to the identified risks.

Medicines were administered safely. People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People benefitted from being supported by trained staff who felt supported in their roles.

Staff assisted people in a way that protected their human rights. The service was meeting its responsibilities under the MCA.

The service ensured people received sufficient food and drink of their choice.

People's health and wellbeing were supported and maintained by having access to appropriate professional healthcare services and trained staff.

Is the service caring?

Good ●

The service was caring.

Staff had a full knowledge and understanding of the people they supported and delivered care in a respectful person centred way.

Care and support was provided by staff in a way that maintained people's dignity. Staff promoted and encouraged people's wellbeing.

Is the service responsive?

Good ●

The service was responsive.

Care and support was provided in a personalised way that took people's wishes and needs into account.

The service encouraged people to maintain meaningful relationships with those close to them.

There were social activities, staff spent time with people, and explored what people wanted to do.

Is the service well-led?

Good ●

The service was well-led.

The staff and the people they supported benefitted from a manager and deputy manager that demonstrated dedication and knowledge in the service.

People were supported by staff that were happy in their work and felt valued.

There were auditing systems in place and the manager was developing these further.

The Pastures

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 was 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 19 October 2016 and was unannounced. Our visit was carried out by one inspector.

The manager had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before we carried out the inspection we reviewed the information we hold about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. People were unable to communicate with us in a way which we always understood. However, we spoke with three relatives and completed observations throughout our inspection.

We spoke with the manager the deputy manager and four members of staff. We also contacted the local safeguarding team, the local authority quality assurance team, and the clinical commissioning team (health) for their views on the service.

We reviewed the care records of three people and the medicines records of another three people. We also looked at records relating to the management of the service. These included health and safety check records, audits, accidents and incidents reports and two staff recruitment files.

Is the service safe?

Our findings

The service had systems in place to ensure that people were safe.. We spoke with some people's relatives who all told us they felt their relative was safe. One relative said, "Oh yes, there is always someone with [relative]." Another relative said, "Very safe, very safe."

The staff we spoke with had a clear understanding of how to protect people from potential harm and abuse. Members of staff told us what would constitute harm and how they would identify if a person was experiencing harm in some way. Staff told us, because they knew people so well they would be able to tell if a person was distressed or withdrawn in some way. The manager and staff were aware of the local authority safeguarding team. The staff we spoke with told us they felt confident in reporting any concerns to the manager, but they would also approach the local authority or CQC if they needed to. One member of staff told us, "I'm not afraid to do it if I need to."

We looked at a sample of people's care records and saw that detailed risk assessments had been completed. There were various care plans responding to particular risks to a person's safety. These were detailed and gave staff clear guidance about how to support people and keep individuals safe. The staff we spoke with said these were very useful, one member of staff told us, "If I haven't worked with a certain person for a while I will often look at the care plans for guidance."

From looking at these documents and observing staff's care interactions we could see on the day of our visit staff were following this guidance when they supported people. For example one person needed one to one support at all times and it was recorded that staff were not to leave this person alone. We observed members of staff asking another member of staff to relieve them for short periods of time when they needed to leave the person, so that they were not left alone. We looked at the daily notes completed by staff. We could see they were carrying out the individual support tasks which were detailed in the person's risk assessments.

We were shown records which confirmed that certain safety tests were taking place. These included yearly tests of the fire alarm and fire extinguisher equipment, all electrical items were checked and there was an annual test for Legionella. This is a bacterium which can grow in water supplies, and can cause people to become ill.

People who lived at the home had individual fire evacuation plans located at the entrance of each bungalow. Staff were able to tell us what their role was if the bungalows needed to be evacuated. We saw records showing there were weekly fire alarm tests and regular test evacuations of the bungalows. This was also confirmed by what the manager and staff told us. The home had a business contingency plan with utility numbers to call if there was a problem with a utility supply.

The management team had a system in place to respond to accidents and incidents. We looked at these records and we could see an analysis of the events that had happened and that appropriate actions had been taken.

There were sufficient staffing levels to meet people's needs and keep people safe. These were defined by the level of support people had been assessed as needing by the health or social care teams, who had placed people in the home. We looked at the last four weeks rotas and we could see the required staffing levels had been consistently supplied. We spoke with staff about their views on the staffing levels. These members of staff felt there was enough staff on shift and they felt able to give people the time they needed, to meet their physical and emotional needs. One member of staff said, "People definitely have one to one care, you have time to do this."

Safe recruitment processes were in place, which ensured only those people suitable to work in care, were employed. We looked at the personnel files of three members of staff and saw that appropriate checks had been completed. These included a full employment history. Staff identification had also been verified and the Disclosure and Barring Service (DBS) checks, about staff's backgrounds, had been carried out.

