FitzRoy Support

Fitzroy Community Support - Richmond

Inspection report

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Date of inspection visit:
23 September 2016

Date of publication:
02 November 2016

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 was an announced inspection that took place on 23 September 2016.

The service is registered to provide domiciliary care and support within people's own homes and the community. It is situated in the Richmond area.

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 and associated Regulations about how the service is run.

This is the first inspection since registration.

One person's relatives said the service provided was that which was required. The support provided was flexible to meet the needs of the person using the service and the designated tasks were generally carried out to their satisfaction. They thought the service provided was safe, effective, caring, responsive and well led, although there were areas that could be improved on.

The records were kept up to date and covered all aspects of the care and support the person received, their choices and identified and met their needs. They were clearly recorded, fully completed, and contained regularly reviewed information that enabled staff to perform their duties.

Staff where knowledgeable about the person they were supporting and the way the person liked to be supported. Staff provided care and support in a professional and friendly way that was focussed on the individual and they had appropriate skills to do so. Staff had received induction and refresher training that enabled them to carry out their tasks.

If required people and their relatives were encouraged to discuss with the manager and staff, any health and other needs that may affect the way support was provided. Agreed information was passed on to GP's and other community based health professionals, if appropriate. If required staff were available to protect people from nutrition and hydration associated risks by giving advice about healthy food options and balanced diets whilst still making sure people's meal likes, dislikes and preferences were met. Currently there was no one receiving a service that required this support.

The agency staff knew about the Mental Capacity Act and their responsibilities regarding it.

One person's relatives told us the office, management team and organisation were approachable, reasonably responsive, encouraged feedback and monitored and assessed the quality of the service provided.

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.

The agency was suitably staffed, with a work force that had been disclosure and barring (DBS) cleared. There were effective safeguarding procedures that staff understood.

Appropriate risk assessments were carried out, recorded and reviewed.

There were no people using the service that required support to take medicine. Staff had been trained to prompt and administer medicine should this be required.

Is the service effective?

Good

The service was effective.

The person's support needs were assessed and agreed with them and their relatives. Their needs were identified and matched to the skills of trained staff.

The person's care plan contained a section regarding monitoring their food and fluid intake to make sure they were nourished and hydrated although this support was not currently required.

The agency was aware of the Mental Capacity Act and its responsibilities regarding it.

Is the service caring?

Good

The service was caring.

The opinions of the person using the service and their relatives, their preferences and choices were sought and acted upon and their privacy and dignity was respected and promoted by staff.

Staff provided support in a friendly, kind, caring and considerate way. They were patient, attentive and gave encouragement when giving support.

Is the service responsive?

Good

The service was responsive.

The agency reviewed their care plan as required. The care plan identified the individual support the person needed and records confirmed that they received it.

The person's relatives told us concerns raised with the agency were discussed and addressed although this was not always done as a matter of urgency.

Is the service well-led?

Good

The service was well-led.

The agency focussed on people as individuals.

The manager enabled people to make decisions and supported staff to do so by encouraging an inclusive atmosphere.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

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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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection that took place on 23 September 2016. 48 hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

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. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

The inspection was carried out by one inspector.

There was one person using the service and staff were supplied from the workforce of the care home in which the agency was situated. The care home is part of the same organisation. During the inspection, we spoke with two relatives and the registered manager.

During our visit to the office premises we looked at a copy of the person's care plan. A copy of the care plan was kept in the office as well as in the person's home. Information recorded included needs assessments, risk assessments, feedback from the person using the service, relatives, staff training, supervision and appraisal systems and quality assurance. We also looked at two staff files. We spoke to two relatives of the person using the service, one staff and the registered manager.

Good

Is the service safe?

Our findings

A relative told that there was suitable staff available to meet the person using the service's needs. They also felt safe using the service. One relative said, "I think the agency provides a safe service."

Staff followed the agency's policies and procedures to protect people from abuse and harm. This included assessing any risks to the person and themselves when delivering a service. They received induction and refresher training in how to recognise abuse and possible harm to people using the service. They had access to the provider's policies and procedures that informed them of the action required if they encountered abuse. The agency's safeguarding, disciplinary and whistle-blowing policies and procedures were also contained in the staff handbook. Previous safeguarding alerts were suitably reported, investigated and recorded. There was no current safeguarding activity.

