

FitzRoy Support

FitzRoy Supported Living - Hodge Hill

Inspection report

The Office, 225 Coleshill Road
Hodge Hill
Birmingham
West Midlands
B36 8AE

Tel: 01217475300
Website: www.fitzroy.org

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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

FitzRoy Supported Living - Hodge Hill provides a supported living service to people with learning difficulties within their own homes so they can live as independently as possible. At the time of the inspection the service was providing personal care to 20 people who were living in their own homes within seven separate 'supported living' facilities all within proximity to each other.

The care service has been developed and designed in line with 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.

People's experience of using this service:

The service people received was flexible and supported people with limited communication to lead unique and valued lives that incorporated their preferences and met their needs. Staff knew people well and could tell us how they managed risk and behaviours that challenge that respected the person and supported their dignity.

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.

Staff told us they had appropriate training, knowledge and support to keep people safe. Observations showed people were comfortable in the company of staff.

People and their relatives we spoke with felt confident in the management. They told us there was a caring culture within the service and staffing levels were appropriate.

It was clear staff morale was good and everyone was committed to ensuring people received care and support based on their preferences and life choices. The acting service manager told us the low staff turnover allowed positive relationships to be built with people receiving support and strong teamwork to develop.

People and their relatives were involved in the development of support plans. These were regularly reviewed to reflect people's current needs. The management of risk was included within the support plan to minimise the likelihood of preventable harm occurring.

Staff files we looked at evidenced the acting service manager used the same safe recruitment procedures we found at our last inspection. Staff told us training was ongoing and they were supported to gain vocational qualifications in health and social care.

There was a complaints procedure which was made available to people and their family. People we spoke

with told us they were happy with the support they received. The service continued to have good oversight of relevant procedures through monitoring and auditing to ensure people received effective support and the service was well led.

The acting service manager used a variety of methods to assess and monitor the quality of the service. We noted activities were provided as part of the support people received. Staff told us they supported people to activities that enhanced their physical and mental wellbeing.

The service engaged with outside agencies to ensure people received timely healthcare support. The management team engaged with other agencies to gain updates on legislation, best practice and learn from other providers experiences.

More information in the full report.

Rating at last inspection:
Good (Report published 27 April 2016)

Why we inspected:
This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme or if any issues or concerns are identified.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

FitzRoy Supported Living - Hodge Hill

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One adult social care inspector carried out this inspection.

Service and service type:

This service provides care and support to people living in seven supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

At the time of the inspection the registered manager was based at another location. There was an acting service manager in post.

Notice of inspection:

We gave the service three days' notice of the inspection site visit because we needed to be sure someone would be there to assist us with the inspection process.

What we did:

Before our inspection, we checked the information we held about FitzRoy Supported Living - Hodge Hill. This included notifications the registered manager sent us about incidents that affect the health, safety and welfare of people who received support. We contacted the commissioning, safeguarding and contracts departments at Birmingham County Council. This helped us to gain a balanced overview of what people experienced when they received support from FitzRoy Supported Living - Hodge Hill. We also contacted Healthwatch Birmingham. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. All the information gathered before our inspection went into completing a planning document that guides the inspection. The planning document allows key lines of enquiry to be investigated focusing on any current concerns, areas of risk and good or outstanding practice.

During this inspection, we visited three flats and met six people who received support. We spoke with the acting service manager, one relative, two senior carers and four carers. During our visit training was taking place. We joined the training event and reviewed the information being delivered. We spoke with 11 staff members and the trainer. We looked at the support records of five people, recruitment and training records of five staff members, and records relating to the administration of medicines and the management of the service. We looked at what quality audit tools and data management systems the acting service manager used.

We used all the information gathered to inform our judgements about the fundamental standards of quality and safety of the service delivered by FitzRoy Supported Living - Hodge Hill.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding procedures and could describe what was abuse and how they reported their concerns. We observed interactive safeguarding training taking place. Staff told us the training was engaging, jargon free, they had enjoyed it and learnt something.
- The acting service manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- There were protocols for staff to know how to support people in an emergency. For example, people had personal emergency evacuation plans (PEEP) in place which ensured in case of a fire staff had appropriate guidance in place.
- People were supported to gain knowledge on the risks involved with their personal lifestyle choices. People were supported to have open and frank conversations about managing risks within their lives.
- Staff spoken with understood where people required support to reduce the risk of avoidable harm. Support plans we looked at contained risk profiles that had triggers and guidelines for staff to follow to keep people safe and reduce risk of avoidable harm occurring. We saw evidence these were reviewed regularly.

