

FitzRoy Support

FitzRoy Supported Living Suffolk

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

FitzRoy Supported Living Suffolk, supports adults with a learning disability in their own home. Currently the service supports 21 people over six sites. Some of these people live together in purpose built social or private housing.

At the last inspection on 14 October 2015, the service was rated Good. At this inspection we found the service remained Good.

This service remains rated as Good because people remained safe. Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff that had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was safely managed and dispensed by staff who had received training to do so.

People told us that they experienced a service that met their needs consistently. Staff were caring and supportive. People were provided with an individualised service that respected their privacy and dignity and promoted their independence. People were supported to follow their own interests and hobbies and access their community regularly with the appropriate levels of staff support. Care planning was individualised and people's choices and decisions were sought, supported and respected. This meant that people could choose their own lifestyle and lead a fulfilling life within their community.

People had a quality service that was regularly monitored. Any concerns or complaints were listened to and acted upon. The values and vision of the organisation were known and everyone was involved in the development of the service.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service is Good

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

FitzRoy Supported Living Suffolk

Detailed findings

Background to this inspection

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

This comprehensive inspection visit took place on 26 June and was announced. We then took a further two days on 27 and 28 June to telephone people for their views.

The provider was given short notice because the location provides a domiciliary care service in a supported living service to adults who are often out during the day; we needed to be sure that someone would be in.

One Inspector conducted this inspection. We visited the registered office, two supported living sites and spoke to three relatives from three sites. We met and spoke with six people who used this service. Some people were unable to communicate verbally. We met and spoke with five staff and the registered manager. We reviewed four care files and associated records, three staff recruitment files and their support records, audits and policies held at the service.

Before the inspection we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. Prior to the inspection we reviewed the PIR and reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from harm and risks as at the previous inspection, staffing remained consistent to meet people's needs and the rating continues to be good.

People told us that they felt safe from harm or abuse. One relative told us, "Yes staff at FitzRoy did the right thing. I'm most assured that they work in the best interests of [Name]. We found that relatives were informed of events and actions taken to keep people safe.

Staff told us that they had undertaken training at induction and had updates which helped them identify how to safeguard people. We saw evidence of this training in staff member's files. Staff told us that they were aware of how to report any incidents of potential or actual abuse. One care worker told us, "Yes, the training covered abuse and what to do. I know what should be reported and know something would and is done about it."

Recruitment was robust with checks carried out by the Disclosure and Barring service (DBS) and two references sought by the registered provider. The DBS checks assist employers in making safer recruitment decisions by ensuring that prospective staff members are not barred from working with people who require support. Prospective employees had completed application forms, attended interviews and completed an assessment of their numeracy and literature as part of the recruitment process.

There were sufficient, suitably qualified staff working at the service to meet people's needs. 80% of the staff team had or were completing a recognised care qualification. Since the last inspection recruitment had been focussed upon and positions filled within two of the sites where staff teams were required. Staffing was more consistent and the use of agency staff had reduced. Where agency was still in use this was with regular staff known to people at the service. Staff told us that there were sufficient staff. One relative told us, "There is a regular stable staff team now." Another said, "There is enough staff for the majority of the time. Only occasionally short because of sickness. But there are consistent staff and if agency are used they are consistent too. This has meant that there is only minor behaviour outbursts from [name]." This effect of consistent staffing was also confirmed by the deputy manager.

When we looked at people's care and support plans, we could see that the risks to them and others had been identified, and management plans with clear guidance for staff were in place. Risks such as moving and handling were assessed in detail and clear guidance was in place that was regularly reviewed. In one case we saw that photographs had been used to convey to staff the moving and handling sling and the correct details of usage. Slings were personalised and had been assessed by people competent to do so. A risk assessment tool had been developed within the organisation and put to effective use to define what risks were present for an individual. These were then mitigated with plans in place. Examples included access to the community and travelling in a car. All people had a personal emergency evacuation plan in place.

Medicines were managed safely and service policies and procedures followed. A relative said, "I'm confident

that medicines are managed safely." Staff told us that they had appropriate training that was refreshed and had regular observations of their competence. We examined medicines on two sites where staff were responsible for their management and found that records were well kept. Security was acceptable, but following feedback at one site the registered manager wanted to reflect and review the security of medicines for some people to make as safe as could be.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. At the previous inspection there was concern around one person's capacity assessment in relation to finances. Appropriate action had been taken and the rating moves to good.

People received effective care and support that met their individual needs and preferences. Staff were well trained in areas which were relevant to people's day to day care and support. Staff told us that they had the training and support they needed to carry out their role effectively. Records demonstrated that staff received appropriate supervision and support. Managers had a flexible approach and staff that needed additional supervision and guidance were provided with this. Observation of staff practice following training was an integral part of this agency. Staff had regular observation of duties such as medicines administration, moving and handling, personal care provision, meal preparation and cleaning and domestic duties. This meant that people could be assured that staff were competent and confident in the tasks they were required to perform.

Staff had a good understanding of consent and the principles of the Mental Capacity Act 2005. Staff were observed to behave appropriately ensuring people were given choices and control of their lives. Where needed and where there was doubt of capacity then appropriate best interest decisions had been sought with appropriate people consulted and records kept. Day to day staff offered choices and in one case, we observed staff were encouraging independence to obtain a driving license. We saw evidence that if people lacked financial capacity then records were in place to safeguard and ensure money was appropriately managed and decisions made by the correct people representing the person. This meant people rights were upheld.

