FitzRoy Support

Timber Grove

Inspection report

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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

This inspection took place on the 4 and 8 February 2016 and was unannounced.

Timber Grove provides accommodation and support for up to 15 people who have a physical disability, learning disability or sensory impairment. There were 11 people living at the service when we inspected. The home does not provide nursing care.

There was a registered manager in post. 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.

The service provided good care and support to people enabling them to live fulfilled and meaningful lives. People were treated with kindness, dignity and respect by staff who knew them well. Staff were caring and responsive. Care plans were person centred and were reviewed regularly.

People were cared for by staff that had been recruited and employed after appropriate checks had been made. There were sufficient numbers of staff available to meet the needs of people. People were protected against potential abuse as staff had received training and understood their responsibilities to keep people safe. Medicines were stored and administered in a safe way.

We found there were policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were aware of what these meant and the implications for people living at the service. Where people had been deprived of their liberty, applications had been submitted to the local authority for a DoLS authorisation.

There were quality assurance systems in place which assessed and monitored the quality of the service. These included audits on medication management, incidents and accidents and health and safety.

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.

There were sufficient staffing levels to meet the needs of people.

People were protected from the risk of harm. Staff had received safeguarding training and knew how to keep people safe.

Medication was managed safely.

Is the service effective?

Good

The service was effective.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff received appropriate training to support them to deliver care and fulfil their role.

People were supported to maintain good health and had access to appropriate services.

Is the service caring?

Good

The service was caring.

Staff knew people well and had a good understanding of people's care and support needs.

People were supported to communicate their needs and preferences.

Staff interactions with people were positive and the atmosphere in the home was relaxed and calm.

Is the service responsive?

Good

The service was responsive.

People's care plans were person centred and contained all

relevant information needed to meet people's needs.

People were supported to take part in a range of activities both in the home and in the community.

There was a clear complaints system in place and complaints were responded to in a timely manner.

Is the service well-led?

Good

The service was well led.

Staff were fully supportive of the vision and values of the service.

There were effective systems in place to monitor the quality of the service people received.

Timber Grove

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.

The inspection took place on the 4 and 8 February 2016 and was unannounced. The inspection team consisted of one inspector.

Prior to the inspection we reviewed all the information we held about the service including statutory notifications we had received about the service. Notifications are changes, events or incidents that the provider is legally obliged to send us.

A significant number of the people at the service had very complex needs and were not able verbally to talk with us, or chose not to, so we used observation as our main tool to gather evidence of people's experiences of the service. We also 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.

We spoke with six members of staff, the deputy manager and the registered manager. We contacted health and social care professionals such as GPs and occupational therapists to seek their views about the service.

We reviewed a range of documents and records including people's care plans, risk assessments and daily records of care and support. We also looked at records which showed how the service was managed, reviewed staffing records, quality assurance information and minutes from staff meetings. We also reviewed people's medical administration record (MAR) sheets.

Good

Is the service safe?

Our findings

People were protected from the risk of harm and abuse. The service had safeguarding and whistleblowing policies and procedures in place and safeguarding guidelines were displayed in the office. These documents provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff had received up to date safeguarding training and understood the importance of keeping people safe and protecting them from harm. Staff we spoke with were able to identify the different types of abuse and told us what they would do if they witnessed or suspected abuse. One member of staff told us, "I would immediately tell the shift leader and management." Another said, "I would ensure the person is safe and speak to the manager." Staff told us they would use the whistleblowing procedure and knew they could contact outside organisations such as the local authority or CQC. One staff member told us, "We are encouraged to whistle blow and I have done and wouldn't hesitate in doing so again." The registered manager was a safeguarding trainer for the provider and safeguarding was a standard agenda item at team meetings

Risks to people were well managed. The care plans we reviewed contained individual risk assessments. These identified the risk to the person, for example, accessing the local community or supporting people to transfer safely and the actions in place for staff to follow to reduce any risk. A member of staff told us, "We need to keep people safe. There are risk assessments in place so everyone is aware of any potential risks." This ensured staff knew how to manage risks and to support people safely.

