

FitzRoy Support

Turnbull Close

Inspection report

56-58 Turnbull Close
Stone
Greenhithe
DA9 9EB

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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

About the service

Turnbull Close is a residential care home providing personal care to 10 people living with a learning disability and / or complex physical needs at the time of the inspection. The service can support up to 12 people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 12 people. Ten people were using the service at the time of the inspection. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. The service is split into two joining units, each with six bedrooms, a bathroom, a kitchen and a lounge. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People were supported to be an active part of the local community, for example visiting day centres and cafes and they were supported with attending jobs and activities.

People were supported by enough staff who had been recruited safely and were trained and knowledgeable. The registered manager kept the staffing levels under constant review. This enabled them to make sure people were supported to attend appointments, work and other activities.

Risks to people's health, safety and well-being were identified and measures were in place to minimise risks. Staff knew how to keep people safe and understood how to protect people from the risks of abuse, discrimination and harm. They knew how to report any concerns and felt they would be listened to. People

were relaxed in the company of each other and staff. Staff knew people well and were observant in noticing small changes in people's body language which may indicate they were unhappy, in pain or anxious. They knew what action to take to reduce people's anxiety.

People were supported to have their medicines safely and on time. People's physical, mental health, social and emotional needs were regularly reviewed, and they were referred to health care professionals when needed. Staff followed advice and guidance from health care professionals to help people stay as healthy as possible.

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

People were supported by kind, caring and compassionate staff. Throughout the inspection we saw positive interactions and staff helped people to do things for themselves as much as possible. People were supported to stay in touch with people who were important to them and visitors were welcome at any time. Their privacy and dignity were respected. People lived together in a relaxed atmosphere. The service was clean and tidy, and people had decorated their rooms with their favourite possessions, such as photographs.

Regular checks on the quality of the service were completed and action was taken when a shortfall was identified. The registered manager welcomed feedback and had oversight of the service. They lead by example and staff told us they felt supported and valued by them.

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

Rating at last inspection

This service was registered with us on 16 January 2019 and this is the first inspection.

The last rating for this service was Good (published 15 August 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on our current inspection programme.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Turnbull Close

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people, five staff and the registered manager. We observed the support people received using 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 reviewed a range of records. This included three people's care and support plans and multiple

medicines records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service including checks, audits and policies, were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risks of discrimination, abuse and avoidable harm by staff who understood how to keep people safe. Staff completed regular training about keeping people safe and knew how to report any concerns they may have. They felt confident the registered manager would take any action needed to protect people and understood they could take their concerns to outside agencies, such as the local authority, if needed.
- The registered manager and staff followed the provider's safeguarding process. Concerns, such as incidents between people, had been reported to the relevant authorities.
- Concerns, accidents and incidents were monitored and reviewed. When necessary an investigation was completed. These were discussed openly with the staff. Where a lesson could be learned, or something could have been done differently this was shared with staff.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and monitored. Measures were in place to reduce risks to people. For example, when a person was at risk of choking, there was information which staff followed about how to prepare people's meals, what position they should sit whilst eating, and what action staff should take if a person began to choke.
- When people lived with epilepsy, there was guidance for staff about how the person may present when having a seizure, such as appearing absent, with their head dropping down or staring and not responding to communication. Information included how to support a person at this time and what aftercare they may require. If a person had a seizure this was recorded to enable the registered manager to check for any pattern or possible triggers and to contact health care professionals if needed.
- Risks to people's health, safety and well-being were regularly reviewed to make sure the guidance for staff was up to date.

Staffing and recruitment

- People were supported by a staff team who were recruited safely. Checks, such as Disclosure and Barring Service criminal record checks, were completed to make sure new employees were safe to work with people. References, including the last employer were received.
- We found one staff file contained a discrepancy on the dates of a member of staff's employment on a reference compared to the application they had completed. This had not been identified by staff at head office or the registered manager. The registered manager took immediate action to address this.
- People were supported by enough staff. The registered manager continuously monitored staffing levels and adjusted them in line with people's needs. This enabled people to go into the local community and attend appointments.

