FitzRoy Support

Dalvington/The Oaks

Inspection report

146 Lower Howsell Road
Malvern
Worcestershire
WR14 1DL
Tel: 01886 833424
Website: www.efitzroy.org.uk

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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

Overall summary

Dalvington/The Oaks provides accommodation and personal care for a maximum of 15 people who have a learning disability, some of whom also have physical disabilities. The home consists of two separate bungalows, one called Dalvington with accommodation for seven people, and the other called The Oaks with accommodation for six people. There were 13 people who lived at the home when we visited.

This was an unannounced inspection, which took place on the 16 and 17 December 2014.

At our last inspection in May 2014 the provider was not meeting the essential standards of care and welfare. This was because the provider had not taken the proper steps to ensure people were protected against receiving inappropriate or unsafe care. At this inspection we found that improvements to keep people safe had been made.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

People and their relatives said they felt safe and staff treated them well. Relatives told us that staff were kind and caring and thoughtful towards people. We saw that staff treated people with dignity and respect whilst supporting their needs. Peoples preferred method of communication was taken into account and respected.

Staff we spoke with understood that they had responsibility to take action to protect people from harm. They demonstrated awareness and recognition of abuse and systems were in place to guide them in reporting these.

Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs in a timely way. People were supported by staff with up to date knowledge about providing effective care.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and The Mental Capacity Act 2005 (MCA) and report on what we find. The registered manager understood her role and responsibilities.

People were appropriately supported and had sufficient food and drink to maintain a healthy diet.

Risks to people's health and wellbeing were well managed. People were supported to eat and drink well and had access to health professionals in a timely manner.

Relatives knew how to raise complaints and the provider had arrangements in place so that people were listened to and action could be taken to make any necessary improvements.

There were systems in place to monitor and improve the quality of the service provided. Where improvements had been identified the registered manager had responded and there were plans in place for further improvements.

The registered manager promoted a positive culture that was inclusive. People and staff were involved in regular house meetings to share their thoughts and concerns through an open communication system.

Summary of findings

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.

Safeguarding procedures were in place and staff knew about their responsibility to reduce the risk of harm. Risks to people were assessed and staff knew how to help them to stay safe. People's medicines were managed in a safe way.

Good

Is the service effective?
The service was effective.

There were arrangements in place to ensure that decisions were made in people's best interest. The manager demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and when these should be applied.

People were supported to have enough to eat and drink and to maintain their health.

Good

Is the service caring?
The service was caring.

People and their families were involved in making decisions about their care. Staff understood how to provide care in a dignified manner and treated people as individuals.

Good

Is the service responsive?
The service was responsive.

People who used the service were supported to take part in a range of social engagements both in the home and in the community, in line with people's preferences.

People and their relatives knew how to make a complaint if they were unhappy and we saw complaints had been responded to.

Good

Is the service well-led?
The service was well-led

People who used the service were given opportunities to be included in the way the service was developed. Staff we spoke with told us they felt well supported and were happy in their work. There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

Good

Dalvington/The Oaks

Detailed findings

Background to this inspection

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

We made an unannounced inspection on the 16 and 17 December 2014. The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was with people with learning disabilities.

Before our inspection we looked at the information we held about the service. We looked at information received from the local authority commissioner. We also looked at notifications that the provider had sent us. Notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

On the day of our inspection, we spoke with two people who lived at the home, and four relatives. We spent time in the communal areas of the homes observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the operations manager and the health and safety manager. We spoke with the deputy manager, six permanent care staff, one agency care worker. We also spoke with external health care professionals, a physiotherapist, a speech and language therapist, a behavioural nurse specialist, and a music therapist. We looked at the care records for four people who lived at the home. We looked at the medicine management processes and the records maintained in the home about staffing and training. We looked at records that related to how the home was managed, and the suitability and safety of the environment.

Good

Is the service safe?

Our findings

People who lived at the home told us and showed us that they felt safe. One person said, “I feel safe, there is always someone around.” Others showed us, through gestures and signs, that they felt safe. A relative said about their family member, “Yes they are safe.” People who lived at the home showed us through facial expressions and body language that they were comfortable with staff. We saw that staff communicated well and acted in an appropriate manner when supporting people.