We saw that people's medicines were stored and administered in a safe way. We observed a nurse administering people's medicines. Medicines were taken to each person on a tray. There was a prompt sheet on each tray relevant to specific individuals, this provided guidance for the nurse when they administered people's medicines. Support workers also supported with some people's medicines. In some cases their role was to observe the correct dosage of medicine had been prepared by the nurse, and then observe the nurse giving the person their medicines. This was to check the person had received this particular medicine as the prescriber had intended.

The management team had told us about some medication errors that had occurred this year. We spoke with the manager about these. The manager felt these had occurred when using agency nursing staff who had not followed the guidance for administering people's medicines correctly. We asked the manager how they would prevent these errors happening in the future. The manager told us they had now recruited a full team of nurses. They also told us of other actions they had taken to prevent errors happening again.

We looked at people's Medication Administration Records (MAR) and we could see these had been signed when staff had given people their medicines. Staff had recorded people's dose of certain medicines to ensure people had the right amount of these medicines. When people needed 'as required' medicines this was also detailed in the MAR.

However, we found some missing signatures on the MAR. This meant that it was not clear whether people had been given their medicines on these occasions. We also saw a recent audit completed by the deputy manager which had identified missing signatures. We spoke with the manager about this issue. The manager told us the deputy manager had checked people had been given their medicines and this issue had been addressed with the individual nurses. The manager told us about plans they had put in place to ensure nurses followed the correct practice, when administering people's medicines.

Is the service effective?

Our findings

The staff and the management team were effective in meeting people's health and social care needs. We spoke with people's relatives who told us, "Those staff are picked to have the right attributes to care for people." Another relative said, "The staff are very capable, they are excellent."

The staff we spoke with told us what people's needs were and how they needed to be supported to ensure they had effective care. These members of staff were able to describe to us in detail about how they met people's needs. We looked at people's care records and we found these records confirmed what staff had told us about people's needs.

There was a planned induction programme for new staff where they spent time looking at people's care records and getting to know the people who lived at The Pastures. Staff shadowed experienced members of staff for a period of time until they were considered to be competent by a member of the management team. The staff we spoke with told us they felt their induction had prepared them for their new job. A relative told us, "They [staff] always have an induction, we see that carried out."

Staff received training in key areas during their induction period. This included fire safety, first aid, health and safety, epilepsy, safeguarding and person centred care. The manager told us that staff would not perform certain tasks or support people in certain ways until they had had the relevant training. The staff we spoke with confirmed this. Staff told us they completed the 'Care Certificate,' which is a set of standards outlining what good care is. We looked at a new member of staff's training file and found evidence of this. The manager showed us training records which confirmed to us staff received 'refresher' training. On the day of our visit a specialist nurse was visiting the service and delivering training in Percutaneous Endoscopic Gastrostomy (PEG) feeding. This is a system to help ensure people who cannot eat their food orally received the right amount of nutrients.

The manager told us that staff had not historically received regular supervisions. They were aware this was a short fall in the service and had put plans in place to rectify this. The manager showed us the dates of staff's upcoming supervisions. The staff we spoke with said they felt able to approach the management team and seek assistance if this was needed. One member of staff told us, "We get nothing but support here."

We observed staff throughout our visit communicating effectively with one another. We saw members of staff seeking assistance from one another when this was necessary. We also saw staff update one another about people's needs and what they had done to support a particular person. We found these conversations were appropriate and professional.

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 application procedures for this in care homes and hospitals are 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 were being met. The management team identified people who may be deprived of their liberty and had made applications for authorisation to ensure that people's rights were protected. The service continued to ensure that people were not restricted more than was necessary to keep the person safe.

We looked at people's care records and saw that when a person lacked capacity to agree to a certain decision a best interests meeting took place. We could see that people were involved as much as possible in making this decision. We observed staff seeking people's consent throughout our visit. One person had refused to have support with their personal care. We saw the member of staff returned to this person on three occasions asking them again. On each occasion we saw the member of staff tried to encourage the person in a gentle way to have assistance with personal care. On each occasion the member of staff accepted the person's decision.

Most people who lived at The Pastures had complex needs with eating and drinking and the staff we spoke with had a clear understanding of what people's individual needs were. We spoke with the manager and a member of staff about one person's dietary needs. They told us how they supported the person to make healthy choices with what they ate. We could see in people's care records the management team had sought professional involvement with specialist health professionals to assist people with their eating and drinking.

We could also see in people's care records that there was regular contact with health professionals when people's health needs had changed. People were also supported to attend any health appointments that they needed. We spoke with a health professional who told us that staff made contact and sought their advice when this was needed. Relatives confirmed that they were involved and informed if their relative was unwell and needed medical support.

