FitzRoy Support

Huws

Inspection report

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Date of inspection visit: 10 November 2015
Date of publication: 21/12/2015

Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected the service on 10 November 2015. The inspection was unannounced. Huws provides care and support for up to 14 people with learning and physical disabilities. The service is split into two apartments and one house to provide smaller living spaces. All three living areas had their own lounges and kitchen/diners. The accommodation has been adapted to meet the needs of the people living there. On the day of our inspection 14 people were using the service.

The service had a registered manager in place 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 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 supported by staff knew how to recognise abuse and how to respond. Incidents were responded to appropriately internally to ensure people were protected from harm.

Summary of findings

Risks were assessed and managed and people were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make decisions and where there was a lack of capacity to make certain decisions; people were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

Staff valued and empowered people to achieve their goals and aspirations. People lived in a service where the ethos was inclusion and valuing people as individuals and staff went the extra mile to ensure people lived an enriched and fulfilling life. Staff took the time to get to know people and tailored their support to meet individual need. Staff were compassionate and respected people's privacy and dignity and rights to be involved in developing their daily living skills.

People were involved in planning their care and support. They were supported to have a social life and to go out into the community and go on holidays.

People were involved in giving their views on how the service was run and there were systems in place to monitor and improve the quality of the service provided.

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.

People were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

People received their medication as prescribed and medicines were managed safely.

There were enough staff to provide care and support to people when they needed it.

Good

Is the service effective?
The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support and where they needed support to make decisions they were protected under the Mental Capacity Act 2005.

People were supported to maintain their hydration and nutrition and risks to health were monitored and responded to appropriately

Good

Is the service caring?
The service was caring.

Staff valued and empowered people to achieve their goals and aspirations. People lived in a service where the ethos was inclusion and valuing people as individuals and staff went the extra mile to ensure people lived an enriched and fulfilling life.

Staff treated people and respect and valued them as people in their own right, ensuring care was tailored to individual needs.

Outstanding

Is the service responsive?
The service was responsive.

People were involved in planning their care and had an active social life with access to holidays.

People were supported to raise issues and when complaints were made these were listened to and acted on.

Good

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

People were involved in giving their views on how the service was run.

The management team were approachable and there were systems in place to monitor and improve the quality of the service.

Good

Huws

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 inspected the service on 10 November 2015. The inspection was unannounced and the inspection team consisted of two inspectors 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the 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.

During the visit we spoke with two people who used the service. People who used the service had limited verbal communication and so we relied on staff knowledge of how people answered questions to gain an insight into whether they were happy in the service and felt well cared for. We also spoke with the relatives of two people to get their views.

We spoke with six members of nursing and support staff, the registered manager and the deputy manager. We looked at the care records of four people who used the service, medicines records of four people, staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and registered provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People felt safe in the service. We asked two people who used the service if they felt safe and they communicated that they did feel safe. We observed interactions between staff and people who used the service during our inspection. It was clear from people's body language that they were comfortable with staff. People responded to staff interaction positively, such as smiling. We spoke with a relative of a person who used the service and they told us they visited frequently and felt their relation was safe in the service. They said, "I have no concerns about [relation] when I leave here."

Staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise allegations or incidents of abuse and understood their role in relation to reporting any concerns to the registered manager or higher in the organisation.

Prior to our inspection we received information that the registered manager had not made a safeguarding referral to the local authority following an incident in the service. We raised this with the local authority and they investigated and found that there were a small number of incidents which, although had been appropriately responded to, had not been referred to the local authority for consideration under their safeguarding procedures. We discussed this with the registered manager during our inspection and they acknowledged that they had not realised these particular incidents needed to be referred to external agencies. They told us they had learned from this and were raising awareness within the service to ensure this did not happen again.

Risks to individuals were recognised and assessed and staff had access to information about how to manage the risks. We saw that where people were at risk of falling there were monitoring systems in place, including sensors on bedroom doors to use if someone was in their bedroom. There were risk assessments in place informing staff how to support people safely both in the service and in the community.

We looked at the care records of two people who had a health condition and there was a detailed plan in each record informing staff how to recognise if the person was having a seizure and how to respond. There were monitoring systems in place which included sensors on the mattress in both bedrooms to alert staff to them needing support.