- Staff told us there were always enough staff on each shift and that they spoke with the registered manager if they wanted to do something which would need additional staff.

Using medicines safely

- People received their medicines safely and on time by staff who were trained and had their competency assessed. Staff were reminded of best practice guidelines in regular staff meetings.
- Medicines were stored safely, at the correct temperature, to make sure they were effective. Records of administration were completed. These were checked to make sure staff had signed the records in line with best practice. For example, when a medicine was hand written on the medicine's administration record, this was signed by two staff. When a signature had been missed, action was taken to make sure the person had received their medicine or their cream had been applied. Any allergies to medicines were clearly recorded.
- When people needed medicines on an 'as and when' basis, such as to relieve pain or anxiety, there were clear protocols for staff to record the reason for giving the medicine, how often it could be administered in a 24-hour period and whether the medicine had been effective.
- People were not all able to tell staff if they were in pain. Detailed information was provided to help staff understand the non-verbal signs that may indicate a person was in pain. For example, one person's care plan noted they may shout if they were in pain or they may become quiet and subdued if they were feeling unwell.

Preventing and controlling infection

- The service was clean and free from unpleasant odours. Staff wore gloves and aprons when supporting people with their personal care to protect them from the risks of infection.
- Staff completed training about infection control to keep up to date with best practice.
- The registered manager and deputy managers regularly checked the service to make sure a good level of cleanliness was maintained.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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; Staff working with other agencies to provide consistent, effective, timely care

- People's physical, mental health, social and emotional needs were holistically assessed. Evidence based guidance, such as a Waterlow score to measure the risk of acquiring a pressure sore, were used.
- People were supported to express their lifestyle choices, such as sexuality, religion and disability to make sure they continued to live their life as they chose.
- People and their relatives or representatives were involved in the planning and reviewing of their care and support.
- People were supported by staff who worked with their care managers, relatives and the local learning disability team to make sure any move to or from the service was co-ordinated, timely and centred on the person's needs.
- People's oral health was assessed and monitored. Staff were knowledgeable about supporting people with their teeth and supported them to attend dental appointments. The registered manager had completed an analysis on people's dental care and had spoken with staff about the Care Quality Commission's 'Smiling Matters: Oral Care in Care Homes' report to increase their awareness.

Staff support: induction, training, skills and experience

- Staff completed an induction when they began working at the service. They worked alongside experienced colleagues to get to know people and their routines. New staff completed the Care Certificate. This is an identified set of standards social care workers adhere to in their daily working life.
- Staff told us they completed regularly training which was a mix of face-to-face and e-learning. Most training was classroom based which enabled staff to discuss the topics and any challenges they faced. Topics, such as moving and handling and positive behavioural support, had both a theory and practical training session and observation checks were completed to make sure staff were competent. Training was closely monitored, and the registered manager had good oversight of when staff were due to refresh their training. This enabled them to arrange courses as needed to make sure staff kept up to date.
- Staff met with the registered manager to discuss their performance and personal development. The deputy manager told us they had recently been supported to complete a leadership programme which they had enjoyed. They told us, "[The registered manager] is supportive. They have listened to where I want my career to go. I have a real sense of belonging here and my confidence has grown".

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

- People were supported to eat a healthy, balanced diet and to drink plenty. Meals were planned around people's activities. When people were supported with their meals, staff sat with them and spoke with them

about what they were eating. People were not rushed, and staff were patient.

- People were empowered to make drinks when they wanted them. Staff helped people by reminding them where their cup was and showing them which cupboard items were in. They allowed people to do things for themselves when possible.
- When people needed to have their meals pureed, this did not prevent them going out with others for meals. Staff sourced a local pub who were happy to provide meals in a way that suited people best. This enabled people to enjoy the social aspect of eating out with friends. Staff told us, "They always make us feel welcome. They puree the meals when we need it. It is great that people can enjoy going out for lunch and don't have to miss out".
- People were referred to health care professionals, such as speech and language therapists, when there were any concerns about their eating or drinking. Staff followed advice and guidance, such as fortified diets or pureed meals.

