FitzRoy Support

Dalvington/The Oaks

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection was undertaken on 18 and 23 January 2019.

Dalvington/The Oaks 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. Dalvington/The Oaks accommodates 13 people in two adapted buildings and is designed to meet the needs of people with a learning disability. On the days of our inspection 13 people were living at the home.

The provider had adopted some of the principles and values that have been developed and designed to underpin Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. The aim is that people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post who was present during our inspection. 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.

At the last inspection of the service on 30 January 2017 the service was rated as 'Good' overall. On this inspection we found the provider had not maintained their rating of 'Good' overall and we have changed the rating to 'Requires Improvement' overall.

Staff and the management team knew how to report allegations of abuse. However, we identified three potential safeguarding incidents which had not been reported to the local authority or the Care Quality Commission.

The provider's and registered manager's quality checking arrangements were not consistently robust and effective in ensuring there was an effective oversight of the home. The issues and risks to people's safety and welfare we identified during our inspection had not always been effectively reduced by the management teams own checking procedures.

There were risks to unauthorised people having access to people's personal information because this had not been stored securely. Some environmental risks required a more robust oversight to ensure people were not at risk from infections spreading and or of avoidable harm due to radiator tops being loose.

Staff had been provided the training relevant to the need of people they provided care to. The registered manager had a training planner and this showed staff training was being refreshed when required in line with the provider's expectations.

Staff were knowledgeable about the support and equipment people required to reduce risks to their individual safety and welfare. Where people required wheelchairs or shoes adapted to meet their needs these were in place through consultation with healthcare professionals as required.

The registered manager kept staffing numbers under review and had increased these to meet people's needs. We have made a recommendation about staff deployment to ensure this is kept under review too so risks to people's safety were reduced further.

People's individual needs and requirements were assessed prior to them moving into the home. People had support to eat and drink safely and comfortably, and contact had been made with various healthcare professionals where required to obtain advice about meeting people's nutritional needs. Staff supported people to maintain their health alongside relative's involvement.

People were supported to have maximum choice and control of their lives and staff always support them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff obtained people's consent by using their preferred communication methods whilst supporting people's care.

Staff supported people with kindness. People had support to express their views and opinions, and care was provided with dignity and in private. Relatives were welcomed into the home and were involved in their family members care and support.

People's needs were written into support plans as guidance for staff to follow. The management team were reviewing care documentation to ensure staff had all the information they required to provide responsive care. People were supported to do leisure activities for fun and interest which also met their emotional, social and psychological needs. There was a sensory room for people to use as they chose for their relaxation and enjoyment and space for people to eat, be alone and share with their visitors.

People who lived at the home, their relatives and staff felt able to approach the management team at any time. The registered manager was responsive and showed accountability to wanting to make the required improvements to remedy the shortfalls we had identified during our inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires Improvement

The service was not always safe.

The arrangements in place to reduce risks to people from avoidable harm and inspections from spreading were not as effective as they could be.

Some potential safeguarding incidents had not been reported to the local safeguarding authority as required and the Care Quality Commission as required by law.

People were supported by the provider's arrangements to assess and review staffing levels. We have made a recommendation about the deployment of staff to ensure this continues to meet people's individual needs.

Staff were recruited safely and understood their responsibility to report any concerns about people's safety or wellbeing.

Is the service effective?

Good

The service was effective.

Staff received training and ongoing management support to help them succeed in their roles.

People were supported to choose what they wanted to eat and drink, and to enjoy their meals at the home.

Staff supported people to access professional medical advice and treatment if they were unwell.

Is the service caring?

Good

The service was caring.

People were supported by staff who were caring and showed people mattered.

People were encouraged to share their views about the care provided and relatives were welcomed.

Staff respected people's dignity whilst providing care.

Is the service responsive?

Good

The service was responsive.

People were provided with care and support which was individualised to their needs.

People were provided with opportunities to enhance their social, emotional and psychological wellbeing through leisure activities.

People and their relatives knew how to complain and share any concerns they had about the care provided.

Is the service well-led?

Requires Improvement

The service was not always well-led

The registered manager did not always have effective oversight of the service and quality checking arrangements were not robust so risks were reduced.

The provider had not informed CQC of some important events that had occurred, in line with current legislation.