People's care plans contained information on how staff should support them in case of an emergency, such as a fire. There were also 'hospital traffic light' forms in place which contained detailed information about individuals and how to support them in the event they were admitted to hospital. These had been updated recently to reflect any changes in people's needs and preferences.

Both of the relatives we spoke with told us they felt there were enough staff working in the service and that they had not had any concerns about this. We observed during our inspection that people's needs were met in a timely way and there were staff available to give support throughout the day.

The registered manager told us that night staff levels had recently been increased to meet the needs of people. They told us that if people's health needs deteriorated they increased the levels of staff to match the increased need. Staff we spoke with said they felt generally there were enough staff to meet the needs of people who used the service.

People relied on staff to administer their prescribed medicines. We found the systems were safe and people were receiving their medicines as prescribed and in a way they preferred. We observed a nurse giving medicines and saw they followed safe practice and gave an explanation of the medicines to the person they were administering them to.

We saw that each person had their medication record which included details of how they preferred to take their medicines. Records showed people were receiving their medicines as prescribed by their doctor. We looked at the storage and administration of medicines and we found medicines were stored safety and audits were carried out to ensure medicines management was safe. Where shortfalls were found, we found these were acted on. Staff received training in the safe handling and administration of medicines and had their competency assessed to ensure they were following safe practice.

Good

Is the service effective?

Our findings

Relatives we spoke with commented positively on the competency of the staff and told us they felt confident the staff knew what they were doing. We observed staff supporting people and saw they were confident in what they were doing and had the skills needed to care for people safely. We saw staff dealt with the complex needs of people in a relaxed manner and clearly knew the best way to support them.

Staff told us they enjoyed working in the service and felt they had the training they needed to enable them to do their job safely. They told us they were given training in a range of subjects relating to the work they did. Records we saw confirmed that staff were given the training they needed to provide them with safe working practices and to give them a knowledge and understanding of the needs of people they supported.

Staff were given an induction when they first started working in the service. The provider told us in the PIR that when staff were employed they were given an induction and a probationary period. One member of staff told us, "It (the induction) was brilliant as was the training." Another member of staff described the training and induction they had received and said they had shadowed another member of staff until they felt confident in their role.

People were cared for by staff who received feedback from the management team on how well they were performing and assessing development needs. Staff told us they had regular supervision from the registered manager and were given feedback on the job they did. We saw records which verified that staff were given regular supervision to discuss their performance and any development needs.

People were supported to make decisions on a day to day basis. We observed staff explaining to people what they were going to do, prior to giving support. We also observed staff asking people to make their own decisions such as, "Where would you like to sit?" We observed staff talking to people in a way they understood and staff gave the individual time to think, and listened to the decision they had made. We observed one person who communicated a decision about the artwork they were doing by pushing the member of staff hand away and staff respected this decision. The member of staff spoke very gently and caring to the person, involving them in the activity trying different things that they might like, until the person smiled in agreement to another choice. This had a positive impact on the person as we saw they enjoyed the activity.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found staff that we spoke with had an understanding of the MCA The amount of support people needed with decisions was detailed in their care plans. Where a person did not have the capacity to make a decision the legislation had been correctly followed by completing a capacity assessment and best interest decision was made.

The registered manager and staff displayed an understanding of DoLS and applications had been made for a DoLS where appropriate. For example we looked at the records of a person who needed a safety belt when sitting in their specialist chair and needed continuous supervision from staff. We saw a DoLS had been granted to ensure the person was receiving care and support in the least restrictive way. We saw an external reviewing officer had written in the person's records, 'Staff showing evidence that they operate least restrictive practices.'

People were supported to eat and drink enough. We observed staff supporting people with their meals and we saw staff followed guidance given from health professionals in relation to where people were at risk of choking. Staff spent a great deal of time with people ensuring they ate enough and encouraging people to eat safely where they had been assessed as being at risk.

Good

Is the service effective?

We saw that staff had suggested people have their own placemat for mealtimes which was tailored to their individuality. These had been designed for one of the houses and there were plans to design them for the people who lived in the apartments. The placemats detailed how individuals wished to be supported at mealtimes and included their food and drink preferences.

People's nutritional needs were assessed regularly and there were care plans in place informing staff of people's nutritional needs. The provider told us in the PIR that on admission they ensured referrals were made to external professionals such as the speech and language team and the dietician to gather baseline assessments. They also told us that any person who they deemed at risk of malnutrition or had had a change in their eating habits were referred to the dietician. We saw from the records of three people that they had a risk identified in relation to their nutrition and external health professionals had been involved in assessing and planning the care of these people to ensure staff had the information to guide them to support people safely.

