

FitzRoy Support

The Pastures

Inspection report

1-4 The pastures
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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?	Requires Improvement ●

Summary of findings

Overall summary

The Pastures is a residential care home that is registered for up to 13 people. On the day of our inspection visit it was providing care to 10 people with learning, physical and sensory disabilities.

This care service supported people in line with the values that underpin the Registering the Right Support and other best practice guidelines. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

Audits and quality checks by the management team did not always result in improvements. Deficiencies identified in care plans by management audits had not been addressed in a timely way. Some staff and visiting professionals spoke of discontent in the staff team and differences in the care provided by different shifts in the service. Staff also spoke of concerns as to how work was allocated to care staff. The registered manager was aware of these concerns but on the day of our inspection visit action plans had not resulted in improvements.

Staff understood their responsibilities to protect people from abuse and discrimination. They knew to report any concerns and ensure action was taken. The registered manager worked with the local authority safeguarding adults' team to protect people.

Staff were supported in their roles and received an effective level of training. We observed them supporting people in a caring and competent manner. Safe recruitment of staff ensured people were supported by staff of good character.

Staff promoted people's dignity and privacy. Staff provided person-centred support by listening to people and engaging them. People using the service appeared comfortable in the presence of staff.

The premises provided suitable accommodation for people with communal areas and bedrooms which were personalised to people's individual interests.

Support plans were detailed and supported staff to meet people's assessed care needs. Staff worked with and took advice from health care professionals. People's health care needs were met.

People had a variety of activities which they enjoyed on a regular basis.

Formal supervision meetings were carried out with staff. They told us they were supported and clear about what was expected of them.

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

More information about the inspection is in the full report.

Rating at last inspection: The home was rated Good at the last inspection (report published in October 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive and inspect in line with CQC guidance.

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

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 caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

The Pastures

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an 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. The expert by experience had experience of supporting people living with learning difficulties.

Service and service type:

The Pastures is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Pastures accommodates up to 13 people in three purpose-built bungalows.

The manager is 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:

The inspection was unannounced.

What we did:

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission. We also looked at the 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.

People living at The Pastures were not able to discuss the care and support they received with us. We spoke with three relatives and observed care and support being provided in communal areas throughout the day of our inspection visit. We also spoke with three visiting healthcare professionals.

During the inspection visit we spoke with two care staff, the activities co-ordinator, the assistant manager and the registered manager. We looked at two people's care records and associated documents. We looked at audits, staff training and supervision records, accident and incident records, complaints and compliments. We also looked at records that related to how the home was managed, such as quality audits.

Is the service safe?

Our findings

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

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Relatives and staff, we spoke with told us they felt personal care was safely given. A relative said, "[Relative] is healthy, happy and safe."
- Staff had received safeguarding training and records we saw evidenced this.
- There was a whistleblowing policy, which staff could access and the contact number for the local safeguarding authority was displayed in the service. Staff we spoke with understood safeguarding and whistleblowing.
- The registered manager knew what constituted safeguarding and reported any allegations or actual issues as required.
- The registered manager sent us statutory notifications to inform us of any events that might place people at risk.

Assessing risk, safety monitoring and management

- Staff knew people well and told us the actions they took to keep people safe from risks.
- People had individual plans to ensure they were supported safely in the case of an emergency. These included personal evacuation plans [PEEPS] which detailed how people would be evacuated in the case of fire.
- Risk assessments were completed and used by staff to support people to reduce the risk of avoidable harm.
- Records detailed how known risks were to be managed to help keep people safe and provide consistent care and support.
- Risks in relation to the premises were identified, assessed and well-managed.

Staffing and recruitment

- When asked if there were enough staff available to support their relative one person replied, "Yes I do. Always see senior staff and have a chat if I need to"
- Some people needed individual support at times from two staff, and we saw this level of support was provided. Staff told us how they managed the care for people who may need more support between the staff team.
- Our previous inspection of October 2016 found that staff were recruited safely. At this inspection we found that this continued, and only suitable staff of good character were employed to work in the home.

Using medicines safely

- People received their medicines on time and in a safe way. A relative said, "Medication is not an issue. Couple of incidents when she spat it out, staff were very proactive in sorting it out."
- Medicines were kept in people's bedrooms in a locked cabinet and the care worker assigned to that person

for the day gave them their medicines.