People were cared for in a safe environment. Systems were in place for monitoring health and safety to ensure the safety of people, visitors and staff. We saw records of weekly fire alarm tests and evidence that equipment such as hoists, slings and specialised baths were serviced and maintained. Accidents and incidents were reported on the provider's on line reporting system and were monitored by the registered manager and by the provider. This ensured that if any trends were identified actions would be put in place to prevent reoccurrence. Quarterly health and safety checks were undertaken by the provider's quality assurance manager. The registered manager also received health and safety newsletters from the provider which provided health and safety guidance and updates both nationally and within the provider's organisation.

The home was generally well maintained. The provider employed a maintenance person who worked two days a week carrying out general repairs. Communal lounges had recently been redecorated and people had been involved with choosing wallpaper and paint colours. We saw that people's bedrooms had been personalised and reflected people's personalities. We noted that some areas of the home were in need of redecoration such as corridors and people's bedroom doors which had been badly marked by wheelchairs. The registered manager told us these works had been placed on hold pending the outcome of a planning application, due to be heard March 2016, to build a purpose built building within the grounds of the home.

There were processes in place to keep people safe in the event of an emergency. Staff understood what they should do in emergency situations and had access to a list of contact numbers to call, which included the provider's on call management team. There were personal evacuation plans (PEEPs) in place for people.

The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely evacuate a building themselves.

There were enough skilled staff to support people and meet their needs. During our inspection we observed staff providing care and one to one support at different times. Staff were not rushed and attended to people's needs in a timely manner. Staff told us there were enough staff. One member of staff said, "There's enough staff and we [staff] are flexible to ensure we meet people's needs. We are not rushed at all, I like to take my time and ensure people's needs are met and they're not rushed themselves."

People received their medication safely and as prescribed. People had care plans for their medication which included details on what medication they were taking, why they were taking the medication and possible side effects. A healthcare professional said, "In the event of any risks to clients or concerns, these are always highlighted speedily and dealt with appropriately."

People had individual medication administration records (MAR) which included a photo of the person. We observed a medication round and saw staff check the person's MAR before they administered medication. This ensured the person received the right medication. The home had 'as and when required' (PRN) medicines protocols in place. Training records confirmed staff had received appropriate medication training and staff practices were observed every six months. There were appropriate arrangements in place for the ordering, storage and disposal of medication. Regular audits of medicine practices were undertaken by management. A healthcare professional told us, "There are safe policies in place for administering homely remedies and emergency drugs when needed, for example for status epilepticus." Status epilepticus occurs when a seizure lasts too long or when seizures occur close together and the person doesn't recover between seizures, which can be dangerous.

An effective system was in place for staff recruitment to ensure people were safe to work at the service. This included carrying out disclosure and barring checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. The recruitment procedure included processing applications and conducting employment interviews, checking a person's proof of identity and obtaining references. The recruitment records we looked at confirmed that appropriate checks had been undertaken and that the provider's recruitment processes had been followed.

Good

Is the service effective?

Our findings

People who lived at the home received effective care and support from staff. Our observations showed that staff, the deputy manager and the registered manager knew people very well and were able to explain people's care needs and individual personalities.

Staff were supported to gain the knowledge and skills required to support them in their role. All staff had completed an induction and did not work alone until they were competent to do so. Staff told us they had received a good induction. One member of staff told us, "We did a lot of training, getting to know people and reading their care plans. We were slowly introduced and shown how to do everything we weren't thrown in at the deep end. I had to observe [experienced staff] three times and they then observed me three times before I worked on my own."

People were cared for by staff who were supported to develop their skills and knowledge to provide good care. All staff were required to complete mandatory training such as safeguarding, medication, moving and handling, infection control, Mental Capacity Act, health & safety, food hygiene, first aid and fire safety. Staff also received specialist training to meet the needs of people for example epilepsy and autism awareness. One member of staff told us, "We have a lot of training it's very good everything you could possibly need. I'm sure if there's anything else you want to learn [names of registered manager and deputy manager] would sort it out." Records provided by the registered manager confirmed staff had received training suitable for their role. The provider had an ongoing training plan to support staff to develop their skills and knowledge and 18 members of staff had completed a relevant health and social care qualification or were registered to do so. This meant people were supported by staff that had the skills and knowledge to meet their needs and ensure their safety.

Staff told us, and records confirmed, they received regular supervision and each year had an appraisal of their performance. Staff told us they felt supported in their roles and that the management team was available to them should they need support. Staff meetings took place on a regular basis and were used as an opportunity to provide support and improve practice. In a recent meeting managers and staff had discussed the provider's newly implemented staff training programme and moving and handling guidelines.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). 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.