Staff felt well-supported by the management team.

Relatives were positive in their praise for the management and staff team as they felt they were inclusive and the care was well led.

Dalvington/The Oaks

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 18 January 2019 by two inspectors and was unannounced. On the 23 January 2019 two inspectors returned to conclude the inspection.

The inspection was prompted in part by information shared with CQC which indicated potential concerns about the administration of people's medicines, management of incidents and the overall treatment of people living at the home. These issues have been reported to the local authority and, as a result, this inspection did not examine the specific allegations made. However, the inspection did examine the potential areas of risk indicated in the information we received.

We checked the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and incidents of reported abuse. A notification is information about important events which the provider is required to send us by law.

We requested information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with three people who lived at the home and following our inspection visits we spoke with five relatives and an advocate by telephone. During different parts of the day we spent time with people and saw the care they were offered and supported with. We sampled four people's care records to see how their care was planned and provided. We also checked people's medicine records.

We spoke with the registered manager, two deputy managers and six staff members which included the maintenance person. We looked at three staff recruitment files, accident and incident records, complaints

procedures, and records associated with the provider's quality assurance.

Following our inspection, the management team sent us various documents which included staff training and the providers policy for occurrence reporting.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in January 2017, we rated this key question as 'Good.' At this inspection we found some areas of the service required improvement. The rating has therefore changed to 'Requires Improvement.'

Although the provider had policies and procedures to ensure the home environment was clean and hygienic, they had not done all that was reasonably practical to reduce risks of infections spreading. For example, a shower enclosure screen was dirty around the edge and around the bottom of a bath there were signs of rust. In addition, there was a lack of holders to ensure toilet rolls were not situated on top of items such as, toilet cisterns.

Action was taken by the registered manager to remedy the shortfalls we identified in the facilities to reduce risks of cross infections. For example, on the second day of the inspection cleaning of the shower enclosure screen had taken place. However, the managements checks should be identifying where cleaning is ineffective and implement robust cleaning schedules.

The procedures to ensure people were not at risk from avoidable harm required strengthening. We saw the top of radiators were not always locked into place and had the potential to place people at risk of harm. We spoke with the registered manager and the maintenance person about the radiators. They acknowledged our concerns and assured us action would be taken to ensure the radiators were made as safe as reasonably possible. In addition, we saw a specific light which supported a person's needs had broken and had been repaired with tape. The maintenance person and or registered manager was unable to produce a risk assessment to show the light continued to be safe to use. When we identified this the maintenance person would make sure the light had a risk assessment in place whilst waiting for a replacement light.

Furthermore, we discussed with the maintenance person the boxing in of hot water pipes in a communal bathroom and they informed us improvement work would be undertaken. However, they were unable to show us an action plan for this.

Following our inspection visits the registered manager informed us work to ensure the home environment did not compromise people's safety would be completed by 15 March 2019. The improvement work included the radiators and the boxing in of hot water pipes.

The provider had procedures in place to report concerns of abuse to the local authorities for investigation and the registered manager gave us an example where this had happened. In addition, staff had received training and were knowledgeable in recognising, responding to and reporting abuse or potential abuse. Staff told us they would report incidents of potential abuse to the registered manager and deputy managers. However, the registered manager had not reported three incidents of potential abuse to the local authority or to the Care Quality Commission as they are required to do and we have reported on this in the well led question.

We looked at how the provider ensured there were sufficient numbers of staff to help people stay safe and meet their individual needs. Relatives and staff, we spoke with were satisfied the staffing arrangements met people's needs safely. One relative told us, "On the whole I think there is enough staff, sometimes at the weekend it's quiet."

The registered manager indicated staffing arrangements were monitored and adjusted as needed to meet people's individual needs. However, we discussed with the registered manager there were times when there was not a staff member in the location of people who lived at the home to support their safety. This was important as a person had a behaviour that could place other people's safety at risk. The registered manager gave us assurances they would remind staff of their responsibilities in remaining vigilant of people's whereabouts so people's safety was not compromised.

We recommend the provider keeps staff deployment under review.

Processes were in place to keep people safe in the event of an emergency such as a fire. Each person had a personal evacuation plan which staff understood and was easily accessible in the event of an emergency.