- Medicines were safely received, stored, administered and destroyed when people refused to take them or they were no longer required.
- The pharmacy which supplied the service medicines had recently changed the way medicines were supplied. The service had changed their procedures to take account of this.
- Where people were prescribed medicines to take 'as and when required' staff had information about when to administer them safely.
- Some people could not take medicines orally and they were administered by percutaneous endoscopic gastrostomy (PEG). Where this was the case the service had consulted with the appropriate physician to ensure it was carried out safely and effectively.
- The registered manager investigated errors if any were found.

Preventing and controlling infection

- People were supported to follow good infection control practice in line with their ability and understanding.
- Staff told us how they reduced the risk of the spread of infection. We observed staff following the infection control policy during our inspection and they told us they used personal protective equipment (PPE) such as aprons and gloves to help prevent the spread of infections.
- We saw the service was clean and tidy in all communal areas and in private bedrooms.

Learning lessons when things go wrong

- Staff we spoke with were clear that they needed to report all accidents and incidents to the registered manager. The manager explained the process for doing this.
- Senior staff reviewed people's risk assessments and care plans following incidents.
- The registered manager advised that they reflected on any events where things had not gone as expected. Records of any accidents and incidents were kept and reviewed by the registered manager and provider to reduce the likelihood of events recurring in the future.

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.

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs had been identified at the time of admission. These were used to develop the care plan and to ensure the service provided individual care. We saw that this had included considering the proximity of two people's rooms.
- Care and support plans were focussed and individualised. People living at The Pastures had complex needs and care plans included input from other healthcare professionals.
- The plans contained specific detailed information about people's care and support needs.
- The service had a sensory room which used up to date technology to provide stimulation to people.

Staff support: induction, training, skills and experience

- Staff told us about their experience during their induction. They described the induction as very thorough. One member of staff said, "It was a full-on explanation."
- Staff we spoke with were competent, knowledgeable and skilled.
- A member of nursing staff told us about a visit to one of the providers other services to exchange best practise.
- Care staff supervisions were carried out by the nurses. One member of care staff told us that their supervisions were useful. They said, "We cover any issues or concerns. I do not hide anything, I am able to express myself. Happy to raise any concerns"

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

- Staff were aware of people's dietary needs and preferences and supported people appropriately.
- We observed the lunch time meal. Staff maintained a light-hearted encouraging banter throughout the meal. At the end of the meal they encouraged the person to wash their hands and wipe the table down.
- People were able to access food and fluid when they wanted it. For example, we observed a person take a milkshake from the cupboard. A staff member asked them to get the milk out of the fridge and made them a milk shake with them.
- The majority of people in living in the service received their nutrition via a PEG. Care plans contained detailed information about the administration and management of the PEG.
- We observed one person being administered their nutrition via a PEG. They chose to sit in the lounge. The care worker sat next to them and said, "Now young man, time for elevenses." She sang along with the radio, singing to him.

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

- Relatives told us that people's day to day health and wellbeing needs were met. One relative said, "Day to

day medical care is dealt with by nurses. Anything untoward, go to local GP."

- Where people required support from healthcare professionals, this was arranged, and staff supported people to attend appointments.
- People were supported to receive consistent support through good communication with external agencies.
- Three healthcare professionals were visiting the service on the day of our inspection to review people's care with a member of staff from the service.

Adapting service, design, decoration to meet people's needs

- The premises had been suitably designed to meet the needs of people living there. The Pastures was well furnished, and people had shared use of the lounges.
- People's bedrooms had been personalised by staff with input from people, if they were able, and from families.
- There was a sensory room where people could go to relax on a water bed or for stimulation from the equipment available.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The registered manager had made appropriate DoLS applications.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- A health care professional said, "Staff demonstrate good knowledge of MCA. Confident that they are providing good care in that area."
- Staff were clear about the need to uphold people's rights and respected their abilities to make decisions.
- We saw staff seek people's consent before carrying out care tasks, such as putting on a clothes protector.
- Care plans contained assessments of people's mental capacity. Where people had been assessed as not having the capacity to make decisions the appropriate procedures had been followed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives told us that their family members were treated with care and respect. One relative said, "Fantastic, with great respect and love. It is lovely to see how they care." Another relative said, "The feel of the home is very caring. All staff we meet are very positive. Keyworker is good."
- People's individual needs and diversity were protected and promoted. We saw that staff were attentive and caring. A member of staff told us, "We treat each person as an individual according to their needs. Each person has their own specific needs."