We spoke with staff about what action they would take to keep people safe if they suspected possible abuse towards people. One member of care staff said, “I would always report, no one here would cover if there was any concern, we would always report.” They described the action they would take, and were aware that incidents of potential abuse or neglect must be reported to the local authority. There were procedures to guide staff about how to appropriately report any concerns about people’s safety.

During the inspection we saw and staff told us they knew how to manage people’s individual risks. Risks had been identified such as people’s behaviour and plans were in place which included what might trigger people’s behaviour. We saw clear guidance was available in people’s care plans which enabled staff to manage these risks. Relatives told us they were involved in the decisions on how these risks were managed. Records showed risk assessments had been carried out for people on an individual basis.

We looked at the system the provider had for recruiting new workers. Staff said new staff had a Disclosure and Barring Service (DBS), references and records of employment history. This was confirmed with the three records we checked. These checks helped the provider make sure suitable people were employed and people who lived at the home were not placed at risk through their recruitment practices.

We spoke with people about staffing levels at the home. One person said, “There is always someone around.” A relative said, “I think if someone offered two more staff, it would be good, but they are not short staffed as they work very, very hard.” Another relative said, “A few years ago, it was very short staffed here [all week], and now it is better.” Another relative told us about a how staff supported their family member throughout their unplanned hospital admission.

The care staff said there were enough staff on duty. One member of care staff said, “There is some agency cover, mainly just for activities.” We saw staff responded to people in a timely way. We also saw staff spent time talking with people. Staff were not rushed and spent as much time as people needed with any assistance they provided. The registered manager said they had the flexibility to adjust staffing levels should people's needs change. We saw people’s dependency needs were reviewed on a regular basis. The information was used to make decisions about staffing in a way that reflected people’s changing needs.

We looked at how the provider managed medicines at the home. A relative said, “There’s no problem with medication.” We looked at the medicine records for three people these indicated people were receiving their medicine as prescribed. There were suitable arrangements for the safe storage, management and disposal of medicines. These included procedures for giving medicines in accordance with the Mental Capacity Act 2005 (MCA) where people lacked capacity. Staff told us that they had received training in safe handling of medicines and their competency was checked regularly. We saw training records that confirmed this. Staff used photographs to make sure the right person was given the correct medicines. This showed that risks had been reduced to ensure people received the right medicine at the right time by staff that were trained to do so.

Good

Is the service effective?

Our findings

People told us and showed us that they felt happy around staff, using gestures and signs. We saw staff actively engaged with people and communicated in an effective and sensitive manner. We observed staff used people's preferred method of communication. For example one person used an electronic tool to support communication. We saw the person use the tool independently and through their body language they showed this enhanced their mood. Staff said they were aware of how to support this person with using this tool. People and staff were supported by weekly input from an IT specialist. Speech and language therapists (SALT) had been involved in detailed communication plans to support the wellbeing of people. SALT said that staff followed the support plans and knew people's communication needs well.

We spoke with staff about training that they received. Most of the staff team were stable and knew people's needs well. One member of care staff said, "Everyone works to the best of their ability." One newer member of staff said they had received a thorough induction and had worked alongside another member of staff so they were supported to learn about people and their needs effectively. This was a way of helping people feel confident and comfortable with new staff. The care staff we spoke with told us that they were well trained. This was confirmed by speaking to the registered manager and looking at staff records. People were supported by staff that had up to date knowledge about how to provide effective care.

Staff said they received regular support meetings. They said the meetings gave them the opportunity to share any concerns they had. One staff member told us, "I am well trained and supported." Another said, "I can always approach the [registered] manager with any worries." Staff told us these meetings were mainly held to discuss changes at the service, best practice and an opportunity to bring all the staff together for support from each other. We saw minutes of the last staff meeting that confirmed what staff had told us. Having such opportunities showed staff were supported by the management to do their job.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). The MCA ensures the human rights of people who did not have the mental capacity to make particular decisions are protected. The registered manager showed an understanding about how to ensure that the rights of people, who were not able to make or to communicate their decisions, were protected. Staff understood the implications of the MCA and how this affected their practice. Records showed that people's ability to make decisions had been assessed. We saw where decisions made on people's behalf, best interest meetings had been held.