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

- The service was designed around people's needs. Corridors and doorways were wide to allow easy access for wheelchairs.
- People's rooms were very personalised. They were full of people's photos, ornaments and other personal effects.
- The bathrooms were in the process of being updated. The registered manager told us the bathrooms were going to include sensory items to make bathing a more relaxing and enjoyable experience. When changes were made to people's environment, staff took them out. This helped make sure they did not become anxious or distressed with any excess noise or disruption.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with people's health care professionals. The registered manager said, "We have a really good relationship and a lot of input from physiotherapists, occupational therapists and speech and language therapists. We also work closely with the local authority commissioning and safeguarding teams".
- The registered manager and staff were knowledgeable about people's health conditions. They noticed small changes in people's behaviour which may indicate a decline in health and contacted health care professionals when needed.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager and staff had a good understanding of the MCA and DoLS. DoLS applications were made in line with guidance. They made sure people and their representatives were involved in making decisions about their care and support.
- People's capacity was assessed when making specific decisions and their representatives were involved in making those decisions if they were unable to do so themselves. For example, some people were not able to

consent to having the flu jab. Staff met with people's relatives and health care professionals to make the decision in their best interest.

- DoLS had been applied for, and the Care Quality Commission had been informed of authorised DoLS, in line with guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- People were treated with kindness. Staff were patient and spoke with people gently, waiting for a response. People's individual needs and lifestyle choices were taken into account. People were supported to attend religious services and events when they wished to.
- People were relaxed in the company of each other and staff. Staff showed a genuine compassion towards people. People had built trusting relationships with staff. For example, during the inspection people turned to staff for support and held their hand. When people were unable to communicate verbally, there was clear guidance for staff about how a person's body language may change if they were unhappy or angry. For example, staff told us a person went very quiet when they were feeling sad and that music had a calming effect on the person.
- People were encouraged to maintain relationships with friends and family. Visitors were welcome at any time and there were no restrictions.
- Each person had a 'hospital passport'. This was a summary of the person's health care needs, their preferences and how best to communicate with the person. This was used to hand to other health care professionals.

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

- People were often supported by their relatives to make decisions about and review their care. The registered manager invited people's loved ones to meetings to review their care plan and to discuss any changes in a person's care and support.
- Staff knew people well. They understood when people may need additional support to make decisions and made sure people had access to the information they needed in a format they could understand. When people did not have family or friends to support them, the registered manager told us they had contacted a local independent advocate. An advocate supports people to express their needs and wishes and helps them weigh up all the options available and make decisions.
- Each person had a keyworker. This is a member of staff who takes the lead in co-ordinating a person's care and support. They followed up on actions needed when people were referred to health care specialists, such as checking for updates with the local wheelchair clinic.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Staff knocked on people's doors and spoke with them before entering.
- People were empowered and supported to remain as independent as possible. The deputy manager said, "We want people to reach their full potential". They spoke proudly of people's achievements. For example,

they told us about a person who did not like to go out in the community who now goes shopping with staff and pushes the trolley. They said, "[This person] never liked to join in with things in the service because they couldn't cope with the people, music and noise. We had a Halloween party and they came for an hour and really enjoyed it. These are both big achievements".