People were supported with their day to day healthcare. We saw there had been three written compliments given to staff recently from relatives of people who used the service about how they had worked with people to improve their health.

People who needed specialist equipment were provided with this and on the day of our visit we saw staff supported people to use the equipment. We saw from care records that staff sought advice from a wide range of external professionals such as psychologists, occupational therapists and dieticians to support people with their health care. The plans included information about how people communicated their health needs and what support they were receiving from external health professionals and these were kept updated following appointments with healthcare professionals. We saw that staff followed recommendations from the external specialists. For example one person needed to wear protective clothing when mobilising, one needed equipment to help their joints and another needed to have bedrest in the afternoon. Our observations showed that staff adhered to these recommendations on the day of our visit.

People were supported to see a doctor when they needed to and to visit the dentist and optician on a regular basis. We saw there were plans in place guiding staff in how to monitor and manage people's healthcare needs. The registered manager told us she had recognized that some information was difficult to find and that improvements were needed in relation to the formal assessment of nutrition and tissue viability. New care plans were being formulated and rolled out within the service to address this.

Outstanding ☆

Is the service caring?

Our findings

Two relatives we spoke with told us their relation had settled well since moving into the service and that they felt the staff were caring, patient and kind and supported people to have a fulfilling life and treated as individuals. One relative said, "I was absolutely dumbfounded that there was a place providing such person centered care." Another relative told us, "We couldn't believe our luck when [relation] got a place." A further relative said, "It is fantastic. They give [relation] a fantastic life and treat [relation] as a person." We saw one person had been visited by their reviewing officer several months after the person had moved into the service and the reviewing officer had written in the person's notes that they could see how much more settled the person appeared, with their skin, hair and nails improving.

Staff went the extra mile to support people to have a fulfilling life. Staff spoke with warmth and positivity about the people they supported. One member of staff told us, "You do something and it makes a difference to the person." One example was a person who had been given intense support when they first moved into the service as they had spent their days being cared for in bed at their previous home, due to a physical illness. Once the person had settled into Huws the manager and external professionals felt the person may be able to live a more fulfilling and active life. This needed to be developed slowly due to the person suffering physically and mentally with any activity outside of the service. The registered manager at Huws had assigned a specific team of staff, who the person responded well to, to support the person on a daily basis. The staff had worked hard with the person to build up their confidence and their tolerance to being out of bed. They had involved external professionals to support the person and to help staff to understand how the physical and mental reactions of the person linked to their past history. With hard work and dedication from staff the person had eventually been able to go on trips outside of the home and then enjoy a holiday.

The provider told us in the PIR that FitzRoy were in partnership with a network of universities to capture the experiences people with a learning disability to be supported with end of life care. A close friend of a person who used the service told us how staff had supported the person to remain in the service when they reached the end of their life, as was their choice. They told us staff had gone above and beyond to enable the person to stay there and said, "They provided exceptional care at the end of [person's] life. They described how the person had a love of baking and the smells from this. When it was thought the person was nearing the end of their life, a group of staff, who were not on shift, had gone into the service in the early hours of the morning and baked cakes so the person was surrounded by the smell they loved when they passed away.

Staff had worked hard, often in their own time, to build a remembrance garden with memorials for people who used the service who had passed away. This had been designed to create a space for people and relatives to be able to sit and remember people. Staff had created a peaceful and comforting area and we saw that one person who had passed away had their ashes placed in the remembrance garden, in line with their relative's request.

People's goals and aspirations were known by staff and these were regularly reviewed to ensure people were being supported to meet them. One person with complex needs had wanted to go swimming and we saw staff had supported them to achieve this. Another person had wanted to visit their childhood home and staff had worked to make this happen. This had a positive impact on the person who had recalled childhood memories. Staff had placed photographs of the visit on the person's bedroom wall so they could remember the day.

Relatives told us they were always welcome at the service and that staff supported people to go to visit their relations too. One relative told us, "I always feel welcome and feel more like one of the staff." Friends and family days were held to support people to maintain relationships, as well as the use of IT equipment. We saw people were supported to maintain relationships and establish new ones. One relative told us that their relation (who lived in the house) was supported to spend time in the apartments too. They said, "It gives [relation] a change of scenery and a chance to spend time with other people." We observed one person being supported to go from their apartment to the other apartment to have lunch with friends there. Relatives described examples of them being unable to visit their relation sue to ill health and said staff had gone the extra mile to support the person to go and visit their relative instead.