Staffing and recruitment

- The acting service manager followed safe staff recruitment procedures. Records we looked at showed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers before staff worked alone supporting people.
- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service. For example, staff had to pass entry tests prior to interview to ensure they were competent to support people who may be vulnerable.
- We found the service had appropriate staffing levels and deployment strategies to keep people safe. For example, when one person's sleeping patterns changed, additional night time staff were provided to keep them safe.
- One person told us, "[Staff member] keeps me safe." One relative commented, "[Family member] is as safe as he can be." One staff member said, "There are always enough staff to keep people safe."

Using medicines safely

- Staff administering medicines were trained and had their skills and abilities checked.
- We found that the medicines we checked corresponded with the records kept. Two staff had to sign the administration of medicines record each time medicines were administered.
- Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national

guidance. This showed the service had systems to protect people from unsafe storage and administration of medicines.

Preventing and controlling infection

- Staff told us they had access to gloves and aprons as required. This helped prevent the spread of infections.
- The acting service manager ensured infection control procedures were maintained with effective staff training.
- Staff we spoke with told us they supported people to keep their homes clean and hazard free. We observed all the flats we visited were well maintained.

Learning lessons when things go wrong

- There were regular staff meetings and meetings with people who used the service. Any incidents in the home were discussed and the acting service manager ensured lessons were learned.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff applied learning effectively in line with best practice. This led to a good care for people who were supported by FitzRoy Supported Living - Hodge Hill and promoted a good quality of life.
- Care records were regularly reviewed and updated when changes occurred. This meant people's support was up to date to ensure they received the right care and support that was required. The support plans were in the process of changing format to allow them to be person centred.
- People had been supported for many years by FitzRoy Supported Living - Hodge Hill and their support needs were well known to their staff teams. When people could not verbally communicate staff could explain how people communicated using facial expressions, gestures and tonal changes in their voice.

Staff support: induction, training, skills and experience

- The acting service manager had access to a wide-ranging training programme to enhance and develop staff skills, in addition to support them in their roles. For example, training was available for staff who supported people who needed help with their nutritional intake.
- On the day of our inspection we saw a new member of staff arrive to complete their policies and procedures induction before supporting people.
- New staff had to shadow experienced staff and were then given a staff buddy to work alongside before they could work independently.
- The management team strengthened staff experience and support through supervision. Supervision was a one-to-one support meeting between individual staff and a member of the management team to review their role and responsibilities. Meetings were provided regularly and covered, for example, professional and personal progress, and training needs. Staff we spoke with confirmed they had regular formal supervision sessions.

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

- We observed people with limited verbal communication could guide staff on what snacks and drinks they wanted. For example, we observed one person presented staff with their cup they got fresh drinks. When they led staff into the kitchen they received the option of biscuits or crisps.
- People regardless of their disability were supported to visit local shops and purchase their own weekly food shopping.
- One person told us they were happy that staff prepared their meals.
- Staff were aware of any specific dietary requirements. For example, if people needed their drinks to be thickened to minimise the risk of choking or were gluten intolerant. Staff had received training to ensure they had the skills to thicken drinks effectively.

- Support plans included information about people's dietary needs and their likes and dislikes. This included any information about specific eating regimes people had to be supported to follow.
- People's health was regularly monitored. Support plans included what people's usual weight should be so any changes could be identified. If required, staff documented what people ate and drank each day to ensure they were adequately hydrated and received effective nutritional intake.

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

- Community health professionals visited fortnightly to have oversight of people's ongoing health concerns and provide clinical advice should it be required.
- Staff told us they supported people to health appointments. Documentation we read confirmed this.
- One staff member told us, "We have a good relationship with the GP's here, they support us."
- Each person supported by FitzRoy Supported Living - Hodge Hill had a health action plan and hospital passport. These guided staff and external agencies on what medical support had taken place, what ongoing support was required and how to assess the person to see if they were displaying any out of the ordinary behaviours that could indicate they were unwell.
- At the time of our visit one person had been admitted to hospital. The acting service manager had ensured staff supported the person at the hospital every day. They also visited daily to review their support and liaise with health professionals.
- Where people required ongoing support with health conditions we read comprehensive guidelines on how to manage the condition. These included how to manage people's support effectively and what symptoms to look for to prevent a deterioration in their health. There was contact details for advice and regular support from community health professionals. About the medical support people received one relative told us, "Staff tried hard, with patience, we had meetings with the GP [about the administration of relative's medicine]."