- People's rights to confidentiality were respected. Staff were discreet when speaking with people. Records were kept securely to protect their confidential information. Systems were in line with General Data Protection Regulations.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that was centred on them and their individual needs and preferences. People's physical, mental health, social and emotional needs were assessed, monitored and reviewed with them and their relatives to make sure their needs were met.
- People's life history and important information about how they liked to be supported was recorded. This helped staff get to know people and their preferences. Staff knew people well. They knew about people and objects that were important to people.
- People were supported to maintain control of their life. Staff involved people's relatives and representatives to make sure people could be as independent as possible and were supported to make decisions and choices.
- Communication between the staff was good. A handover was completed at each change of shift. This made sure staff were up to date with any changes in people's needs or appointments they needed to attend.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and reviewed. There was guidance for staff about people's non-verbal signs that may indicate they were upset, sad, distressed or anxious. Staff knew people well and were observant in noticing small changes in people's behaviour which may indicate they were unwell or unhappy. Staff knew what action to take to reassure people and reduce any anxiety.
- People received information in a format that suited them best. For example, easy to read information was available with pictures and in larger text.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to do the things they enjoyed. For example, people attended day centres, went trampolining and used a local hydrotherapy pool.
- Staff spoke passionately about supporting people to do the things they enjoyed. Staff organised events in the service, such as Halloween, which people had enjoyed. Staff told us, "We have regular events. There is a lot of family involvement. I am already planning for Easter and will be doing an Easter egg hunt and an Easter bonnet competition".

- People were empowered and supported to go to take up work opportunities. For example, one person worked in an office and was supported by staff. They told us they used the local bus service to go to work and back.
- Staff used two wheelchair accessible vehicles. People regularly went out to spend time in the local community, visiting shops, restaurants and cafes.

Improving care quality in response to complaints or concerns

- There was a clear complaints process and policy, which was available in an easy to read format. The registered manager any minor concerns to enable them to make improvements.
- A suggestions box was for people, relatives and staff to use. Feedback, including complaints and minor concerns were discussed at staff meetings and used as an opportunity to learn and improve.

End of life care and support

- The service was not supporting anyone at the end of their life at the time of the inspection.
- People were given the opportunity to discuss any support preferences. For example, the registered manager discussed any religious or cultural needs, who the person would want to be with them and any specific arrangements they would like to be made. This enabled staff to follow people's wishes.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People lived in a service that had a relaxed atmosphere and where staff valued people and each other. Staff worked closely as a team to make sure people's needs were met. There was good communication between the staff team. Staff told us they felt valued and supported by the registered manager. They felt listened to and were confident any ideas or concerns were listened to.
- The registered manager met with all staff on a regular basis to coach and mentor and to discuss their personal development. Regular staff meetings were held, and discussions took place about what had been achieved and if there were any areas that could be improved.
- People were supported in a positive way. Staff helped people to do things for themselves rather than doing for them. Throughout the inspection interactions were positive, kind and respectful of people's individual needs and preferences.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager had oversight of the service. They monitored incident, accidents and complaints to make sure, where appropriate, lessons could be learnt, shared and acted on.
- The registered manager understood their regulatory responsibilities and had notified the Care Quality Commission in line with guidance. They understood duty of candour which requires the service to be honest with people and their representatives when things have not gone well.
- The registered manager and staff worked closely with people's relatives, representatives and health care professionals to make sure people received the support they needed.

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

- Staff were clear of their roles and felt supported by the registered manager. The registered manager spoke with staff about the role of the manager to make sure they understood the reasons they were asked to do certain tasks. The deputy managers shared the responsibility for completing certain checks with the registered manager.
- Audits and checks on the quality of service were effective. Action was taken when a shortfall was identified.
- The registered manager kept up to date with best practice and shared this with staff. They utilised

information available through sources, such as Skills for Care and Dignity in Care. The registered manager was planning to join a local registered managers forum to share best practice.

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

- The registered manager welcomed feedback. Surveys, to obtain feedback about the service, had recently been sent to relatives, health care professionals and staff. These responses to these were to be collated by staff at head office. The registered manager told us they would review the results to celebrate areas of success and to check to see where improvements could be made.
- People were supported to be an active part of the local community. They visited local day centres, pubs, shops and cafes. People were also supported with their jobs and attended using local public transport.