Outstanding ☆

Is the service caring?

People were supported by staff who knew them well and understood their individual needs, how they communicated and their likes and dislikes. This was an important aspect of people's care due to their limited verbal communication. Our observations showed staff clearly knew people well and staff supported us to speak with people as they clearly knew how individuals communicated and how to interpret their answers.

We observed staff gave people choices about their life and how they spent their time. One relative told us their relation was supported with choices, stating, "Staff show examples of three so they have a choice." We observed staff offering people choices of what to eat using visual aids and picture cards. People were involved in meetings to decide menus and activities and staff used recipe books to show people the choices. People had been involved in the recent redecoration of their bedrooms. Bedrooms were highly personalised to individual preferences and people had been involved in designing and shopping for their chosen furnishings. One person showed us their bedroom, which they had recently been involved in refurbishing, and were clearly happy and proud to show this to us.

People's diverse needs were respected and staff supported them to attend their preferred places of worship. The registered manager described three different places of worship which people preferred and were supported to attend. One member of staff told us, "Several people go to church and Sundays are a very busy day." One person had preferences for food based on their culture and staff described how they made meals and took this person to a restaurant which met their cultural preferences.

The registered manager told us that one person was currently using an independent advocate and two people had been supported to access advocates recently. Staff had an understanding of when people should be supported to get access to an advocate. One member of staff said, "Two people have used advocates as they do not have family to support them." Advocates are trained professionals who support, enable and empower people to speak up.

People were supported to have their privacy and were treated with dignity. Both of the relatives we spoke with told us they felt people were treated with dignity and were treated as individuals. We observed staff treating people with dignity and people were supported to have time alone when they wanted to.

Records gave evidence that staff supported people to have privacy and discussions with staff showed they understood the values in relation to respecting privacy and dignity. One member of staff said, "If you're going to do something, explain it first. People have their own individual rooms and people can spend time in their own rooms." Staff were given training on the values in relation to privacy and dignity when they first started working in the service. The registered manager told us the management team carried out frequent observations of staff practice to ensure staff worked to these values.

Good

Is the service responsive?

Our findings

People and their relations were involved in planning their own care and support. We saw letters had been sent out to family members asking them how much they wished to be involved in care planning, with three options for levels of involvement. One relative we spoke with told us they were involved in the planning of their relation's care and that staff kept them informed with any changes. Another relative told us they were involved in six monthly reviews of their relation's care and support. Both relatives told us they felt their relation and themselves were fully involved in the care and support given. We saw from care records that people and their significant others had been involved in regular care plan reviews.

People were given a key worker and a named nurse who was responsible for ensuring care was planned and delivered in line with people's needs and preferences. Staff told us they had seen care reviews being held with people who used the service, their relatives and their named nurse and said these made sure people had their care planned in line with their preferences. An action arising from care reviews was that people preferred a shower rather than a bath and so a suitable shower had been installed so people's wishes could be respected.

Meetings were held for people to get involved in and these were used to communicate what was happening in the service, and to get people's views on what activities they would like to do. There was also a weekly menu planning meeting where people chose the meals for the following week.

People were supported in their independence. Relatives told us staff enabled people to get involved in daily living skills and we observed this on the day of the inspection. Raise and lower work surfaces had been installed in the service to enable people in wheelchairs to participate in daily living skills such as cooking.

People were supported to live an active life and to follow their hobbies and interests, as well as seek out new ones. One relative we spoke with told us, "[Relation] is always out or doing something and has a better social life than me. Staff support [relation] to go to places like the theatre, swimming and the pub." Another relative told us, "[Relation] goes out a lot to swimming and weekends away." One relative described how their relation was supported to go back to their old school and keep in contact with their friends. They told us staff had recently supported their relation to attend the school functions such as bonfire night and a local fair. Relatives and staff told us of holidays people were supported to go on. One relative told us, "The holidays are fantastic."