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

- Where appropriate rooms were furnished appropriately to allow the use of hoists.
- Corridors were extra wide with laminate flooring to allow ease of access for people who used wheelchairs.
- Call bells were positioned throughout the service to allow additional support to be requested, should it be required.
- Where appropriate rooms had clocks in view to allow staff to monitor the time should people have a seizure.
- We noted people had created personalised signs for their bedrooms. This supported people to recognise their own rooms, promoted their independence and fostered a sense of ownership of their home.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found the assistant service manager had a suitable understanding of the procedure. When people lacked capacity to make decisions we saw action had been taken to consult with appropriate people to support in the decision-making process. For example, we noted meetings had occurred related to people's accommodation. Family members and significant individuals in people's lives had been invited to review and assess information and

make decisions in the person's best interest.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Throughout our visit we observed staff giving every person they supported the chance to achieve their potential, free from prejudice and discrimination. For example, in conversations with staff they celebrated people's skills and abilities.
- We saw people were not treated less favourably because of their protected characteristics. For example, people accessed public transport, used community facilities and were supported to make lifestyle choices appropriate to their age with all subsequent risks managed appropriately. One relative told us, "[Family member] goes out a lot, that's his main hobby."

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

- When we spoke with people during our inspection, staff remained discreetly in the background. They allowed people to be the centre of the conversations offered prompts and worked in partnership to ensure their views and experiences were acknowledged and celebrated.
- One person was very expressive in sharing their views. They were involved in their own support planning even typing the plan up on their own keyboard. They had also attended a national FitzRoy forum. They told us, "We get to talk about things we like [about FitzRoy supported living] and things I want changing."
- Information was readily available about local advocacy contacts, should someone wish to utilise this service. An advocate is an independent person, who will support people in making decisions, to ensure these are made in their best interests.

Respecting and promoting people's privacy, dignity and independence

- We observed staff demonstrating kindness, patience and respect and people were given time to express themselves fully. Staff knew people well and interactions were relaxed. We noted frequent, appropriate physical contact between staff and people, which evidenced positive relationships had developed.
- People shared communal areas in their home but also had private bedrooms. Their rooms were decorated in such a way to remind people which was their room so they could retire independently.
- Staff told us they never went into people's rooms when the person was not present and respected their privacy. We observed staff knock on people's doors and identify themselves before entering. When possible, people were supported to answer their own front doors and welcome visitors.
- Every person we met during the inspection projected a positive impression of themselves. People wore age appropriate clothing that was well fitting, reflected their culture and was relevant to the individual.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The pre-admission processes were diligent and thorough to ensure the service was right for the person and the service could meet the person's needs.
- The pre- assessment process considered the needs and preferences of people who were already supported by FitzRoy Supported Living - Hodge Hill. Compatibility between the person moving in and people already being supported was reviewed as part of the pre-assessment process.
- To ensure the transition process was safe and effective, it took place at a pace that suited people's needs and took into account the emotional needs of the family member. One relative told us, "It took a year, he came for coffee to meet people." They explained the acting service manager was empathetic to the relatives' feelings of loss as their family member was moving out of the family home.
- The thorough assessment process resulted in people receiving personalised, high quality support that met their needs and enabled them to achieve their aims and aspirations. One relative told us since moving into their own home, staff had presented their family member with lots of choice in all areas of their life leading to them experiencing new life experiences. They told us, "[Family member] wouldn't want to go back to the life we had and I wouldn't want to go back now."
- Staff knew people exceptionally well and understood their needs. For example, staff knew one person (who had limited communication) liked to sit in a certain place in their flat. Another person benefitted from time alone in their room in the afternoon. A relative told us, "They really bother with people and it does make a difference since [family member] moved in here."
- To promote their wellbeing people had been supported to purchase voice activated electronic speakers in their bedrooms that had internet access. One staff member told us it was linked to a music service that could play people's favourite music to soothe them.
- One person we visited told us they just returned from their scheduled gym visit, supported by a staff member. They were very proud of the muscles they had developed and explained the therapeutic benefits of exercise and how it aided their mobility. They shared how amazed the acting service manager was when they had visited her in her office without using their wheelchair.
- There was a raised vegetable patch to enable people with limited mobility to garden. One person told us they had started with bags of soil then had the raised beds made when the gardening was a success. They commented, "People in the flats like to see what we have grown. I couldn't believe how much spinach grew we had to give it away."
- The same person told us about their love of 'DJ.ing.' They proudly showed us their DJ equipment and performed a sample of their routine. They shared their dream of being a professional DJ. To fulfil this dream staff had contacted a local community service and the person had been employed as a DJ. once a fortnight. The service had taken a responsive approach and ensured staffing was available to meet the person's personal goal.

