

# FitzRoy Support Jellicoe Court

## Inspection report

Great Binfields Road  
Chineham  
Basingstoke  
RG24 8BX

Tel: 01256351352

Date of inspection visit:  
18 August 2020

Date of publication:  
18 September 2020

## Ratings

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

# Summary of findings

## Overall summary

### About the service

Jellicoe Court is a supported living service providing personal care to both younger and older people who have a learning disability or autism.

People living at Jellicoe Court have their own self-contained flats. In addition, there is a shared lounge/kitchen on each floor, parking and a large communal garden. There is an on-site office and a sleep-in room for staff.

The service has been developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This guidance ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service should receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service has been commissioned by the local authority to support people with disabilities to achieve independent living. It can accommodate up to 18 people, there were 14 people resident at the time of the inspection. This is larger than current best practice guidance. However, we have rated this service good because people were each provided with individualised and person-centred support to meet their needs.

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

Overall people and relatives told us they were happy with the service and the improvements made since the last inspection. One person said, "I love all the staff" and "I wouldn't change anything about my care." Another said, "I like it here, just to say I do things myself. I'm very independent."

The provider had assessed potential risks to people and supported them to stay safe whilst balancing their rights and freedoms. Processes were in place to protect people from the risk of acquiring an infection. Systems and processes protected people from the risk of abuse. People received their medicines safely from competent staff. There were enough skilled staff who had been recruited safely. Incidents were recorded and reviewed to identify any learning or further measures required for peoples' safety.

Staff were supported both by the provider and stakeholders to ensure people's care plans reflected current practice and guidance. Staff received appropriate training and support in their role. People were supported to access health services and to maintain a healthy lifestyle.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received personalised care which was responsive to their needs. Staff ensured people had information in a format they could understand. People had opportunities for social activities and supported to maintain social relationships. Processes were in place to enable people to raise complaints and concerns and these were investigated and acted upon.

Staff at all levels had a clear understanding of their role and responsibilities. Processes were in place to monitor and improve the quality of the service provided. The service sought people's views to identify areas for improvement. The service informed CQC of notifiable incidents. Overall, feedback from people, staff and other stakeholders showed positive improvements in the culture of the service.

#### Rating at last inspection (and update)

The last rating for this service was inadequate (published 8 April 2020). This service has been in Special Measures since January 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on actions we told the provider to take at the last inspection.

We previously carried out an announced comprehensive inspection of this service on 12 and 16 December 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jellicoe Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

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 responsive?

Good ●

The service was 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.

# Jellicoe Court

## 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

This inspection was completed by an inspector and an assistant inspector.

#### Service and service type

This service provides care and support to people living in one 'supported living' setting, which has 18 flats, 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.

#### Notice of inspection

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

#### What we did before the inspection

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 took this into account when we inspected the service and made the judgements in this report. We also reviewed information we had received about the service since they registered. We sought feedback from commissioners of the service. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with members of staff including eight support workers, the deputy manager, the manager and the service development implementation manager. We reviewed four people's care and medicine records and three staff records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to provide people's care and treatment safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The service proactively anticipated and managed potential risks to people. Staff had undertaken relevant training, including in relation to how to respond to people's challenging behaviours. People told us they were physically safe. The number of incidents in the service had reduced and people's behaviours towards staff were less physically challenging.
- People's positive behaviour support plans and risk assessments were drawn up with input from people, where possible, and relevant professionals. They were person-centred and based on the least restrictive options. Staff had a good understanding of people's behaviours and how to support them effectively. Staff confirmed they now felt safer and more confident than during the previous inspection.
- One person told us they found another person's behaviours stressful. We reviewed measures in place to support both people. It was not possible to eliminate all risks for each individual, without disproportionately limiting their rights and freedoms. The provider had taken all reasonable actions and ensured all relevant agencies were kept updated about the actions taken to support both people.
- Where people lived with conditions such as epilepsy, there was clear guidance for staff to follow and relevant monitoring and safety equipment was in place for people's safety.

### Using medicines safely

At our last inspection the provider had failed to provide people's medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines from trained staff, whose medicines competency had been assessed. Staff followed both the provider's medicines policies and people's medicines care plans, which documented

their medicines needs and preferences.

- Staff documented people's medicines administration on printed medicine administration records, to help reduce errors. We saw there were no gaps in these records, which were regularly audited for completeness.
- There was clear guidance for staff to administer medicines people took 'as required', to help people manage behaviours which may challenge. This ensured these medicines were only used as a last resort when other strategies had failed. Records showed there was limited use of these medicines.

### Staffing and recruitment

At our last inspection the provider had failed to ensure they obtained relevant pre-employment information for staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The provider undertook relevant pre-employment checks for staff. These included checks on staff's suitability for their role and their full employment history. This ensured only suitable staff were recruited to work with people.
- There were enough competent staff on duty to provide people's care. A person told us, there was "always someone around." Staff had the correct mix of skills to care for people safely. The provider understood people's staffing needs and ensured, where possible, people were matched with staff. A relative confirmed, "Staff have the required skills."
- Where agency staff were used, they were regular agency staff. A number of agency staff since the last inspection had applied for and been accepted for permanent roles within the service.