People were supported to eat and drink according to their dietary needs, choices, wishes and preferences. Where possible people were supported to decide menus, shop using local stores and help with food preparation and cooking. When needed specialists had been consulted such as speech and language therapists. Staff were aware of choking risks and had information and training provided. We observed a chicken curry being prepared from scratch at one site that was liked by the people living there.

People were supported with their healthcare needs. Health action plans were in place. We saw that these were up to date with relevant information. People had hospital passports in place that contained relevant information to take immediately they needed to attend and stay in hospital. People who were diagnosed with epilepsy had clear support plans in place. People who were at risk of constipation also had appropriate plans in place. Staff had access to a Department of Health document relating to learning on this topic to support people to keep well and healthy. Care files showed that people were registered with relevant health professionals. Relatives said they were kept informed of any changes to their relative's health. This meant that people were appropriately supported to maintain good health.

Is the service caring?

Our findings

At this inspection people remained happy with the service, they continued to be very complimentary of the staff and felt cared for. The rating continues to be good.

One person told us, "Yeh, I like the staff, [named three staff] they help me." A relative said, "I'm most assured. It is the best place they have been. [Name] is well looked after." Another relative said, "They are lovely, so supportive. Very caring about my relative."

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed patience and that they were important. Staff had good observation skills and were able to understand people's communication even if they were non-verbal. Staff were respectful in the way they spoke and responded to people's requests. We saw that staff made daily notes about support given that showed privacy and dignity was maintained by their actions and how they referred to people. Staff told us that they tried to support people to maintain their independence as much as possible and assessed the level of support people needed all of the time. Some people had high support needs both physically and cognitively, whereas in other sites staff promoted independence and developed people's decision making abilities in line with their individual potential.

People were routinely involved with their own care planning and in decision making. A relative told us, "At a recent review, I could see that staff were genuinely fond of [name]. They showed me they really understand and really got [named person]. They understand how she communicates and had great ideas for developing independence with things I would not have thought of." Where relevant people had their relatives represent them and they were involved in their planning and decision making. On occasion advocates had been involved as were social workers to help people plan and act upon decisions. This showed us that people could lead the life they chose and be respected.

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating remains good.

The service continued to respond well to people's individual needs. One staff member said, "The service users do come first here." A relative said, "I'm confident [name] is looked after well. She likes coming home to visit, but is keen to get back and that shows me they are doing the right thing."

People were assessed comprehensively before they started to use the service. Information was gathered from other professionals and if appropriate time was spent observing in the previous placement to help make the transition work. Care plans were clear in guiding staff. A new format had been developed since our last inspection and plans were more ordered and accessible with up to date relevant information. There was evidence that care had been regularly reviewed. A relative said, "Yes, I'm involved. They keep me informed of any developments. I particularly liked a recent newsletter sent."

People were supported to follow their own interests and hobbies. One person told us of a recent visit to Felixstowe and showed us photographs and purchases made. They were planning a visit to the zoo the next week. Other people were supported to access regular college courses. Some people accessed community facilities such as swimming, horse-riding and the local pub and shops. Staff told us that it depended upon the person and their needs as to what and when they accessed any day time pursuits. This showed us that services were individualised and matched known needs of people.

The service routinely listened to people to improve the service on offer. The registered manager had a robust complaints process in place that was accessible in picture format in people's files and all complaints were dealt with effectively. We saw the outcome of one complaint and the actions that had been agreed to ensure a similar occurrence did not happen. People told us, that they were confident that if they did have any reason to make a complaint, it would be handled quickly and dealt with properly. One person said, "First I'd talk to support staff, if that did not resolve. I would talk to the deputy and if not I know how to escalate to [named registered manager]." This showed us that people knew how to complain and were confident in the process in place.

Is the service well-led?

Our findings

The service had a registered manager who was present during the inspection visit. 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. Statutory notifications and other information received showed us that the manager understood their registration requirements.

The registered manager continued to promote a positive, transparent and inclusive culture within the service. Everyone we spoke with was aware of who the manager was. One staff member said, "It really is a good place to work. Everyone has a fair voice. We have regular team meetings and we resolve issues. Following every training session we fill in evaluation forms. They do listen." One relative said that she found one of the deputy managers, "Very professional. Spot on with the friendly approach, treating everyone the same." Another relative told us that with having a senior support worker, a deputy and the registered manager at one site that they made a good team. This showed us that people experienced an effective management team.

The registered manager sought feedback through the formal review process of people using the service, along with staff team meetings and regular supervision of staff. They agreed that they would send out the questionnaire to people that use the service, relatives, staff and professionals, as they had not done this recently and so would be able to reflect and act upon feedback given by these groups.

Records were well organised and staff were able to access these when needed. We requested to see the medicines policy and this was immediately available. Staff told us that they had individual passwords and could access up to date policies and procedures whenever they needed. A relative said they had requested to see a certain policy and this had been supplied for them to read. There were systems in place to monitor the effectiveness of the service. Staff were regularly observed in practice by managers and received regular feedback on their performance. Staff training was monitored to ensure staff did not get behind on updating their skills. There were regular audits in place of health and safety to ensure people lived in a safe and secure environment free from hazards. Regular medicines audits were in place to ensure medicines were managed safely.

The provider had oversight of the service on offer and regularly had designated staff visit the service. A quality monitoring manager visited for a three day inspection in May 2017 and completed robust audits. Action plans were given to the registered manager at the time of our inspection visit. The report showed us that the person doing the audit had looked in detail at each person's experience and had ensured that each person received a quality service based upon our key line of enquires. We are confident these will be actioned as the regional manager monitors progress on the actions agreed. Therefore people can feel confident that quality was maintained.