Is the service caring?

Our findings

The staff and the management team treated people with kindness and compassion. We spoke with people's relatives who spoke positively about how caring staff were towards their relatives. One person's relative told us that if they had a difficult visit, "They [staff] will phone and ask me if I am okay." Another relative told us about how the staff helped their relative's health to improve, they said, "That's dedication and care for you, it's because they are loved."

The staff we met with spoke about the people they supported in a caring and compassionate way. Some people's health had deteriorated and some people were reaching the end of their lives. Staff appeared emotionally moved by this when they told us about these individuals. We observed staff to be gentle and attentive to people's needs throughout our visit. We heard one member of staff say to one person, "Are you cold, let me get you a blanket." We then saw them gently put the blanket around the person. We saw members of staff gently put their hands on people's shoulders and hands when they supported people with their PEG feeding. We also heard and saw staff speak gently to people throughout our time at the service. A relative told us, "They [staff] are so sensitive, they speak in kind voices, it's [Name's] home."

From looking at people records and speaking with staff we could see that people were supported to maintain relationships with people who were important to them. We saw that staff made efforts to build relationships with the people they supported. We saw staff spending time with people, involving them with their daily routines. As a result of people's communication needs the manager and staff told us how they involved people in the planning of their care. They told us they spoke with relatives, looked at previous records and spoke with professionals who knew the person.

We observed staff explaining to people about what they were doing when they were supporting them. We saw one member of staff explain to one person they needed to move their wheelchair slightly when they were administering their medicines. We saw staff explaining what they were doing when they assisted people with their medicines and PEG feeding.

We spoke with staff about how they and the management team supported people's wellbeing. The staff we spoke with were able to tell us how they could identify if a person was in pain or if they were distressed or anxious in some way. The staff we spoke with gave examples of what was important to each person. On the day of our visit we observed staff responding appropriately to individuals who appeared to be distressed.

On the day of our visit we found people's information was stored securely and treated in a confidential manner. People's care records were stored securely in people's rooms and in a filing cupboard. Staff spoke discreetly with one another when supporting individuals. Staff told us, that hand over meetings were conducted in private and not in the communal areas.

The staff we spoke with told us how they promoted and secured people's dignity and privacy when they were supporting them with personal care. One member of staff said, "It's about giving people time and

treating them how you would want to be treated." During our visit we observed staff treated people with dignity. Staff spoke to people in a calm and respectful way.

The management team were in the process of completing a course in 'end of life care.' The staff we spoke with said the management team shared this information with the staff team at the team meetings. The deputy manager talked to us about how the staff were supporting individuals with this type of care. We were also told about how they had facilitated difficult conversations with people's relatives to ensure the person received the care they needed and in a way which would promote their wellbeing at this particular time. We looked at some people's records and we could see 'end of life plans' had been made and staff were aware of these. We also saw that staff supported these people to do what they wanted to do.

Is the service responsive?

Our findings

People who lived at The Pastures received care which was person centred and responsive to their needs. We spoke with a person's relative who told us, "We know our [relative] is happy, they always involve them, they are a lovely crowd of people working there."

The management team and staff completed detailed care assessments for the people who lived at the service. We looked at some people's care records we found these were thorough and person centred. People who lived at the home had complex health needs. We looked at one person's file and saw they had detailed care plans guiding staff how to manage their individual needs. Staff told us they referred to these documents to enable them to support people.

Some people were at risk of experiencing a breakdown in their skin due to their mobility needs. We could see that care staff recorded any potential concerns regarding this and notified the nursing staff. We were shown records which confirmed this. We spoke with a relative whose relative had moved to the home with a breakdown in their skin. This relative told us that the care and nursing staff were successful in helping their relative's skin to fully recover.

One person was at risk of losing weight so a plan was put in place to manage this need. The management team had asked staff to complete fluid and food charts. They had created meal identification cards to encourage the person's appetite and to make sure they were having foods which they wanted. However, when we looked at this person's record we found not all of these plans were being followed by staff. We spoke with the manager about this who addressed this with staff and told us they would be monitoring this situation.

When we looked at people's care records we saw there was information which was important to the person, about how they wanted to be cared for and how they wanted to live their life. Staff had told us it was challenging at times, due to people's communication issues, to gain an understanding, from people themselves about how they wanted to live their lives. One member of staff told us, "You have to get to know people, their expressions in their eyes and how they react to something." We looked at people's care records and there was detailed information about what people's likes and dislikes were, how they wanted to be treated, and what was important to them. We could see this information was reviewed and updated.