### Preventing and controlling infection

- Processes were in place to manage the control and spread of infection. Staff had received relevant training and understood their role and responsibilities to maintain high standards of cleanliness and hygiene. People were provided with relevant information about Covid-19 in a format they could understand.
- The provider ensured staff had access to and followed clear policies and guidance on infection control which reflected national guidance. This included guidance for staff in the event a person supported acquired an infection.
- We observed staff followed social distancing guidance. Staff had access to the personal protective equipment they required, which they wore in accordance with national guidance. People confirmed they saw staff wore masks and washed their hands.
- There was signage throughout the building and a visitors' code to ensure people's safety.

### Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding systems, policies and procedures and responded to safeguarding concerns promptly. Any safeguarding concerns raised were dealt with openly and honestly.
- Staff supported people to understand how to keep themselves safe. Staff had undertaken safeguarding training and understood what action to take to ensure people were protected from abuse. Staff understood how to escalate any concerns using the whistleblowing processes.

### Learning lessons when things go wrong

- Staff were encouraged to be open and transparent about safety incidents. Staff told us if they made any medicines errors, then they had a discussion with a member of management or further training. Staff told us



they felt well supported following any incidents.

- There were reviews of incidents, to identify any learning to support improvements in the service. The registered manager informed relevant agencies of incidents and requested further support for people where required.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to obtain people's consent for their care or ensure legal requirements were met where they lacked the capacity to consent to their care. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- People were involved in decisions about their care wherever possible, to ensure their rights were upheld. People's views were reflected in their care plans and, where able to, they had signed their consent to the care provided. Where people lacked a person to represent their views, or wanted an external representative, they had an advocate.
- Staff spoken with demonstrated a sound understanding of the Mental Capacity Act and its application in their day-to-day work with people. They understood people's right to make unwise decisions where they had the capacity to make a specific decision. Staff understood the need to ensure where people lacked capacity, decisions had to be based on the person's best interests.
- Where staff assessed people lacked the capacity to make specific decisions, they had made decisions based on the person's best interests. More complex decisions required input from relevant people and professionals, to determine what was in the person's best interests. Prior to the Covid-19 pandemic this

work had commenced, but it was temporarily on hold, due to the restrictions on visitors during the pandemic. The provider had progressed this work as far as practicable within the restrictions created by the pandemic.

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

- Staff had been supported both by the provider's best practice lead and external teams to ensure people's care delivery was based on current best practice, guidance and legislation.
- Although no one new had been admitted to the service. The provider had completed assessments for potential new admissions. Staff were very aware of the need to ensure anyone new, would be able to 'fit in' with the people already supported due to the layout of the service. Staff told us 'although they are separate flats, it's like one big community. It can cause real friction and we have to think of the safety of everyone.'

Staff support: induction, training, skills and experience

- Staff had the right competence, knowledge and skills to carry out their role. Staff completed an induction to their role. If they were new to care they completed the Care Certificate, which is the care industry standard induction.
- Staff also completed a range of training relevant to the needs of the people supported. Staff told us they were well supported in their role and received regular supervisions.

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

- People told us they were well supported by staff to prepare and eat meals of their choice. A relative told us how their loved one could now make their own food choices.
- Staff encouraged people to make healthy food choices, whilst respecting their right to choose. Staff had recently arranged a session with people called 'taste the rainbow' to encourage them to try new fruits and vegetables. Photos of the event demonstrated people really enjoyed the experience. Staff reported people tried new foods, which they enjoyed. People were also provided with healthy eating information in formats they could understand.
- Where people were at risk from weight loss, they had risk assessments in place and staff monitored them, to ensure they remained healthy.

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

- Staff ensured people were referred to external services promptly, to ensure they could access healthcare and support where required.
- Processes to share information between staff had been improved to ensure people's needs were consistently met. Two relatives expressed the view they thought this could be further improved, to ensure greater consistency for people. This information was shared with the registered manager and they advised this feedback would immediately be addressed with staff.
- Staff supported people with routine healthcare such as oral healthcare where required. People were also supported to visit the dentist.
- Staff supported people to identify potential issues with their health and wellbeing and to access appropriate services. For example, one person needed their mobility assessed during the pandemic. Staff arranged with the occupational therapist to complete their assessment virtually using technology to enable them to observe the person walk. As a result; the person had been received with the equipment they required.
- People were encouraged and supported by staff to access health services where they were reluctant. For example, staff had prepared a 'social story' for a person to prepare them for a health procedure. Social stories use images and words to explain concepts and make them more accessible for people.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to provide sufficient information to enable staff to provide fully person-centred care or to provide information in a suitable format for them. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People had detailed person-centred support plans which had been written and reviewed with them and their families, where people wished them to be involved. People's needs were identified, including those based on people's protected characteristics under the Equality Act.
- People's care plans focused on their whole life, including their goals, skills and abilities. The provision of people's care was planned around them. For example, one person was now supported by a greater number of staff which better suited their individual needs.
- People were empowered to make choices and to have as much control and independence as possible. Care plans identified what decisions people could make for themselves and how best to support them to make their own decisions. For example, one person benefited from the use of visual aids to help them understand the consequences of their choices.
- Staff demonstrated a sound understanding of people's care needs, preferences and strengths. A staff member confirmed, "So much more information is available now." A combination of clear care plans, training, management support and specialist support, had enabled staff to feel more confident and knowledgeable about how to meet people's needs and respond to challenging behaviours. There were clear strategies documented for staff to follow in response to people's different behaviours.

