

FitzRoy Support

Nickling Place

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Nickling Place is a supported living service providing personal care to people living independently in their own flats in Bicester and Banbury. The service supports people who have physical disabilities including acquired brain injuries. At the time of our inspection the service supported 10 people who each had their own purpose built flat in a single storey building.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People felt safe and were protected by staff who knew how to report concerns relating to harm and abuse. There were sufficient staff to meet people's needs. There were improved systems in place to monitor accidents and incidents.

Medicines were managed safely. People were supported in line with their care plans which meant risks to people were effectively managed.

Staff felt supported by the registered manager. The registered manager had arranged specific training to enhance staff skills and knowledge. People were supported to shop and prepare their meals; individual dietary needs were met and people were encouraged to eat healthily. People were supported to access health and social care professionals when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Everyone was positive about the care and kindness from staff. People's independence was optimised and their privacy respected.

People enjoyed a range of activities. People knew how to make complaints and complaints and these were dealt with effectively.

The registered manager had a good understanding of their responsibilities and a sound overview of the service. Regular auditing took place to inform where improvements may be required.

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

Rating at last inspection: This service was registered with us on 07/01/2019 and this is the first inspection.

Why we inspected: This was a planned inspection in line with our inspection methodology.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Nickling Place

Detailed findings

Background to this inspection

The inspection

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

Inspection team: The inspection was carried out by one inspector over two days.

Service and service type

This service provides care and support to people living in two '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 five homes in two separate towns in Oxfordshire. People's homes had been adapted to meet their needs and they had access to local amenities and transport. Each supported living address had a separate office and communal area where people could meet up if they wished.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 January 2020 and ended on 29 January 2020. We visited the office location on both dates.

What we did before the inspection

We reviewed information we had received about the service since they registered with the Care Quality Commission. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the

service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with three members of staff including the registered manager and two support workers. We also spoke with two professionals who regularly visit the service.

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

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I haven't seen any bad staff or inappropriate behaviour. Would report anything like that."
- Staff had completed safeguarding training and were aware of their responsibilities to identify and report potential abuse or poor practice.
- Information about safeguarding was displayed for staff reference.

Assessing risk, safety monitoring and management

- There was a positive approach to risk taking, which balanced risk and independence. For example, one person was given control over their finances by using a system that was agreeable to all involved. This provided a level of independence alongside minimising overspending or potential financial abuse.
- Risks were considered and discussed with people. The risk assessments were documented, and action was taken to enhance safety where required.
- The service ensured that any environmental issues that needed attention were raised with the appropriate bodies.

Staffing and recruitment

- There were enough staff to support people safely. The registered manager told us there was one sleeping and two waking night staff in line with people's assessed support needs.
- Staff responded to people's requests in a timely manner and staff confirmed there were enough of them within the team. They said they were able to spend time with people without rushing and accompany individuals to appointments or social events when required. One person confirmed this and said, "Never had any problems and very good support."
- Safe recruitment was being followed. Records showed information was gained about the staff member's conduct and a disclosure and barring service (DBS) check was completed. This helped the registered manager make an informed decision about employing the staff member.
- The registered manager took action if there were concerns about staff performance.

Using medicines safely

- People's medicines were safely managed. People had the choice to manage their own medicines with appropriate risk assessments in place where needed.
- Records showed people had been appropriately assisted with their medicines.
- People were offered support to order their medicines, to ensure they had enough supplies.
- Staff had received training in the safe management of medicines, and their competency had been

assessed.

Preventing and controlling infection

- Communal areas and corridors were clean. People received staff support to clean their flats if they wanted this.
- Infection control formed part of the provider's mandatory staff training plan. Records showed staff had completed this.

Learning lessons when things go wrong

- The registered manager told us reflective practice took place as required, with action taken where possible, to improve the service.
- Accidents and incidents were monitored, and actions taken to minimise any reoccurrences.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were fully involved in their assessment to plan their care before being offered a service. A relative said, "We had several meetings and went through a long list of things. I think they have listened and actioned."
- Each person was regularly assessed to ensure their support was effective. We saw relevant referrals had been made where further assessment was required to support people's needs, for example, an improved wheelchair.