We saw staff chatting and talking with people who lived at the service. Staff always spoke with people at their eye level. One person had chosen to sit on the floor, a member of staff went and sat beside them and talked about planning their day. We observed staff engage with a range of activities with people. One member of staff sat reading a novel to one person; this person was expressing signs that they were enjoying this. We later looked at their care record which confirmed this. Staff were involving people with craft work and decorating the home ready for Halloween. We later visited the lounge to find a member of staff singing and dancing with a tambourine for a group of people who lived in the home.

On the day of our visit a member of staff was taking a person out shopping, another member of staff said, "[Name] wants to buy a CD, [Name] loves their CD's." People had been supported to go on holidays and day trips. Staff told us various activities that individuals liked to do and how they supported them to carry out the activity. On the day of our visit an actress was visiting to read to people. We later saw a masseuse arrive; staff told us how some people found this relaxing and enjoyable. This information was confirmed in people's care records.

People were treated as individuals. A person's family member told us how their relative always liked wearing jewellery and their clothes were important to them. They told us how staff supported their relative to dress in a way which was important to them. Their relative had recently asked to watch a particular film, so they had spoken with the manager about this. They said the manager offered to order it, as they could get it delivered the next day. People's rooms were personal inviting spaces, decorated and filled with items which were unique to the individual.

The relatives we spoke with said they did not have any concerns but if they did they would speak with the manager about it. These relatives said they felt confident any issues would be resolved and taken seriously. We could see there had been a complaint made in the past. We saw the manager had addressed this appropriately and the relative had said they were satisfied with this.

Is the service well-led?

Our findings

The Pastures was well led by the management team. People were unable to communicate with us in a way which we understood, so we spoke with some people's relatives. One relative told us, "We have been visiting for years, you can tell how well a manager is, by how staff receives them... The manager keeps [their] professional boundaries and yet [manager] is very friendly. Staff really like [manager]." Another relative said, "The staff gel well together and therefore people are happy."

The staff spoke positively about the home, their colleagues, and the leadership of the service. One member of staff told us, "I have worked in a lot of homes and this is fantastic... the level of care people receive and the time you have with people." Another member of staff said, "It's very resident orientated."

There was a positive culture at the home. Staff told us if they had concerns about a colleague's work practice they would speak with them first and also raise it with the manager. During our visit we saw staff working and communicating with one another in a professional way. Staff said they felt able to express their views with the management team. Staff spoke positively about their level of training, team meetings and the supervisions they received. However, we found the manager did not have an oversight on what training staff had received and they relied on the provider to do this. The manager told us they would rectify this issue.

The manager explained to us that they had an open door policy. When they first began working in the home they told us that a lot of changes had needed to take place. Both the manager and deputy said they had been, "Hands on" and were still developing the service. Staff told us they felt supported by the management team and they were very involved in the day to day running of the home. On the day of our visit we observed the manager liaising with the staff about people's health and care needs. We also observed the manager speaking with health professionals via the telephone. We found the management team had a thorough knowledge of people's needs, their backgrounds, and personalities.

People's relatives spoke positively about the manager. All felt comfortable in speaking with the manager and said they would address any issues with the manager and some had done so in the past. All the relatives we spoke with said they had confidence in the manager and the staff. One relative told us, "We need to know [relative] is in the right place, it's very important to a mum and dad if something happens to us [relative] will be ok, and we do feel this."

The manager told us about plans to involve the relatives and people who lived at the home further in the developments of the home. Contact had been made with groups in the local community and plans were being discussed with the management team and staff about how to improve the links with the local community.

The manager told us about the vision and values of the home. They told us that the service was person centred, it recognised the individual, promoted team work and holistic outcomes." The staff we spoke with also identified these values; they spoke of being person centred, supporting the individuals to live their life

and working together as a team. Staff told us they had the time and motivation to put these values into practice, and the relatives we spoke with also told us this happened.

The management team were completing some audits to monitor the quality of the service. We found there were medication audits which were carried out on a regular basis. We saw records confirming safety checks were being completed where the manager checked these were taking place on a regular basis.

The management team told us they would observe practice and address issues appropriately. However, the manager told us they did not record these observations or the follow up conversations with staff. They told us they would rectify this.

When we visited we found that the management team did not have a system of auditing care records and some care assessments. We spoke with the manager about this and they told us that the management team will review everyone's care records every three months starting later this year. The manager also did not have an oversight on how regular supervisions were taking place. The manager also relied on the provider to monitor people's training. As a result of our visit the manager said they would develop systems to ensure the management team, would be able to monitor supervisions and the training of all staff more closely.

The manager fully understood their responsibilities and had a comprehensive knowledge of the types of incidents they need to inform CQC about, as part of their role.