The risks associated with people's individual care and support needs had been assessed, and kept under regular review, using recognised assessment tools. These assessments considered, amongst other things, people's risk of falls, any complex needs and risks associated with their eating and drinking and behaviour issues. Staff told us they were kept up to date with any changes in the risks to people through daily handovers between each shift.

We saw there was a system for ensuring prescribed medicine supplies were available for people when they needed them. The medicine administration records showed when people had received their medicines. People's medicines were stored in a suitable locked cupboard, in line with national guidance.

Some people had been prescribed medicine 'as required', which is known as 'PRN' medicine'. Protocols were in place to instruct staff when people required this, if people could not always tell staff themselves. Staff could tell us the signs when people required these medicines as they knew people well. One staff member told us, "We know people and if they need anything for pain."

Relatives we spoke with told us they had no concerns about the staff team's knowledge in keeping people safe from avoidable harm and or how staff treated people. One relative summed up their thoughts as follows, "I feel [family member] is very safe living at Dalvington. They make sure the gates and front door are locked. It's important because [family member] likes to wander around."

Staff had received training in protecting people from abuse and showed a clear understanding about the types of potential abuse and how to report these. They recognised changes in people's behaviour or mood could indicate people may be being harmed or unhappy. One staff member told us, "We have training in safeguarding and know how to report concerns."

The recruitment records for three staff members showed they had been recruited in line with the registered provider's policy and procedure. Staff had completed an application form and attended an interview. Prior to being employed, records showed they had a Disclosure and Barring Service (DBS) check and two valid references. A DBS is carried out on an individual to find out if they have a criminal record which may impact on the safety of people who lived at the home.

Good

Is the service effective?

Our findings

At our last inspection in January 2017, we rated this key question as 'Good'. At this inspection we found staff continued to be effective when supporting people's individual care needs. The rating continues to be 'Good.'

Prior to admission to the home, the registered manager or deputy managers completed an assessment of each person's care needs with the person and their relatives where appropriate. This ensured the provider was able to provide the care and support the person required.

A relative told us, and we saw, staff had the skills and knowledge they needed to provide the care and support they required. One relative said, "[Family member] is always nicely turned out and looked after and safe when eating." Another relative told us, "They (staff) have really good knowledge and understand the help [family member] needs."

We saw people were confident staff knew how to help them and were comfortable to ask for support when they wanted this. In addition, staff anticipated people's needs when they were not always able to communicate these. Staff told us they were supported to provide good care through training which was linked to the needs of people they cared for. One staff member explained their induction training helped them to assist people to stay as safe as possible. Another staff member told us how training was provided to support them in meeting people's individual needs. This staff member explained they had received training from community nurses as one person required an injection. The management team had a training planner which showed further training was being organised and planned to ensure staff practices remained effective in meeting people's needs.

All staff had received an induction which included shadowing more experienced colleagues and working towards the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected.

Staff had opportunities to meet on a one to one basis with their managers which they told us made them feel supported to continually develop and improve their working practices.

People were offered choices about what they ate and drank and staff encouraged people to have a balanced diet and maintain a healthy weight. One staff member told us, "We know people really well, we help people to choose their meals. We have food available to make alternatives if they change their mind." Staff knew how to monitor and manage people's eating and drinking if this was required, to make sure people's health was maintained.

We looked at how the provider had ensured both homes on the site had been adapted to meet people's individual needs. People had communal spaces to participate in group activities, eat in comfort, meet with visitors or spend quiet time alone. There was evidence some consideration had been given to the needs of people. For example, there was a sensory room where people could spend time as they chose with different items to stimulate their senses and or provide relaxation time. Internal locks were in place to prevent people

from accessing potentially-hazardous areas, such as the medicines rooms.

Relatives and staff told us, and records confirmed people were supported to attend healthcare appointments when needed. One staff member told us, "Yes people always get appointments when they need them." One family member highly praised staff for supporting their family member when they required dental work and making sure they arrived home as quickly as possible into familiar surroundings so they were comfortable and could recuperate.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We reviewed how the registered manager had ensured people's freedom was not restricted.

We noted that a number of DoLS applications had been submitted to and authorised by the local authority. We saw in people's care records decisions had been made in people's best interests with evidence to show, people, their relatives or advocates had been involved in the decision-making process.

