

FitzRoy Support Huws

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Huws is registered to provide accommodation and nursing care for people living with a learning disability, physical disability and or autistic spectrum disorder. Accommodation is provided in two separate buildings each of which have separate adapted facilities.

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.

Huws was registered for the support of up to 14 people. 13 people were using the service at the time of our 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. 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

Some improvements were required to ensure people's safety. New fire doors identified by the fire and rescue service in 2019 were still required. Staff recruitment checks in relation to criminal records were not further checked after staff started. The monitoring of infection control prevention required action. Whilst incidents were analysed for lessons learnt and shared with staff, improvements were required with the communication systems in place. Staffing levels were monitored by the registered manager and adjusted to meet people's needs.

People's individual care and treatment needs were risk assessed and guidance for staff was detailed, supportive and up to date. Staff were aware of their responsibilities to protect people from abuse and avoidable harm. People received their prescribed medicines when they needed and best practice guidance in the management of medicines were followed.

People's individual needs, routines and preferences had been assessed and planned for. 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. Staff received ongoing training and opportunities to discuss and review their responsibilities. People's nutritional needs and preferences were known and met. Staff worked well with health care professionals in monitoring and managing people's health conditions. The environment met people's individual needs.

People received consistent care from staff who were kind and caring. Staff had developed positive relationships with people who knew them well. People were involved as fully as possible in their care and

their relative or representative was also involved and consulted. Staff provided care that consistently respected people's privacy, dignity and independence was promoted.

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. People were supported to be active citizens of their community and to participate in social activities and interests. The service had received no complaints in the last 12 months. Staff had received training in end of life care and consideration and plans were in place in relation to end of life care wishes.

The service was managed by an experienced registered manager who had made improvements at the service. Staff and relatives all spoke very positively and complimentary of the registered manager, about the improvements they had made and of their leadership style. Staff shared the provider's vision and values. People were at the heart of the service and a culture of person centred, open and transparent care had been developed. An action plan was in place to further drive forward improvements. There were systems and processes that monitored quality and safety and there was oversight by the provider.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 28 March 2019).

Why we inspected

This was a planned inspection based on the previous rating.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

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 

Huws

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 team consisted of two inspectors and a specialist advisor who was a learning disability registered nurse.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed any notifications we had received from the service (events which happened in the service that the provider is required to tell us about). We reviewed the last inspection report. We asked Healthwatch Nottingham for any information they had about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also asked commissioners for their feedback about the service. We reviewed the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

As part of this inspection, we spent time with people who used the service observing the support they received from staff. We were unable to speak with people about their experience of the care they received due to their communication needs. We spoke with the registered manager, a nurse, deputy manager and four care staff. We reviewed a range of records. This included in part four people's care records. We looked at three staff files. We reviewed a variety of records relating to the management of the service, including accidents and incidents, two medicine records, audits, and checks on health and safety. we spoke with a visiting health care professional who provided positive feedback about the care and treatment people received.

After the inspection

We continued to seek clarification from the provider to validate evidence found in relation the current action plan and staff training. This information was included in the inspection. We also contacted four relatives of people living at the service for their feedback about the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- We were concerned the fire and rescue service had completed an inspection in May 2019 and had made recommendations for new fire doors which had not been completed. The registered manager told us of the action taken, however it remained outstanding due to external provider problems.
- We found both laundry rooms were unlocked and untidy causing the potential risk of cross contamination. Cleaning products were also found in an unlocked cupboard. Whilst the potential risk of harm to people was low this was a concern. The registered manager took some immediate action to reduce this risk and told us there were plans to create additional storage in the refurbishment plan.
- Whilst the environment looked clean and hygienic, we found the cleaning schedules were not fully completed to confirm cleaning had been completed. This meant there was limited assurance people were protected from the risk of infection.
- Risks associated with people's care and treatment needs were assessed. Guidance provided to staff about how to manage known risks were very detailed, supportive and up to date.
- Supplementary records were used to monitor people's care and treatment needs such as their skin, weight, food and fluid intake. These were found to be detailed and up to date.
- A maintenance person worked at the service full time and completed various health and safety checks, including the monitoring of the environment and equipment. This included fire risk and legionella prevention and control measures.
- Staff used personal protective equipment such as aprons and gloves to reduce the risk of cross contamination.