Staff support: induction, training, skills and experience

- Staff received a range of mandatory relevant training to ensure they were able to meet people's needs. This included person specific training including supporting someone with an acquired brain injury, mental health and epilepsy. The registered manager regularly reviewed staff training to ensure it was up to date.
- Staff told us they were happy with their training and felt well supported by each other and the registered manager. One staff member, new to care, confirmed they had been well supported through induction and training saying, "I did a lot of shadowing when I started. I've done all the training such as moving and handling, medicines, mental health and epilepsy."
- A health professional stated, "They follow advice, and then some. (In the area of supporting people with behaviours that could challenge) staff are really keen to get more training as they recognise that they could use the skills with other people too." The health professional went on to describe how one person had been supported positively in reducing behaviours that challenged themselves and others. Staff also used mindfulness and calming activities.
- Staff gained support informally on a day to day basis and had one-to-one meetings with their managers. This gave staff the opportunity to discuss their performance, training needs and any concerns they might have.
- The registered manager told us they had a good team of staff who were experienced and had a clear understanding of people's needs.

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

- People received support to do shopping if required. People prepared their meals in their own flats and received support with this. . One person was spending quite a bit of money on takeaways, so the staff had devised a 'fake away' where the person put together their own meal similar to a takeaway. People were encouraged and supported to maintain a healthy diet whilst also increasing their levels of independence. A relative commented, "[Person] was overweight when he arrived, so they helped him to lose weight, they do a shopping list with him and monitor his weight."

- We saw records were kept where there were concerns about a person not eating or drinking and this meant health advice could be sought at an early stage. For example, a Speech and Language Therapist (SALT) was involved with a person in respect of their dietary needs.

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

- The registered manager told us people were supported to make and attend healthcare appointments if required.
- Each person had a health plan in place in their care file. These identified any support people needed to maintain their health effectively. Staff liaised well with external healthcare professionals to ensure people got the support they needed to have healthier lives.
- Records showed any consultations people were supported to attend. This included psychologists, psychiatrists, community nurses and wheelchair services. A health professional stated, "I think the staff do exceptionally well."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had a sound understanding of the principles of the MCA.
- We heard examples where the registered manager had ensured people were helped to regain some independence in areas of their life that could compromise their safety. For example, the registered manager had liaised with professionals to ensure someone regained control over their finances again. The registered manager told us people were always involved in making decisions. They said any unwise decisions were discussed but ultimately if well informed, people had capacity to make these.
- Records showed people had been asked for their consent regarding different areas of the service.
- We saw applications had been made to the local authority to refer to the Court of Protection for authorisation. These were being monitored to ensure the least restrictive support was used whilst awaiting authorisation.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were complimentary about the staff. One person said, "Staff are brilliant and I can relate to them." A relative said, "We're new, but it seems perfect for our needs. [Person] is happy as she can be. She tells me that she is happy and that's good isn't it?"
- There were various systems to ensure staff treated people with compassion and kindness. This included equality, diversity and inclusion training, observational checks of staff and role modelling. This meant staff had a good understanding of people's human rights.
- The registered manager told us staff had built established relationships with people. They said each person's individuality, and personal preferences were respected. A relative said, "Staff smile and say hello, always someone to speak to if I need to. Very welcoming. I feel very much listened to, far more than for many years elsewhere."
- Staff interacted with people in a friendly, caring and respectful manner. One staff member said, "I sing to [person]. He enjoys that. We hold hands and move around his room talking and singing. I have printed off some popular rhymes that he enjoys and sing those to him."

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

- People's independence was encouraged and supported on a daily basis. We saw people coming and going to the local shops and others going further afield using public transport. The focus was on ensuring individualities that made people different were not used as barriers to their independence.
- People were able to direct their support and follow their preferred routines. This included a person being supported to find a relevant college course.
- People were involved in the development and review of their support plan. A relative said, "[Person] was involved in the plan and the stroke rehabilitation people were too."
- Systems were in place to enable people to give their views about the service. This included discussions during their one to one time with staff and regular reviews of their support.

Respecting and promoting people's privacy, dignity and independence

- People had the choice about whether to socialise with other people from the flats or have their own space. There was a communal area and we saw this being used by people and staff members to engage. We observed these interactions to be open and informative.
- We observed people being treated with respect and dignity throughout the inspection. People who used the service confirmed this, stating, "I am fairly independent so they leave me to it and respect my privacy and independence which is what I want."
- People's rights were promoted. There was a strong focus on promoting independence and respecting

people's flat as their own home.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs had been comprehensively assessed and planned for, setting out each person's needs, the risks they faced, and how staff should support them. These plans also focussed on the aspirations people held for the coming year and documented how staff should support people with these aims. For example, one person was planning a holiday.
- A relative told us they were very happy with the care of their family member and said, "[Staff] have been very sensitive and very reassuring. The day she moved in there were lots of [staff] calling in and introducing themselves and they helped to calm and distract her. They are very positive and kind."
- People's views were gained by reviewing support plans, having assigned key workers (staff that worked specifically with that person so got to know them well) and meeting with them weekly and helping them to set goals and hopefully achieve these goals.
- People received a personalised service that was tailored to their needs. They were able to follow their preferred routines and request staff assistance when needed.
- Staff told us they enjoyed the ethos of supported living. They said it enabled people to live their lives as they wanted to, with any support they needed. One member of staff had previously worked for an external agency but enjoyed the post so much they had become a permanent member of staff.