Deprivation of Liberty (DoLS) aims to ensure people in care homes are looked after in a way that does not inappropriately restrict their freedom. The manager said no one living in the home was currently subject to a DoLS. The manager demonstrated a good knowledge about DoLS.

People told us and showed us the food was tasty using signs and gestures. Relatives said the choice of food was good. One relative said, "The food is good, [my family member] loves it." We observed people being offered choice at meal times, and they were involved in preparing the meal. The support was offered in a kind manner, working with people to encourage their independence, staff were patient and gave people time to finish their meal at their own pace. People with complex needs had food and fluid charts to reduce the risk of malnutrition and dehydration. These were monitored and acted on when required. For example we saw referrals had been made to other health care professionals when needed to support people.

Relatives said people received support with their health care when they needed it. One relative said, "I am always told, especially about the dentist, as I go along on the appointments." Another relative said, "They're good quality staff and know when to give antibiotics, as soon as they are needed." We saw each person had a health care folder which included a health plan and detailed people's appointments with health care professionals. There was access to physiotherapy and speech and language to support all the people at the home when needed. People were supported to access health care services to maintain and promote their health and wellbeing.

Good

Is the service caring?

Our findings

People told us and showed us they were happy at the home. One person said, “I do feel happy here.” Other people were able to make it clear through gestures and signs that they were happy at the home and we saw positive interactions with staff. A relative said, “It’s absolutely fine,” and “They always make me feel welcome and have a chat.” Another relative said, “The sensory room is an absolute God send, I take in musical instruments and we have a lovely time.” The music therapist said staff were caring and kind and did think about people’s needs. For example they had seen good individual interactions with staff. We saw a relaxed atmosphere at the home and staff told us they enjoyed supporting people who lived there

We saw people were treated in a caring and kind way. The staff were friendly, patient and discreet when providing support for people. The staff took the time to speak with people as they supported them. People’s wellbeing was supported by positive interactions such as the use of non-verbal techniques to communicate. We saw a member of care staff support a person to prepare a meal and saw through their facial expressions and body language how this improved this person’s mood.

Relatives said they were involved in the care planning for their family member. A relative said, “They all listen to my views on [my family members] care, as that is how I have always done things.” Another relative said “We don’t need any more meetings, as we sit and talk anyway, and everything’s dealt with from day to day.” Relatives confirmed staff knew the support people needed and their preferences about their care. Staff said they contacted relatives to include them in their care planning and it was very important. Staff were knowledgeable about the care people required, they were able to describe how different people liked their support to be given. This was confirmed in records we looked at.

We saw people were treated with dignity and respect. For example, we saw doors were closed whilst people were receiving support with personal care, support was offered discreetly and in a kind manner. People had been supported with their appearance and were dressed in clothes reflecting their personalities. Staff told us they were able to communicate using a range of techniques, and knew how people preferred to be communicated with. Information was available in easy read formats such as the complaints procedure. Information was available in a way people understood.

Relatives said they were able to visit their family members whenever they wanted to support their links with their family member. They said there were no restrictions on the times they could visit the home. A relative said, “Yes I do visit at different times, but I do ring first as [my family member] is out a lot, to swimming, night clubs and disco’s. So I need to check if [my family member] is in.” Another relative said, “I can visit when I want; I’m a great believer in unannounced visits.”

Good

Is the service responsive?

Our findings

People were supported to access different social engagements which were important to them. One person said, "I do what I want to do." A relative told us, "[My family member] is well cared for, it pleases me that my [family member] gets away on holiday." Another relative said, "They don't just sit them in a chair in the corner of a room, my [family member] has many activities which [they] like, and they go away on holiday." People were involved in daily tasks around their home, for example dusting, meal preparation and laundry supported by staff. Relatives told us, and we saw from records, that holidays were planned around people's likes and dislikes. This demonstrated that staff actively encouraged people to follow their interests and maintain their social activities inside and outside of the home.

