FitzRoy Support

Southbank

Inspection report

4 Southbank Close
Hereford
Herefordshire
HR1 2TQ

Tel: 01432268258
Website: www.fitzroy.org

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 19 and 23 May 2017. The first day of our inspection was unannounced.

Southbank provides accommodation and personal care for up to 13 people who have a learning disability. The home consists of three linked bungalows, one of which provides respite services. At the time of the inspection, seven people were living at the home and a total of 18 people were using the home's respite facility at different times.

The service is required to have a registered manager and there was a registered manager in post when we inspected. 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

People were protected from avoidable harm and abuse. Staff had received training in and understood how to recognise and report abuse. The risks associated with people's individual care and support needs had been assessed, kept under review and plans put in place to control these. Staffing levels at the service enabled the provider to meet people's individual needs safely. The provider followed safe recruitment procedures to ensure prospective staff were suitable to work with people. People's medicines were handled and administered safely by trained staff.

Staff had the training, supervision and ongoing support needed to carry out their roles effectively. People's rights under the Mental Capacity Act 2005 were understood and protected. People had enough to eat and drink, and their dietary and nutritional requirements were assessed and addressed with appropriate input from nutritional specialists. Staff played a positive role in helping people to maintain their health and access healthcare services as needed.

Staff took a caring and compassionate approach towards their work, and took the time to get to know people well. The provider had put measures in place to encourage and facilitate people's involvement in decisions about their care and support. Staff treated people with dignity and respect and understood the need to protect people's personal information.

People received care and support that reflected their individual requirements and preferences. Staff understood the purpose of, and followed, people's care plans. People had support to spend time doing things they found enjoyable and to access the local community. People's relatives knew how to raise concerns and complaints with the provider, and felt confident these would be acted upon.

The management team promoted open communication with people, their relatives, external health and social care professionals and the staff team. People's relatives and staff found the management team approachable and had confidence in their willingness to deal with issues fairly. Staff felt valued and were

clear what was expected of them. The provider carried out quality assurance activities to assess and improve the quality of the service people received.

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.

People were protected from harm and abuse by trained staff. The risks to individuals had been assessed and plans implemented to manage these. Staffing levels at the service ensured people's needs could be met safely. People had the support they needed to take their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective.

Staff received training, supervision and support to help them perform their roles effectively. People's rights under the Mental Capacity Act 2005 were understood and protected by the management team and staff. Any specific needs or risks associated with people eating and drinking were assessed, recorded and managed. Staff helped people to access healthcare services.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion. People's involvement in decision-making that affected them was encouraged. Staff protected people's rights to privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support that reflected their individual needs and requirements. Staff supported people to spend time doing things they found interesting and enjoyable. People's relatives knew how to complain to the provider, and felt comfortable doing so.

Is the service well-led?

Good

The service was well-led.

People's relatives and staff referred to a positive and open culture within the service. Staff felt well supported and were clear about the expectations of their job roles. The provider had developed quality assurance systems and processes to drive improvement in the service.

Southbank

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

This inspection took place on 19 and 23 May 2017. The first day of our inspection was unannounced.

The inspection team consisted of one inspector.

Prior to our inspection, the provider completed 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 improvements they plan to make. We took this information into account during our inspection of the service.

As part of our inspection, we reviewed the information we held about the service. We contacted representatives from the local authority and Healthwatch for their views about the service and looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection, we were unable to talk to people in detail about what they thought about the care and support they received, due to their learning disabilities and communication needs.

During the inspection, we spoke with seven relatives, a social worker and a community learning disability nurse. We also spoke the registered manager, a deputy manager and seven care staff. We looked at two people's care records, medicines records, selected policies and procedures and records associated with the provider's quality assurance systems. We also spent time in the communal areas of the home to observe how staff supported and responded to people.

Good

Is the service safe?