Staff received training on MCA and had an understanding of the key principles of the MCA and DoLS. We spoke with the registered manager who was aware of their responsibilities with regard to DoLS. Records we looked at showed assessments had been undertaken of people's capacity to make decisions. Where people

had been deprived of their liberty the registered manager had recently made appropriate applications to the local authority for a DoLS authorisation.

People were asked for their consent before receiving care and support. Staff knew how to support people in making decisions and this information was clearly recorded in people's care plans. A staff member said, "We need to make sure we give people as much choice, independence and decision making as possible. If people make a decision we do not really agree with its important we support them. Sometimes people don't have capacity and we hold a 'best interest' meeting. Families, friends and healthcare professionals are invited to attend."

People were supported to access healthcare when required and to attend appointments. Care files included information regarding appointments, outcomes and copies of letters sent to and received from healthcare professionals. One healthcare professional told us, "They bring patients to appointments when required, or we go out and visit the home. In either case, the carer is usually well informed concerning the reasons for the consultation" and, "They ensure all patients have their annual disability health check." People had Hospital Passports. These are documents which include the person's medical and support needs. They are used as a quick reference for sharing information with other healthcare professionals. This ensured continuity of care and reduced people's anxiety.

People were supported to have a balanced healthy diet. Staff had a good understanding of people's nutritional needs and how these were to be met. Staff used a variety of ways to support people to choose what they wanted such as pictorial menus and showing people a choice of food. One staff member told us, "Communication can be an issue for the people we support. We have to try different things so sometimes its trial and error to find out what food people like and dislike. Through experience, and knowledge gained from families and people's personal care plans, we get to know what people like to eat."

Good

Is the service caring?

Our findings

Staff provided a caring and supportive environment for people who lived at the home. During our inspection we observed staff interacting positively with people and there was a relaxed and happy atmosphere within the home.

The home had a strong visible person centred culture. Staff had developed positive relationships with people, were very knowledgeable about the individual needs of people and communicated with them effectively. Care plans we reviewed contained detailed information on effective communication such as the use of Makaton and what people's facial expressions or noises they made meant. This was an important aspect of people's care due to people's limited verbal communication.

Throughout our inspection we observed warm interactions between staff and people. Staff took time to talk to people and ensured they were included in what was going on. People responded positively to staff and their body language and facial expressions showed they were comfortable and happy. A healthcare professional told us, "The patients have high levels of need but they are always treated in an extremely caring manner and their wishes and preferences are always accounted for."

Staff treated people with dignity and respect. During our visit we observed people being treated as individuals. Staff called people by their preferred names and spoke directly with people when providing support. Staff told us how they would support people's privacy and dignity for example they ensured bedroom and bathroom doors were closed when delivering personal care and would be discreet when discussing people's personal care needs in communal areas. The registered manager told us it was difficult to seek people's views about their care and support and told us each month staff tried to ascertain whether people had been 'sad' about anything.

Staff supported people's diverse needs. Care plans contained information on people's religious and cultural needs. The registered manager and staff told us people were supported to attend a local church on Sundays if they wished and a Eucharist minister visited the home each week.

The home had a visitor's policy in place and families and friends were encouraged to visit their relatives; there were no restrictions on visiting times. Staff also supported people with visits to their family's home.

The registered manager told us people were supported to access advocacy services if required and confirmed that one person using the service had an advocate. An advocate supports a person to have an independent voice and express their views when they are unable to do so themselves.

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. People were supported as individuals, which included looking after their social interests and wellbeing.

People had person centred plans in place which comprehensively detailed the support they required. Care plans also included information on people's personal history, their goals and aspirations and likes and dislikes and guided staff on how to support a person if they became anxious or distressed. Care plans were in pictorial format and contained photos of the person in activities they had been involved in. If an individual's needs changed these were discussed at staff handover meetings, monthly team meetings and recorded on the person's care file. The registered manager told us, and staff confirmed, that a memo was also written when a person's needs changed; staff were required to sign this memo to confirm they had read and understood the information.