The recruitment procedure for staff was run centrally by the organisation's human resources department. The process included advertising the post, providing a job description, person specification and short-listing of prospective staff for interview. The interview included scenario based questions to identify people's skills and knowledge of the care field they would work in. References were taken up, work history checked and disclosure and barring (DBS) security checks carried before staff were confirmed in post. There was a six months probationary period and three weeks shadowing of more experienced staff and enough staff were employed to meet the person's needs. A relative said that they interviewed prospective care workers from the agency, who would be providing a service for the person using the service, to decide if they were suitable.

The agency carried out risk assessments as part of the initial overall assessment. The risk assessments enabled people to take acceptable risks as safely as possible and also protect staff. The risk assessments included identified risk and measures to reduce the risk. The risk assessments were monitored, regularly reviewed and updated if needs changed. They were contributed to by the person using the service, relatives and staff as appropriate. Relatives said that staff encouraged input from them to identify any risks that staff may not be aware of. The risk assessment also incorporated any environmental risks within the person's work place and the community, as this was where the person received support. Staff had been trained to identify and assess risk to people, themselves and shared information regarding risks to the person with the manager and other members of staff. There was also accident and incident records kept that were regularly reviewed.

Staff were not currently required to prompt any people using the service to take medicine or administer it. The staff were trained to prompt or administer medicine if required and this training was updated regularly. They also had access to updated guidance. The manager said medicine records for people using the service would be checked by the agency and there was a risk assessment specific to medicine.

Good

Is the service effective?

Our findings

A relative said they were involved in making decisions about the care and support the person received, who would provide it and when this would take place. They also said that sometimes there were issues with the timing of support provided and therefore the person's needs were not always met in relation to being accompanied to and whilst at work. They said that staff were aware of the person's needs and provided the type of care and support that they needed in a way they liked. A relative told us that staff were well trained and this enabled them to complete the required tasks.

Staff received induction and on-going mandatory training. The induction was comprehensive, based on the 15 standards of the 'Care Certificate' and the expectation was that staff would work towards the 'Care Certificate'. As part of induction new members of staff shadowed more experienced staff within the care home environment that supplied support for the person using the service. This was until they felt sufficiently confident to provide support by themselves and the agency was also confident they were equipped to do so. Training included areas such as moving and handling, safeguarding, infection control, medicine, food hygiene and health and safety. More specialist training was also provided for areas such as safe driving, as one of the tasks was to drive the person to and from work as well as accompanying them when they were at work. There were staff meetings and one to one supervision at six to eight week intervals. There were also annual appraisals that provided opportunities to identify group and individual training needs. This was in addition to the informal day-to-day supervision and contact with the office and management team. There were staff training and development plans in place.

The care plans included peoples' health, nutrition and diet. Where appropriate staff monitored what and how much people had to eat and drink with them and their relatives. The person was supported and advised by staff to make healthy meal choices, whilst the person was at work. Staff raised and discussed any concerns with the person's relatives.

The care plan recorded consent to the service provided and there was a service contract with the agency. Staff regularly checked with the person and their relatives that the care and support provided was what they wanted and delivered in the way they wished. The agency had an equality and diversity policy that staff were aware of and understood.

We checked whether the service was working within the principles of the MCA and that applications that must be made to the Court of Protection were, if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision making process, when people were unable to make decisions themselves and staff had received appropriate training. The manager was aware that they were required to identify if people using the service were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection.

Good

Is the service caring?

Our findings

Relative's told us that staff treated them and the person using the service with dignity and respect. Staff listened to what they said, valued their opinions and provided support in a friendly, helpful and compassionate way. A relative said, "The staff are very caring."

The agency provided suitable information about the service it provided. The information outlined the service people could expect, the way support would be provided and the agency expectations of people using the service.

Staff received training in treating people with dignity and to respect them and their privacy. This was part of induction and refresher training. It included the importance of social engagement, interaction and inclusion of people. The agency operated a matching staff to people and their needs policy. In this instance a pre-requisite for providing support was a full driving licence and suitable insurance to drive the person to and from work.