Our findings

People's relatives felt confident their family members received safe care and support at Southbank. They felt reassured by, amongst other things, the number of long-term staff who knew their family members well, and who kept them well informed of any changes in their health or wellbeing. One relative told us, "[Person's name] is very safe at Southbank. The staff are absolutely vigilant and aware of what's going on." Another relative said, "I feel quite reassured that they (staff) are going to take care of [person's name] and do what's right."

Staff had received training in how to work safely and protect people from harm and abuse, from their induction onwards. They understood the different forms and potential signs of abuse, and the need to report any concerns of this nature to the management team immediately. The provider had clear procedures in place to ensure any actual or potential abuse was promptly reported to the local adult safeguarding team, CQC and other relevant external agencies. Our records showed they had previously made external notifications in line with these procedures. We saw the registered manager had conducted investigations into safeguarding issues, and taken action to keep people safe. This had included addressing staff conduct issues through the provider's formal disciplinary procedures.

The risks associated with people's care and support had been assessed and kept under review by people's key workers and management team. A key worker is a staff member who acts as a focal point for a person and their relatives, ensuring the person's individual needs and requirements are understood and met. This assessment took into account important aspects of people's safety, including their current health needs and the support and assistance they needed to move around, bathe, and eat and drink safely. Plans had been put in place to manage the specific risks to individuals. For example, bed rails and a movement sensor were used to reduce the identified risk of one person falling out of bed. A community learning disability nurse spoke positively about the way staff had protected the personal safety of one person following their discharge to the home from hospital. They told us, "When [person's name] was initially resettled from hospital, they (staff) did very well in managing the risks to them." People's relatives were satisfied with the level of involvement they had in decision-making about the risks to their family members and felt their views on this subject were listened to.

Any changes in the risks to people were shared with the staff team and the relevant external health and social care professionals. Staff participated in daily handovers to ensure they had the up-to-date information needed to work safely. Handover is a face-to-face meeting during which the staff leaving shift pass on important information about people to those arriving on duty. A social worker praised the proactive manner in which the registered manager had alerted them to changes in one person's behaviour that posed a potential risk to others living at the home. They went on to say this had resulted in positive outcomes for this person.

Staff recognised the need to work in accordance with people's care plans, to keep people and themselves safe. During our inspection, we saw staff adopting safe working practices as, for example, they helped people to seat themselves at the dining room table for their lunch. In the event that people were involved in

an accident or incident, staff responded appropriately and completed an "occurrence report" for the attention of the management team. We found the information recorded on these reports was not always clear or complete, and that the action taken to prevent things from happening again had not always been recorded. However, through speaking with the registered manager, we were assured they and the provider's health and safety manager monitored any adverse events involving people on an ongoing basis, to ensure lessons were learned. The registered manager informed us staff would be given additional support in relation to the expected completion of occurrence reports.

People had access to appropriate mobility aids and equipment to promote their independence. Staff told us the mobility equipment in use at the home was serviced on a regular basis, and the premises kept in good repair by the maintenance contractor. One staff member said, "They (maintenance contractor) are onto repairs very quickly."

Both people's relatives and staff felt the staffing levels at the home enabled people's needs to be met safely. One relative told us, "There are always enough staff on." A staff member said, "I think two carers in each bungalow is enough. If we are short, [registered manager] will come over and cover." The registered manager explained they assessed and monitored their staffing requirements based upon people's individual care and support needs. The management team covered unexpected staff absence through offering voluntary overtime and bringing in agency staff if necessary. The use of agency staffing was closely controlled by the management team to promote continuity of care. The provider carried out checks on all prospective staff to ensure they were suitable to work with the people living at the home. These checks included employment references and an enhanced Disclosure and Barring Service (DBS) check. The DBS carries out criminal records checks to help employers make safer recruitment decisions.

People's relatives told us their family members received consistent support from staff to take their medicines safely and as prescribed. We saw the provider had developed systems and procedures designed to ensure people's medicines were managed and administered safely. All staff received medication training, and their competence in handling people's medicines was checked on an annual basis by the management team. Staff were clear about the action to take in the event of a medication error. One staff member explained, "We are to call the on-call service and dial 111 for advice and also contact the registered manager." Up-to-date medication administration records were maintained, and "PRN protocols" to provide staff with clear guidance on the use of any "as required" medicines. People's medicines were supplied in the original pharmacy-labelled containers and locked away securely once on site.