- In response to receiving personal responsive support, one person had chosen to nominate a staff member for an award in recognition of the support and support they had received. The staff member and person travelled to London together where the person presented the staff member with the award as part of a Fitzroy national event.
- Within the secured gardens the service had created a sensory room. This was a multisensory environment used to soothe people living with autism, learning disability, dementia or brain injury. We saw the sensory room had a keyboard as part of the available activities. We were told this was included to enable one person to reminisce, as a parent had played and sang to them when they were young. We observed the person enter the sensory room and go straight to the keyboard.
- The registered provider ensured people with a learning disability were supported to communicate effectively. Everyone at FitzRoy Supported Living - Hodge Hill had an iPad that documented their achievements, hopes and dreams. One person used their iPad to show us activities that had taken place recently.
- Each flat had picture frames with a collage of photographs documenting people's previous months activities. The acting service manager told us these celebrated people and initiated conversations.
- The service was focused on delivering person centred results to people many of whom had profound physical and learning disabilities. Support plans we read guided staff on suitable ways to interact to foster positive relationships. We read paperwork that guided staff on the best way to support people. This included, 'likes staff to be upbeat and use lots of positive words.' There were guidelines instructing staff on how to prevent people becoming upset and displaying negative behaviours. These guidelines also showed staff what to do and say to promote a positive outcome for the person.
- Feedback from one staff member via a questionnaire included, 'Fitzroy so far is the best organisation I have ever worked for, the training, the person-centred delivery to tenants it is all outstanding.'
- Staff and management took a key role in offering emotional support and counselling to people who were making the transition to independent living that included living a full a life as possible. The service delivered continuity of support and liaised with psychologists and college staff. This made sure people had a consistent, familiar and trusted support network to ensure they had the knowledge, skills and support to lead full and rewarding lives or to have the confidence to discuss with staff any future lifestyle decisions.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which was made available to people they supported and their families. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately.
- The people we spoke with knew how to make complaints. They felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service. One relative told us, "I did complain once, [registered manager] dealt with it straight away. They were so understanding of my feelings, they listened and understood."
- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. This included regular reviews of their support and arranged meetings for people who were supported by the service and their relatives.

End of life care and support

- We reviewed systems for end of life care for people supported by the service. Although none of the people supported were end of life, we were informed the service would work alongside other health professionals to coordinate end of life care.
- End of life care was discussed as part of staff induction. Everyone supported by the service had an end of life plan. The acting service manager told us, "It is our honour to be a part of all aspects of a person's life."
- The acting service manager told us they had provided end of life support in the past and they had asked

staff if they were comfortable providing sensitive support to people at the end of life. They emphasised the care was not only for the person but also for the families and friends of the person.

- The acting service manager told us they supported people after they had died and ensured people had a funeral and service that reflected their culture and personality. They commented about a recent funeral, "When I left the funeral service after listening to what was said, I knew him."

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Feedback we received was complimentary about the registered manager, acting service manager and management team. Everyone we spoke with said they were approachable and available always and operated an organised service.
- The acting service manager and management team demonstrated a commitment to provide person-centred, high-quality support by engaging with everyone who received support and outside agencies who were involved in FitzRoy Supported Living - Hodge Hill. There was an inclusive culture within the service that involved people regardless of their disability.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

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

- The acting manager told us FitzRoy Supported Living - Hodge Hill followed all current and relevant legislation along with best practice guidelines. This was to ensure the diverse needs of everyone were met.
- The service was well-organised and there was a clear staffing structure. People spoke positively about how the service was managed. They informed us the acting service manager was visible and had a good understanding of people's needs and backgrounds. One staff member told us, "She is the most passionate manager I have ever met." A second staff member said, "[Acting service manager] gives 110%." The acting manager commented, "It is about teamwork and I am blessed to have such good staff."
- The acting service manager understood their role in terms regulatory requirements. For example, notifications were sent to CQC when required to report incidents that required had occurred and required attention.
- The service had on display their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- One person we spoke with told us they were involved in how their support was delivered and they spoke positively about the support they received. They named their staff team telling us how good they were stating, "I love my ladies."
- Each flat had regular flat meeting to discuss the previous month's activities and any purchases needed to be made. Support plans were reviewed monthly by staff who knew people well and with the person present.

- People told us they were encouraged to comment on Support plans and feedback to the management team through regular review meetings. People also told us they would talk with staff if there was anything they wished to discuss or change.
- Staff spoke positively about the support they received from the management team. They told us they were approachable and available for advice and support daily, through supervision or team meetings.
- The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. We saw management and staff had liaised with health care professionals and specialist teams. This ensured a multi-disciplinary approach had been taken to support people who lived at FitzRoy Supported Living - Hodge Hill.

Continuous learning and improving care

- The acting service manager was committed to ensuring continuous improvement. Accidents and incidents were investigated, and actions recorded where improvements could be made.
- Monthly summaries of support were recorded, and any areas of improvement were shared with staff.
- The acting service manager was enrolled on a leadership management program. They told us the course had made them reflect on their role.