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

- Staff had clear knowledge about how people communicated their feelings and wishes through spoken language, gestures, picture boards and cards. A relative said, "Staff understand [person's] responses. Got to know them."
- The service had a key worker system which supported staff to get to know people as individuals. Keyworkers are staff who build up their knowledge of the person to make sure they are supported as they want to be.
- Staff told us they had the time they needed to provide care in a person-centred way. One member of staff said, "We have time to give choice and treat people as they should be treated."

Respecting and promoting people's privacy, dignity and independence

- People's confidentiality was assured by staff. Conversations about specific care or support needs were conducted in private.
- People's privacy was respected, and all personal care was provided in private. People went to their bedroom, or the sensory room for time in private as they wished.
- We observed people being supported and encouraged to do as much for themselves as they were able

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had an individualised care plan which contained details of known preferences and interests. A staff member told us, "The care plan did tell me what I needed to know."
- Care plans gave a good explanation of people's individual care and support needs. This included information to support staff with managing any incidents where a person may exhibit distressed behaviour or behaviour which challenged others.
- Staff we spoke with had a good knowledge of people's changing care needs. However, care plans did not always fully reflect the changes in people's care. For example, an entry in one person's care plan dated August 2018 stated they were trialling a new sleep system. Staff we spoke with told us that this sleep system was now permanently in place.
- Some care plans had sections missing as they were being updated by the nurse. We spoke with the registered manager about this who confirmed they were being updated but advised they would put a copy of the current care plan back into the care plan folder for staff to use as a reference.
- Relatives told us that their family member was involved in a variety of activities. They said, "Staff sing songs and read to [person]. They go swimming, shopping, out on trips and a holiday every year." They went on to tell us that staff were supporting their relative to go on a cruise for their special birthday.
- On the day of our inspection we observed a variety of activities taking place. These included walking in the garden, playing skittles, singing and relaxed interaction with care staff.
- The registered manager had recently created the post of activities co-ordinator to improve people's day to day activities.

Improving care quality in response to complaints or concerns

- The provider had an established complaints procedure and process that was available to people and staff.
- Relatives told us that they knew how to complain and would be comfortable to raise a complaint if necessary. One relative said, "There have been a few odd incidents. I am open and honest with staff and they are happy to listen to me. Overall we are very happy with the care and environment." Another relative said, "I would ask to see the manager or nurse. Have always been satisfied, they listen to me."
- The manager monitored complaints for any learning opportunities. They gave us an example of something they had changed in response to a complaint.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection.
- Where one person had an end of life care plan this had been written with input from people who knew them well.

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

RI: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Some staff and visiting professionals spoke of discontent in the staff team and differences in the care provided by different shifts in the service. Staff also spoke of concerns as to how work was allocated to care staff.
- The registered manager was aware of the concerns and told us what they were putting in place to address the concerns raised. However, on the day of our inspection concerns were being raised and actions had not yet been effective.
- Staff understood the vision and values of the service and referred to these when we spoke with them. One member of care staff referred to the service as having, "A really good ethos."
- The registered manager understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.

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

- Audits by the registered manager and provider were not always reliable and effective in ensuring good quality care. For example, a quality monitoring review by the provider dated March 2019 had identified concerns regarding recording and support planning. This inspection in May 2019 found these concerns continued with missing documents and out of date information in care plans.
- Staff were supported by regular staff and individual meetings.

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

- Relatives told us they were engaged with the service. A relative said, ""Always informed of what's happening and any changes."
- Some staff told us there was an open culture within the home and they could make suggestions for improvement. One member of staff said of the registered manager, "They keep an open office, easy to trot along."

Continuous learning and improving care: Working in partnership with others

- The registered manager had knowledge and understanding of current practice and developments within the Health and Social Care sector.

- The registered manager and deputy manager told us they had recently attended external courses to support their learning and enable them to improve care.
- The registered manager described a positive relationship with the local GP practice.