Good

Is the service caring?

Our findings

At our last inspection in January 2017, we rated this key question as 'Good.' At this inspection, people continued to be supported by staff who showed people mattered. The rating continues to be 'Good.'

People and their relatives made positive comments to us about the staff. One person told us they liked the staff and spent time with them to discuss the planning of their day. Another person's wellbeing was enhanced as they were supported by staff to share particular items with them which they cherished. One relative told us, "The staff are very good and have a caring way, every staff member is kind to the people living there." Another relative said, "Staff are fine, couldn't wish for a better staff."

The management and staff team understood the importance of promoting equality and human rights as part of a caring approach. Staff confirmed they had received equality and diversity training. Staff told us they supported people to live their lives how they wanted to. For example, one person enjoyed going to a specific venue and staff supported them in going.

People who lived at the home and their relatives were positive about the attitude of staff and the relationships they built with people. For example, one relative said, "Everybody gets respect, but are still treated as an individual person." Another relative said staff were, "Brilliant when [family member] was ill and helped avoid a hospital admission."

Relatives commented on the patience of staff and the fact they did not rush people, allowing them to take their time and maintain their independence and we saw examples of this during our inspection. Staff promoted other people's independence by encouraging them to make day to day choices about what they wanted to do. One staff member told us one person liked to help with some household tasks and we saw one of the deputy manager's supporting a person with a vacuum sweeper.

People's privacy was respected by staff and management alike. People had personalised rooms and could access these whenever they wanted to. People's preferences had been reflected in the decoration of their personal rooms. One person preferred their room to hold photographs of things they liked which reflected their interests and other people had decorated their rooms to their own liking, for example with their own personal items.

Relatives told us they felt involved in the development and review of their family members support plans and we saw this involvement was documented. On this subject one family member explained a review of their family member's care had been held. The family member said they were impressed with how one of the deputy managers knew their family needs and could produce all the care documentation.

People's families and visitors were made welcome and involved in activities within the home. Relatives told us they could visit at any time and told us of steps taken to communicate with them and keep them informed.

We found staff had accessed local advocacy services to support people if they required independent assistance to express their wishes. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

At our last inspection in January 2017, the home was rated as 'Good' in their responsiveness towards people. At this inspection people continued to be provided with responsive care. The rating continues to be 'Good.'

People received individualised care which met their needs and preferences. For example, one staff member explained that one person enjoyed being involved in baking and was supported with doing this. In addition, relatives we spoke with felt their family members needs were responded to. On this subject, one relative told us, "I'm internally grateful they [staff] are looking after my [family member] the way they are."

Staff knew people well and were responsive to their needs. For example, during our inspection we saw a staff member noticed a person was in a low mood and took time to talk with them and helped them to be happier.

Staff described people's preferred routines and confirmed they had enough time to read people's support plans. We saw people's support plans reflected their individual needs and preferences, including any sensory needs they had. People's desire for independence and access to the local community were supported, which reflected elements of the principles and values of Registering the Right Support Guidance.

At the time of our inspection the management team were reviewing care documentation to ensure this continued to contain up to date information which supported staff to provide personalised care. We will follow through improvements made at our next inspection.

Staff understood how to communicate with people in ways they understood. Individual communication plans and guidelines were in place for people who did not communicate verbally or who had limited verbal communication. These plans were personalised to each person and enabled new staff or other healthcare professionals to understand people they were supporting.

Staff told us communication in the home was good because any changes in people's health or wellbeing were shared with them when they arrived for their shift. This was important because it meant they had up to date information to provide the care and support people needed.

People had their own individual activities plans. We heard how some people liked to go out to the farm, swimming sessions, for pub lunches, drives in the car and hydrotherapy. One relative commented, "[Family member] does lots of very interesting things and has a holiday every year." Another relative said, "[Family member] likes to go to the disco on Thursday, shopping on a Monday for the food shop family member] likes helping put the food away. Goes to the farm, goes to feed the animals. [Family member] goes swimming." We often say [family member] gets to do more than we do.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand

information they are given. For example, providing people with pictures to assist people when making their own choices in different aspects of their daily lives. We saw the provider had arrangements in place, so there were objects of reference, easy read information and were pictures available for people to choose what activities they would like to do.