People benefited from a large, well equipped sensory room and staff told us this was used at least three times a week. There was also a conservatory which was used for activities such as art work and an external art activity company visited the service weekly. We saw people had been supported to make items such as pumpkins jars for a recent Halloween party. There were also other creations and artwork items people had been supported to make. We observed the art activity on the day of our inspection and saw this had a positive impact on people with them smiling and clearly enjoying themselves.

Staff we spoke with told us they felt people were supported to have an active social life. One member of staff told us, "There are a lot of activities here. Always doing something." We saw from care records that there was detailed guidance for staff about how to involve people in leisure pursuits and what benefits people got from the activities. For example one person liked the sensory feel of cooking and using ingredients and staff involved the person in cooking by getting the person to smell, touch and taste the ingredients. They then recorded how the person had responded to different sensations, to enable them to tailor the activity to what worked well.

We observed people were comfortable with staff and the registered manager and they all had an excellent understanding of their gestures and body language. Staff told us they would know immediately if a person was unhappy and knew to raise this with a nurse or the registered manager. Staff had guidance in care plans which detailed the gestures people may display if they were uncomfortable or unhappy and gave information on how to respond.

We spoke with two relatives and they both said they would feel comfortable raising issues with the staff or the registered manager if they had any concerns. One relative told us, "I have no concerns at all and I would be able to tell if [relation] was unhappy, as would staff." Another relative said, "[Relation} is obviously content and would let us know if there were any issues."

Good

Is the service responsive?

If people raised a concern they could be assured this would be listened to and acted on. We saw there had been one complaint raised and we saw this had been dealt with appropriately and the complaint had been resolved following a meeting with the person.

Good

Is the service well-led?

Our findings

Relatives we spoke with spoke positively about the care and support delivered in the service. A close friend of a person who used the service told us that when they had first looked for a care home for the person they, "Could never have imagined that [person] could live such a full and positive life." People who used the service and their relations were supported to have a say in how the service was run through regular meetings and an annual survey. The survey results were analysed and an action plan given to the registered manager if there were any issues to address.

We saw there were regular meetings held for people who used the service and these were used to discuss future events, individual goals and discuss any issues people had. People's relations were supported to be involved in the service and to give their views and support people to make choices. There was a 'carer's forum' held regularly for relations to meet and share views and ideas with the registered manager. One relative told us they sometimes went to the forum but said that, "We can raise things anytime and our views are listened to." There was also an open day planned for relatives to visit the service and meet the Trustees of Fitzroy and one relative we spoke with told us they would be attending this.

There was a registered manager in post and she worked full time in the service. The registered manager was supported by a nursing deputy who was the clinical lead and another deputy who had specific responsibilities, such as health and safety.

We observed people had a good relationship with the management team and were comfortable with them. We saw the registered manager and deputy manager interacting with people and they clearly knew people's personalities very well and engaged with them in an open and inclusive way. The registered manager ensured we were introduced to all of the people who used the service when we arrived, stating, "This is their home and they should know who is visiting."

Relatives we spoke with said the registered manager and the management team were approachable and always available. One relation said, "The manager is lovely, always available and so is the deputy." The second relative said, "I have a good relationship with the management team."

Staff were valued by Fitzroy, who are part of 'investors for people.' 'Pride of Fitzroy' awards were given for staff who went the extra mile to enhance people's lives. We saw staff at Huws had been nominated for the Fitzroy award for their role in creating the remembrance garden. The provider told us in the PIR that staff were informed to report all concerns they had with regards to any practice they felt was not appropriate for the people they supported and that staff were reminded of this during supervisions and staff meetings. Staff told us they were able to raise issues or put forward ideas with the management team and felt they were listened to.

Staff were given an opportunity to have a say in how the service was running through regular staff meetings. We saw these meetings were used to give information to staff and for staff to raise any issues or suggestions for improvement. One member of staff told us, "I feel listened to. The management team are approachable. I enjoy working for the company." Another member of staff said, "The management are really approachable. Probably some of the best bosses I have worked for." We observed the staff were happy in their work and there appeared to be good team moral with staff communicating well with each other.

The management team carried out audits of a range of areas of the running of the service for example testing the competency of staff, environmental and infection control audits. One member of staff said they believed that audits carried out were effective and said, "I couldn't fault that."

People could be confident that the service was carefully monitored and any improvements identified were implemented. There were audits carried out by representatives of the provider's senior management team and the health and safety committee who produced action plans of any improvements needed. These audits included checking on the progress made on the action plans given to the registered manager to implement at previous audits.