Good

Is the service effective?

Our findings

People's relatives felt staff had the knowledge and skills needed to meet their family members' individual needs effectively. One relative described staff as "professional", whilst another relative told us, "I've always had the answers I've wanted from staff straightaway." During our time at Southbank, we saw staff communicated with people effectively, and responded to their needs and requests in a calm and professional manner. Staff in the respite bungalow had written guidance on the use of Makaton signs to support their communication with one of the people using the respite facility. Makaton is a language programme based upon signs and symbols used with speech to help people to communicate.

Upon starting work at the home, all new staff underwent the provider's induction training. The registered manager confirmed this incorporated the requirements of the Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff. Staff told us their induction had helped them settle into their new job roles. One staff member told us, "It was brilliant, very organised and relevant. You had a full week's training before you came in to start shadowing someone". " "Shadowing" refers to the period new staff spend working alongside more experienced colleagues.

Following induction, staff participated in an ongoing programme of training and refresher training, based upon the provider's assessment of staff training needs. Staff spoke positively about the training provided to help them carry out their roles. One member of staff told us, "FitzRoy (provider) are very focused on ensuring staff have the training they need to do their jobs properly." Other staff talked about the specific benefits of particular training courses they had attended. For example, two staff members described how the PROACT-SCIPr training programme had improved their insight into and ability to respond to people's behaviours. PROACT-SKIPr is a positive behaviour support model that focuses on prevention rather than intervention. The management team kept up-to-date training records to help them keep on top of staff training needs.

Staff met with one of the deputy managers, periodically, on a one-to-one basis. During these meetings, they were able to talk about how they were getting on in their job roles, receive feedback on their performance and discuss any additional support or training needed. Staff told us they found these meetings useful, and could request an additional supervision meeting with the registered manager or deputy managers at any time.

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.

We checked whether the service was working within the principles of the MCA. We found the registered manager and staff had a good understanding of people's rights under the MCA. Staff had been given training to raise their awareness of what the MCA meant for their work with people. One staff member told us, "Everyone is deemed to have capacity unless it is proven otherwise. If you believe someone doesn't have

capacity, you need to have an assessment in place. If people lack the capacity to make very important decisions, they can still make day-to-day decisions." Staff were able to describe how they supported people's day-to-day decision-making by, for example, showing them cereal boxes to help them choose what they wanted to eat for breakfast.

Information about people's mental capacity, the support they may need with decision-making and the role of best-interests meetings was recorded in their care files to guide staff. We saw an example of s best-interests meeting held in relation to a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision for one person. This meeting had been attended by the individual's advocate at the time along with other health and social care professionals.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had re-submitted DoLS applications for each of the people living at the home, based upon an assessment of their capacity and their individual care arrangements. At the time of our inspection, these assessments were still being processed by the relevant local authorities.

People's relatives felt their family members had enough to eat and drink at the home. One relative told us, "They (staff) feed [family member] well." Staff prepared the home's menus based on people's known likes and dislikes and the need to promote a balanced diet. People were offered a choice of food and drink at each meal, and could pick an alternative option, if they did not want what was on the menu that day. Individual's dietary and nutritional needs had been assessed, with specialist input from the local speech and language therapy team where needed. People's care files provided staff with appropriate guidance on how to support people to eat safely and comfortably, incorporating any specialist nutritional advice received. On this subject, one relative told us, "They (staff) know what foods to be careful with." We saw mealtimes at the home were relaxed and unrushed affairs. People's food was prepared and served to them in line with their care plans, and they were provided with adapted cutlery, crockery and non-slip table mats to help them eat. Staff monitored people's wellbeing as they ate, and gave them encouragement to eat at a safe pace.