People's care needs were reviewed regularly to ensure they received up to date and responsive care. Records confirmed that families had the opportunity to be involved in their relative's care and that they had been kept informed of any changes. When care plans were reviewed they were emailed to the person's relatives. Feedback from relatives included, "A very informative person centred plan. It was lovely to see that it had been updated with photographs from their last birthday celebration with the family and with [name of person] wedding" and, "Thank you very much for this I found it very moving. I thought the report was done speaking in [name of person] own voice and having illustrations and photos was wonderful. Things have changed so much for the better."

There were a broad range of activities available to people both within the home and the local community to ensure people lived full lives and enjoyed their days. A healthcare professional told us, "They actively promote physical and mental well-being in their residents with a wide range of activities." On both days of our inspection we saw people getting ready to go out in the community and taking part in the 'in house' activities; pet therapy and a craft course delivered by the occupational therapist (OT) team. The registered manager told us the OT team were delivering a six week course which was aimed at encouraging people who would not usually engage in activities. Staff supported the sessions and people were happy and joining in with the activity; some people showed us things they had made in previous sessions. The registered manager told us the project had been very successful and people who would not normally join in activities had participated. She said staff had also learnt from the sessions and would be continuing to deliver this type of activity for people when the course ended. The registered manager told us, "We have lots of people with very different needs. We want to improve the activities delivered in the home and this is our focus over the coming months, particularly given the level of funding is not there now for community activities, those days have gone, so we have to be more creative. This year we also want to do things people wouldn't ordinarily do, for example [name of person] would like a day out in a Lamborghini."

The service actively involved people in their care, the service and wider organisation to ensure people felt listened to and part of the organisation as a whole. One person who lived at the home was supported by staff to attend the provider's 'Super South' service user forum. The registered manager told us, "[name of

person] loves it and has also helped out at the management conference and was involved in an interview for a director's post. It's made a real difference to [name of person] and they feel accepted and part of the group." The registered manager told us how staff supported the person to prepare ahead of the forum meetings for example practicing Makaton. She said, "We take a tablet which has been installed with a software programme which 'speaks out' the word, it's excellent. We are going to start using it a lot more to help communication; it will give us hundreds more signs and will be more inclusive for those people that use Makaton."

The provider had a pictorial complaints policy in place. There had been no complaints received by the service within the last year. Staff knew about the complaints policy and told us they would notify the registered manager or deputy manager if anyone had a concern or complaint. The registered manager told us that due to people's complex needs they had not received any complaints from them but measures were in place to try and capture whether people were unhappy with any aspect of their care at their monthly review meetings.

Good

Is the service well-led?

Our findings

The provider had clear vision and values. These values were embraced by the service which promoted a positive person centred culture and focussed on people having the opportunity to be active citizens and lead fulfilled lives. The registered manager was able to lead by example and support staff to share and deliver their vision of good care because they felt well supported themselves. She told us they were well supported by senior management who visited the home on a regular basis. The registered manager also attended regional managers meetings which provided an opportunity to review practices, share experiences and knowledge, discuss new initiatives and look at any challenges. We asked the registered manager what they were most proud of. She said, "The way we have moved on. Now it is more open and honest and we share progress with staff. People are more involved in their own home and going to college. We [registered manager and deputy manager] have clear ideas on the direction we want to take."

The registered manager and deputy manager were very visible within the service. Staff told us that both managers were approachable and supportive and felt they were able to raise any concerns with them. Staff told us they enjoyed their work and felt valued and listened to by the management team. Comments included, "We get a lot of support from [names of registered manager and deputy manager]. They are really approachable," "I am very lucky the managers are very considerate, helpful and approachable" and, "Management are wonderful, we have really good management."

There were robust systems in place to monitor the service and audits were undertaken to continually review and improve the quality of the service provided to people, for example, regular audits were undertaken on medication management and health and safety. The provider's quality assurance manager also carried out audits on a quarterly basis and monitored any identified actions. This showed that the home had a quality assurance programme in place which was effectively monitored.

The provider carried out an annual 'Have Your Say' satisfaction survey as part of their work to include people in the running of the service and ways to continually make care better for people. We saw the results from the 2014 survey. Comments received from people included, "I am impressed with the on-going visits in the community with the residents. The staff are wonderful," "The building and environment are welcoming and reflect the choices and characters of the people that live there," "We are grateful for all at Fitzroy for the care and support they show to [name of person]" and, "Dedication of staff to my client is excellent." A healthcare professional told us, "I have worked closely with Timber Grove since 1993. I have good relationships with the staff and management, and I regard the service they provide to the residents as excellent."