Meeting people's communication needs

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

- The service was meeting this standard as people had varying support to meet their communication needs. One person effectively used a communication board, to communicate their needs.
- Information including surveys and the complaints procedure were available in 'easy read' formats. This included large text and pictorial forms.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We saw that referrals had been made to a local organisation that used technology to modify gaming equipment for people with physical disabilities. This meant people could continue to enjoy playing video games which had benefits as gaming is often used by people to connect to others in the wider gaming community and therefore decreases isolation.
- People had several hours each week, funded as part of their support, to meet their social needs. People

were able to choose how they used this time. For example, one person enjoyed a game of golf and was a member of a walking group. Staff supported the person to access these activities.

- A relative said, "[Person] goes up town to [a café], and shopping, play games outside or in the office. Staff member will play games. [Person's] happy and will say if he wants anything!"
- Some social activities were arranged in the service so that people could enjoy some time together such as barbecues and gardening.
- People were encouraged to have visitors when they wanted them, in line with their tenancy agreement.

Improving care quality in response to complaints or concerns

- People were given a copy of the complaints procedures when they first moved in. These were also displayed in the communal areas of the supported living premises.
- We asked relatives if they knew how to raise any concerns or a complaint. All felt confident in doing this. Comments included, "I'd see the manager, I talk to her and discuss if anything's up" and "I am happy to email [registered manager] who will listen and take action."

End of life care and support

- Whilst all people had been asked about their choices and plans regarding end of life care, staff respected their decision not to discuss the subject at the time. This was appropriately documented.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had been in post for six months, had strong values and was committed to ensuring people received a good standard of support. A relative said, "My interactions through [person] have been really positive; they've been really open to learn, they've worked really hard. They didn't turn her away, they've looked to resolve difficulties."
- People, relatives and staff were complimentary about the registered manager and their leadership style. People and staff told us the registered manager was readily available and would spend time with them when required. A relative said, "I think (management) is very good. [Registered manager] is knowledgeable, calm and reassuring."
- Staff felt supported. A member of staff told us, "Management are really good and deputy is very supportive. The team are very welcoming and treated me well. I'm really happy there is a small number of staff which is good."
- The registered manager and staff gave us examples of good outcomes for people. This included a person going on a holiday for the first time and ensuring people had the maximum amount of independence with their finances.

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

- The registered manager was clear of their responsibilities and had a good overview of the service and felt well supported by the deputy and provider. They were both involved on a day to day basis and were involved in people's care and support. There were senior staff to which the registered manager could give additional responsibility.
- Auditing was clear and accountable, with the registered manager and deputy manager making improvements to the service since registration. There were audits undertaken at varying frequencies to assess the safety and quality of the service. This included all areas of the service. The provider then agreed a compliance action plan with the registered manager if shortfalls were identified. This ensured appropriate action was taken and not missed.
- The registered manager took action where required in response to staff performance. A relative commented, "I emailed [registered manager] and Chief Executive Officer (about a staff situation). It has been resolved now."

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

characteristics

- People were encouraged to be involved and give their views about the service. This included one-to-one discussions with their keyworkers.
- Events, such as barbecues, were arranged with the aim of bringing people together. People's families were invited to attend. This promoted the social occasion and development of relationships.

Continuous learning and improving care

- The registered manager had clear plans to continue to make and sustain improvements to develop the service. This included continuing to promote people's access to the local community by using local transport facilities. This was important in the case of driver's not being always available to support people to continue with their planned activities.
- The registered manager told us they were always looking at ways the service could progress and improve.
- Staff told us the registered manager encouraged involvement and was open to suggestions to improve the service. One member of staff told us, "We can discuss our ideas as a team and will always be listened to." We saw an example of a team meeting where the team were all giving suggestions about supporting a person in the service whose needs had changed.

Working in partnership with others

- The registered manager was supported by the provider to ensure they had opportunities to share ideas and gain support.
- The registered manager met with commissioners every few months to discuss any issues.
- Established links had been built with other external professionals. One professional told us, "I think the management team are very proactive, particularly the permanent staff. If there were concerns they would contact me or support the tenants to contact me. They'd make sure the information was shared across the staff team. They advocate for people when needed and contact other professionals."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us they were open and transparent and would apologise if anything went wrong in the service. They said they would investigate and readily address and report any shortfalls.