People's relatives told us staff played a positive part in helping their family members maintain their health. They said staff were quick to respond to any significant changes or deterioration in their family member's health, requesting professional medical advice or treatment whenever necessary. One relative explained, "Family member] only has to blink an eye or cough and they (staff) jump on it and have them checked out." Another relative praised the prompt manner in which staff had called for an ambulance on two occasions when their family member had been particularly unwell. We saw people's care files contained information about their medical histories, any current health conditions and the healthcare professionals involved in monitoring their health.

Good

Is the service caring?

Our findings

People's relatives told us staff adopted a caring approach towards their work. They used words such as "friendly", "cooperative" and "helpful" when describing the staff team. One relative told us, "They (staff) are very, very caring; they're superb." Another relative said, "[Person's name] is always happy to go (for respite care). They (staff) make a fuss of them."

During our inspection, we saw people were at ease and comfortable in the home's environment, and interacted confidently with staff. Staff took interest in and responded appropriately to what people had to say. In the event that people requested assistance, for example, to use the toilet or make a drink, this was provided without unnecessary delay. The staff we spoke with demonstrated good insight into people's individual needs and requirements, and their preferred daily routines.

The provider had taken steps to encourage and facilitate people's involvement in decision-making that affected them. People's care files contained guidance for staff on how they should communicate with each individual and support their decision-making. Staff told us they monitored people's speech and their body language to gain insight into their views and wishes. People were allocated key workers who met with them on a regular basis, and completed an annual feedback survey with them to capture their views about their care and support. Although no one living at the service currently had an advocate, the registered manager confirmed people were signposted to local advocacy services where they needed someone to speak up for them outside of the home.

People's relatives felt staff treated their family members with dignity and respect. During our time at the home, we saw staff supported and interacted with people in a patient, polite and professional manner. Staff understood the need to respect people's privacy and dignity, and gave us examples of how they put this into practice on a day-to-day basis. These included respecting people's views and opinions, speaking to people as equals and protecting their modesty during personal care tasks. On the subject of people's dignity, one staff member told us, "The most important thing is to ask yourself what would you feel comfortable with. It's easy to forget that you're in people's home when you come to work." Staff recognised the importance of protecting people's personal information they had access to as part of their work at the home. One staff member explained, "Information is shared on a need-to-know basis only."

Good

Is the service responsive?

Our findings

People's relative told us the care and support staff provided at Southbank reflected their family members' individual needs and requirements. A social worker praised the manner in which staff had adapted the care and support provided in response to a significant deterioration in one person's physical health. This caring and personalised approach had enabled the person to remain "in a place they knew very well" as opposed to being admitted hospital. During our time at the home, we saw staff adjusted their communication methods and the support they gave people to move around, eat and drink and engage in activities to suit individual needs. Staff worked in an unpressured pace, and had sufficient time with people to meet their needs in a personalised way.

People's relatives were satisfied with the level of involvement they had in the assessment and review of their family members' care and support needs. The registered manager explained that they strived to maintain an open dialogue with people's relatives, and invited them to an annual care review. One relative told us, "I attend reviews for [person's name] and give my views. They (management team) then send me a letter setting out what we've discussed and asking me if I have any questions."

The care plans we looked at reflected an individualised approach to assessment and care planning. In addition to providing staff with guidance on how to meet people's individual needs, they included information about what was important to the person, including their preferred daily routines. We found people's care files sometimes contained out-of-date guidance and information that may lead to confusion amongst staff as to how they were expected to support people. We discussed this issue with the registered manager. They assured us any duplicate or obsolete information would be removed from people's care files as part of the ongoing transfer across to the provider's new support planning and risk management system.

Staff understood the need to follow people's care plans and told us they had the time they needed to read and check these. One staff member said, "You are only as good as the knowledge and care plans you have. We have really good care plans; they're really in depth and tell you everything you need to know." Another staff member told us, "I think the care plans are followed really well and that staff are very aware of what's in them."