Relatives said they were involved in the planning and decision making of the persons care as much or as little as they wanted. A relative told us, "We work together on [my family member's] care." Some people had difficulty expressing their needs and wishes verbally. Staff had worked with people, involving speech and language therapists (SALT), to support people to express themselves through non-verbal communication. This included the use of technology. SALT said if the staff were concerned about anyone they would talk to them straight away.

Relatives said they were in contact with staff and were invited to regular reviews of their family members care planning. A relative said, "There's an annual review and that always involves me." The registered manager told us that feedback was gained from people's relatives through direct conversations and at people's review meetings. Reviews involved people, their relatives and staff. These were to discuss any longer term changes in people's needs and outcomes, so personal plans reflected people's needs.

People told us they contributed to choosing the colour scheme for a recent refurbishment in the home. Staff said people were involved through regular house meetings.

Staff said they observe people's body language or behaviour to know if they were unhappy. People's care plans contained information about how they would communicate if they were unhappy about something. The care plans we looked at gave clear information for staff to follow and were in a format that people could understand.

Relatives said they were happy to raise any concerns with either staff or the registered manager. They felt confident that issues would be addressed. One relative said, "I wouldn't hesitate if I had a problem, I would complain." Another relative said, "I get [any complaint matter] resolved verbally." The registered manager said they had received one complaint in the last year. We saw registered manager had involved the family and reached an agreed outcome. This was confirmed by the relative.

The provider had endeavoured to make the complaints procedure available in formats that people could understand. Some people would be unlikely to be able to make a complaint due to their communication needs and level of understanding. If people were unhappy about something their relative would complain on their behalf. People's care plans contained information about how they would communicate if they were unhappy. Staff told us they would observe people's body language or behaviour to know if they were unhappy, or use their preferred method of communication.

Good

Is the service well-led?

Our findings

People told us and showed us they felt happy to approach the registered manager. We saw people were comfortable approaching them during our visit. The provider held regular house meetings. This gave people the opportunity to discuss what they would like to do and to keep people updated with events that were happening in the home. People and staff told us the meetings were useful. People, with support from staff, were able to voice their thoughts and opinions and they were listened too. One person who lived at the home told us that they had been involved in attending a nationwide forum for the provider, to share their views with the Directors. People were involved and there was an open communication system for people.

Relatives said the registered manager was approachable and available if they needed to speak to them. One relatives said, "The [registered] manager gave me [their] personal mobile number and I can contact [them] at any time." Another relative said, "Anytime I can talk to them, absolutely." Another said, "The service I don't think could be any better, I think they are good with all the residents."

Staff spoke positively about the leadership of the home. One staff member said, "I always feel able approach the [registered] manager," and another said, "Really happy here, the [registered] manager is great." Staff said there was a culture of openness and they would report any concerns or poor practice if they witnessed it. Staff had opportunities to contribute to the running of the service through regular staff meetings and supervisions.

The registered manager said they understood the importance of making sure the staff team were involved in contributing towards the development of the service. Staff said the registered manager listened and took action when they made suggestions or raised concerns. The registered manager said they had made changes to flooring on the recommendations from staff, to improve mobility for people with visual difficulties. We saw this had been completed and people were using the room regularly. This was confirmed by staff we spoke with. This meant that the registered manager focused on the needs of the people who lived there, to improve their wellbeing.

We looked at the systems in place for recording and monitoring incidents and accidents that occurred in the service. Records showed each incident was recorded in detail, describing the event and what action had been taken to ensure the person was safe. Accident forms had been reviewed by the registered manager so that emerging risks were anticipated, identified and managed correctly.

Support was available to the registered manager to develop and drive improvement and a system of internal auditing of the quality of the service was in place. We saw that help and assistance were available from the regional manager and a health and safety manager from within the Fitzroy group. The regional manager told us, and records showed that they had visited on a regular basis to monitor, check and review the service. For example an action raised was to improve the system for accident reporting, this was completed and under regular review. These visits supported the registered manager to ensure good standards of support and care were delivered consistently.