Where possible staff continuity was promoted and a relative told us that the same care worker had come for 18 months, who was 'Brilliant.' The person using the service and care worker had built up a positive relationship and developed the quality of the service provided further. Unfortunately this care worker was no longer with the agency and it had struggled to find a suitable permanent replacement. Staff knowledge about respecting people's rights, dignity and treating them with respect were tested as part of the recruitment process, at the interview stage and training provided if required. A relative said this was reflected in the caring and respectful support staff provided support.

A relative of the person using the service said they were fully consulted and involved in all aspects of the care provided. This was by patient and thoughtful staff that were prepared to make the effort to make sure their needs were met properly. A staff member told us about the importance of asking the views of people using the service so that the support could be focussed on the individual's needs. The agency confirmed that tasks were identified in the care plan with the person and their relatives to make sure they were correct and met the person's needs.

The agency had a confidentiality policy and procedure that staff were made aware of and followed. Confidentiality was included in induction, on going training and contained in the staff handbook.

Good

Is the service responsive?

Our findings

A relative said that the agency sought their views and they were consulted and involved in the decision-making process before the agency provided a service. One relative said, "We are fully involved in how the care is provided." They told us that the person using the service received personalised care and the care workers very responsive to the person's needs. They were also happy to discuss any concerns the relatives may have. Staff enabled the person using the service to decide things for themselves, listened to them and if required action was taken. They said the only problem area was sometimes communication with the office when changes to the care arrangements were made because of holidays and sickness.

When the agency had received an enquiry, an assessment visit was carried out. During this visit they checked the tasks identified and required by people. They agreed the tasks with the person and their relatives, if appropriate to make sure the person's needs were met. This was to prevent any inconsistencies in the service to be provided. The visit also included risk assessments.

We saw an office copy of the support plan of the person using the service. It was individualised, person focused and the manager told us that the person and their relatives were encouraged to contribute to the support plan and to agree tasks with the agency. The person's support plan detailed the agreed tasks and gave information that would help staff familiarise themselves with the person and their needs. This included how they would like to be addressed, outcomes they wanted from the support plan, religious, cultural and personal preferences, communication, social activities and personal interests, important relationships and medical history. The Person's needs were regularly reviewed, re-assessed with them and their relatives and the support plan changed to meet their needs. The changes were recorded and updated in the person's file that was regularly monitored. The support plans was reviewed regularly.

The person using the service was supported to travel to work and whilst working.

There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. Staff were also aware of their duty to enable people using the service to make complaints or raise concerns. The agency had equality and diversity policy and staff had received training in. Relatives said they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them.

Good

Is the service well-led?

Our findings

A relative said that although they felt comfortable speaking with the manager, sometimes it took time for issues to be resolved. They told us there was regular telephone communication with the office. The relative added that the issue was sometimes that a problem with staff or the timing of the support provided was not communicated to them in a timely way.

During our visit the manager was open, described the agency's vision of the service, how it was provided and their philosophy of providing care to a standard that would be satisfactory for them and their relatives. The vision and values were clearly set out, staff understood them and they were explained during induction training and regularly revisited. The manager was registered with the Care Quality Commission (CQC) and the requirements of registration were met.

Staff received support from the manager and felt valued. The manager was in daily contact with staff and this enabled them to voice their opinions and exchange knowledge and information. This included during staff meetings. Suggestions they made to improve the service were listened to and given serious consideration. There was also a whistle-blowing procedure.

The records demonstrated that regular staff supervision and annual appraisals took place with input from the person using the service and their relatives, about staff performance was included. This was to help identify if the staff member was person centred in their work.

There was a policy and procedure in place to inform other services of relevant information should they be required. The records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely manner.

The agency carried out regular reviews with the person using the service and their relatives regarding the support provided. They noted what worked for the person using the service, what did not and any compliments and comments to identify what the person and their relatives considered the most important aspects of the service for them. The current number of people using the service enabled the agency to have an individualised approach to monitoring the quality of their care. Quality checks took place that included regular phone contact with the person and their relatives. Audits took place of the person's files, staff files, and support plan and risk assessment. There were systems in place to audit and monitor all aspects of care provided when people using the service required them. The manager said that the agency used this information to identify how it was performing regarding the current person using the service and any areas that required improvement and areas where the agency performed well.

We saw that records were kept securely and confidentially and these included electronic and paper records.