Staff supported people to spend time participating in in-house and community-based activities they found interesting and enjoyable. These included swimming, horse riding, cycling, a music and movement class and attendance at a local day centre. During our inspection, we saw people heading out of the home with staff to do some shopping, go for a walk and to attend a cookery session. The person who attended this session later told us, "I had a good time. I ate a piece of cake and a muffin." Within the home itself, we saw people listening to music, watching television and doing some colouring. The registered manager explained that work was underway to further develop and personalise the range of social and educational activities on offer to people. The key workers had recently met with people to reassess their current activities and identify new activities that may be of interest to them. One member of staff explained, "We've each been tasked with tailoring people's activities and making them person-specific." The management team were in the process of recruiting "development workers" to increase the level of support people had to pursue their interests and

participate in activities.

People's relatives were clear how to raise concerns or complaints with the provider, and had confidence these would be addressed. One relative told us, "In the first instance, we would go through [person's name's] key worker and then take it to the manager if we needed to." Another relative said, "I'd go to [registered manager], and if they couldn't resolve it, I'd go straight to the top." The provider had developed a formal complaints procedure to promote good complaints management. We looked at a recent complaint made by one person's relative and saw this had been investigated by the registered manager and the complainant responded to. Staff understood their role in supporting people to complain if they were unhappy about things. The provider had put in place an accessible complaints procedure to assist this process. One staff member told us, "I would know the signs, I feel, if people were unhappy, as I know the people here well."

Good

Is the service well-led?

Our findings

During our inspection, we met with the registered manager. Supported by two deputy managers, they oversaw the day-to-day management of Southbank and another associated registered service. The registered manager demonstrated a good understanding of the duties and responsibilities associated with their post. Our records showed they had submitted statutory notifications to CQC in line with their registration with us.

People's relatives described an open and inclusive culture within the service. They told us they were kept up to date about any changes in their family members' health or wellbeing, and felt their views and opinions were welcomed and listened to. One relative told us, "They (management team) fill me in and tell me what's going on; they're brilliant at that." People's relatives knew who the registered manager was, and most expressed confidence in their management of the service. A social worker described the open communication they had with the registered manager, adding, "[Registered manager] will contact me whenever they need to; It's a good working relationship."

Staff spoke positively about the support they received from the management team. They were clear what was expected of them, felt their contribution was valued, and found the management team easy to talk to. One staff member told us, "I cannot fault [registered manager] at all. They are always available. They've been so supportive and without that support we would have floundered. They are never too busy to answer questions or give advice." Staff understood the role of whistleblowing and felt comfortable about challenging any practices or decisions they disagreed with. They had confidence in the management team's willingness and ability to act on any issues or concerns in a fair and prompt manner. One staff member told us, "I actually really like our management. They are really great at sorting things out if we have an issue or problem. It helps that they have worked on the bungalows as support workers." Another staff member said, "[Registered manager] does what they say they are going to do; they don't sweep things under the carpet." Staff were invited to participate in a monthly meeting with the deputy manager overseeing the bungalow in which they primarily worked. As part of this meeting, staff were given the opportunity to share their views and suggestions as a group. One staff member explained, "We're very lucky. We'll discuss and quite happily all express our opinions and get our points across." We saw information about the provider's vision and values was clearly set out in the handbook issued to all staff. The staff we spoke with told us they felt a sense of shared purpose with the provider in providing people with person-centred care.

We looked at how the provider assessed, monitored and addressed the quality of the service people received. A community learning disability nurse told us, "They (provider) are very, very keen to make changes to improve services for people with learning disabilities." We saw the provider carried out a range of quality assurance activities, including six-monthly quality monitoring visits by the provider's internal quality team, yearly audits by the health and safety manager and monthly audits by the deputy managers. The registered manager recorded any actions and areas for improvement identified through this system of audits and checks on their "location action plan", in order to work towards these.

The provider's quality assurance activities had resulted in a number of improvements in the service. These

included the introduction of individual medication storage in people's rooms to reduce risks and promote a more personalised approach. Staff had also been allocated specific areas of responsibility, "location roles", to ensure health and safety tasks and other monitoring activities were carried out on a consistent basis. In addition, monthly key workers reviews had commenced, designed to ensure people's care plans were reviewed and updated on a more frequent basis.