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.

- People's individual communication needs had been identified. They had communication profiles which outlined the support they required to understand information.

- Information was provided to people in a variety of ways, depending on their needs and preferences. For example, some people needed pictorial information which was provided using methods such as social stories and Talking Mats. These help people make decisions by providing information presented in small chunks supported by symbols.
- Staff had completed work with people prior to wearing masks to help them to understand why they were required. This involved drawing faces on masks. This enabled people to understand staff wearing masks were not a threat and they have accepted staff wearing them.

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

- People had personalised activity schedules based on their interests. Prior to the pandemic staff supported people to attend a variety of community-based activities, including day services, work placements, educational and leisure-based activities. Although these had temporarily stopped due to the pandemic, staff had provided people with a variety of daily alternative activities based at the service. These had included both indoor and outdoor activities, such as camping in the garden.
- Staff ensured people could maintain relationships that were important to them. Due to the pandemic, visits by families and friends had been temporarily restricted by the service to keep people safe. Staff had supported people through this time to maintain relationships and contact with their loved ones.

Improving care quality in response to complaints or concerns

- People were given the provider's complaints policy in a format suitable for their needs. People also had the opportunity to raise any issues with staff during their monthly meetings with their keyworker or during reviews of their care. Staff understood their role in the event a person made a complaint to them.
- Processes were in place to record, investigate and respond to both formal complaints and concerns raised. Issues raised were investigated in accordance with the provider's policy. Feedback was provided on the actions taken and any learning.

End of life care and support

- The provider had an end of life policy in place and people's care plans contained documentation to capture their end of life wishes. Staff had explored with people their preferences and choices in case of an accident.

# 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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to submit all statutory notifications. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since the last inspection the registered manager had ensured all notifiable incidents were reported to CQC as required. This enabled CQC to monitor what notifiable incidents had occurred and the effectiveness of the actions taken.

Continuous learning and improving care

At our last inspection the provider had failed to operate effective systems to ensure compliance with regulations. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service now had clear and effective governance, management and accountability arrangements. Staff at all levels understood their role and responsibilities. The registered manager had a good understanding of the service, the improvements made and further areas they needed to work on, such as securing a second deputy manager. They ensured the provider was fully aware of incidents which occurred, and each incident was reviewed to identify any required action.

- Management systems identified and managed risks to the quality of the service. Following the last inspection, the provider had written and implemented a robust service improvement plan. This had resulted in a range of improvements in the quality of the service people received. Including in relation to care delivery, care records and the ability and confidence of the staff team.

- Risks to people and staff's health and safety had been properly assessed, monitored and managed. People now had thorough care plans and risk assessments, which staff understood. Staff had been

supported both internally and externally to acquire the skills and confidence to respond to people's behaviours and risks. They felt understood and supported by the new management team.

- There were now robust quality assurance arrangements. A range of audits of the service were completed in relation to people's care plans and records, medicine records, food temperature checks and infection control. In addition to provider level visits and checks on quality. These were used to identify areas for improvement. For example, following a review of nutritional records. The provider had reflected upon the quality of a person's food choices with staff. A staff member had then devised the, 'eat the rainbow' session. To start to engage everyone with trying new foods. This ensured everyone was provided with this opportunity, rather than this individual feeling their food choices were not positive.
- People's records were now clear, concise and readily available. The provider told us they were also in the process of adapting the template they used to document people's daily notes. As they had realised not all aspects of the template were relevant to each person. This will enable people to have personalised templates for their daily records.

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

- People were now involved in the service in a meaningful way. In addition to participation in care planning and reviews, people's views on the service were sought through house meetings. The provider had just circulated the annual survey in order to seek people's views on the service.
- Since the last inspection, people had become involved in interviewing new staff, planning and asking interview questions.

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

- No notifiable safety incidents had occurred to trigger the duty of candour. However, the registered manager understood their responsibilities.

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

- At the last inspection the registered manager had been in post for less than a month. People told us, they knew who the management team were. Overall, people and relatives told us they felt the service was well-led and their views were listened to. They could see that despite the challenges of the pandemic. The provider and the registered manager with internal and external support had driven through a lot of improvements in the service.
- Staff were very positive about the improvements in the culture of the service. They told us morale had improved greatly and the service felt 'more settled.' They reported they found management more proactive at listening and trying to resolve issues with them.

Working in partnership with others

- Since the last inspection the provider and registered manager had worked closely with service commissioners. They had been transparent and collaborative with external stakeholders. They had worked in partnership with key organisations to support the provision of peoples' care.