The provider had a complaints procedure which was available to anyone who wished to make a complaint. Relatives told us they knew how to complain and would feel comfortable approaching the registered manager and/or the staff team if ever they needed to. The management team would record and respond to any complaints they received, in line with the provider's complaint policy. All relatives we spoke with had not needed to raise any complaints.

The registered manager told us when a person required end of life care their personal preferences would be met alongside conversations with relatives. They added that their vision for people was if it were in their best interests, end of life care would be provided to them at the home. This would be with the support of outside healthcare professionals.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in January 2017, we rated this key question as 'Good.' At this inspection we found some areas of management oversight of the service required improvement. The rating has therefore changed to 'Requires Improvement.'

The provider and management team had a number of quality checks in place to monitor the quality of the care provided to people. However, we found the provider's governance and quality assurance systems were not sufficiently effective and robust. They had not enabled the provider to identify and address the shortfalls in quality we identified during our inspection, including the potential risks to people from infections and environmental hazards. In addition, the provider's quality checks had not identified where they were in breach of their registration conditions because they had not notified the Care Quality Commission [CQC] of all incidents which had involved people's safety. Furthermore, people's privacy and right to confidentiality was not always respected. On our first day of our inspection we found people's personal information which included financial statements stored in an area that was accessible to anyone visiting the home. We spoke with the registered manager about this practice who told us they thought they were promoting people's independence but acknowledged our concerns. However, the provider's quality assurance checks had not identified this to show their governance and oversight had identified people's personal information was not securely stored.

The provider did not have effective systems and processes in place to monitor the safety and quality of the service and to drive improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Registered providers are legally obliged to send the CQC notifications of incidents, events or changes that happen to the service within a required timescale. Statutory notifications ensure the CQC is aware of important events and play a key role in our ongoing monitoring of services. During our inspection, we discovered the registered provider had not made us aware of three potential safeguarding concerns and had not submitted the relevant notification to us.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We spoke with the management team, who told us they would strengthen their oversight of occurrences to make sure all notifications were made to the CQC in the future as required. One of the deputy managers submitted these notifications to us after our inspection so that we had a record of the matters.

There was a registered manager in post and they were present during our inspection. The registered manager also provided management and leadership to another two of the provider's homes. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 was a clear management structure in place which was focussed on meeting people's needs and ensuring people were well cared for. The registered manager was supported by two deputy managers who all provided leadership within the home and who knew people who lived there well. The registered manager explained they kept themselves up to date with best practice guidelines and legislative changes by, for example, accessing care resources online. They felt they had the support and resources they needed from the provider to drive improvements in the home. The registered manager had made links with community organisations for the benefit of people who lived at the home. One example, was ensuring where required people had advocates to support them when this was required.

The registered manager showed they had a responsive and accountable management style. For example, they acknowledged and were responsive to the areas we had identified as requiring improvements to be made and took action to remedy these. The registered manager explained they had a vision to make continual improvements to benefit people who lived at the home. One example, was to develop the garden with people's involvement. Another example, was to further promote a personalised approach to include people's medicines being stored in their rooms. The registered manager felt proud of their staff as they did good jobs in treating people as individuals.

Staff we spoke with told us they felt supported in their roles. One member of staff told us, " The manager and the deputy managers are very approachable." Another member of staff told us, " I like the managers. They do listen. Always someone here to get advice from." Staff were aware of how to raise concerns, including the provider's whistle-blowing policy. Staff told us they would escalate any concerns to the provider or the CQC in the event they were concerned about any aspect of the care provided to people.

Staff and the management team supported people throughout our inspection and we saw people were happy with their care. There were examples of communications and actions between people who lived at the home, the management and staff team whereby people showed they were happy and content with the support offered. For example, we saw people laughed and gestures of comfort were provided, such as hugs where people liked these.

Relatives we spoke with were positive about the management and quality of care and support provided. They described a management and staff team who were approachable, kept them informed and who were willing to listen to and act upon their feedback. One relative told us, "They're great staff and management." Another relative said, "The management are super, I can approach any of them if there's a problem."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to send notifications of potential safeguarding incidents.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had systems in place to monitor the quality of care people received, however these were not always effective.

The enforcement action we took:

Warning Notice.