Learning lessons when things go wrong

- We found staff handover documentation lacked information. We were concerned staff awareness of incidents and learning was lacking. The registered manager told us they had identified handover documentation needed to be improved upon and they were taking action to address this.
- The registered manager confirmed how lessons learnt were shared with staff and agreed to look at ways of improving this.
- Safeguarding's, accidents or incidents were reviewed by the registered manager to consider what lessons could be learnt to reduce further reoccurrence. This information was reported monthly to senior managers for review and oversight.

Staffing and recruitment

- The registered manager told us staffing levels were based on people's initial assessment and funding. People's dependency needs were not routinely assessed. However, the registered manager told us how the staffing levels were increased to accommodate appointments, activities and hospital admissions. The staff rota reflected staff on duty.
- Both relatives and staff raised no concerns about staffing levels provided. We found there were sufficient staff available during the inspection. However, we asked the registered manager about the deployment of staff during the night and weekends and they assured us this was sufficient to meet people's needs and safety.
- Recruitment checks were completed before staff commenced, to ensure they were suitable to care for people. This included checks on criminal records, identity, work experience and references. We noted additional criminal record checks were not completed or discussed with staff. We discussed this with the registered manager as this is good practice. They told us they would discuss this with senior managers.
- Agency staff were used to cover any shortfalls, the registered manager told us they used regular agency staff for continuity. Staff recruitment was ongoing. Nursing staff had their registration with the Nursing and Midwifery checked to ensure they were fit to practice.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibilities to protect people from abuse and avoidable harm. This included the possible signs a person may be experiencing abuse such as unexplained bruising or a change in behaviour. Staff received safeguarding refresher training and had a safeguarding policy to support their practice.
- Relatives were confident their family member received safe care and treatment.
- We were aware the registered manager had used the local multi-agency safeguarding procedures to report safeguarding concerns. The registered manager had also investigated and took disciplinary action if concerns were identified about staff practice.

Using medicines safely

- People received their prescribed medicines safely and medicines were ordered, stored and managed in accordance with national best practice guidance. Staff had completed training in medicines management and administration and had information about people's medicine administration needs.
- Relatives were confident their family member received their medicines when they needed them. A relative said, "[Name] has a lot of medicines, the nurse has a massive responsibility to get it right."

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Improvements had been made to the training and support staff received. Staff confirmed there had been improvements under the leadership of the current registered manager. Staff told us they could ask for any additional training and this was supported.
- The staff training plan confirmed staff had received training the provider expected, where refresher training was due, plans were in place for staff to complete this.
- Staff told us they received regular meetings with their line manager to discuss their work, training and development needs. Staff confirmed they felt well supported. A staff member said, "I had supervision on Friday with the manager and it was very positive and supportive."

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.

- Some people had DoLS authorisations and others were waiting for assessments. We noted there were no DoLS care plans to inform staff of people's care needs in relation to restrictions in place. We discussed this with the registered manager, whilst this information was shared with staff they agreed a care plan would be supportive and agreed to do this.
- Staff showed an understanding of the principles of MCA and DoLS. A staff member said, "Restrictions such as wheel chair straps and people under constant supervision need a DoLS application made. It maybe for their safety but we can't just put these restrictions in place."
- MCA assessments and best interest decisions had been completed where required. Relatives confirmed they were fully involved in best interest decision making.

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

- The provider used recognised assessment tools, best practice guidance and current legislation to assess people's individual physical, mental health and well-being needs.
- The risk of discrimination was reduced because staff had detailed guidance about people's specific, individual and diverse needs.
- The staff team were knowledgeable about people's care needs and the fundamental care standards and legislation they were required to adhere to.

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

- People received enough to eat and drink. Staff had detailed guidance about people's nutritional needs and dietary preferences. Information reflected recommendations made by healthcare professionals.
- A relative told us how their family member had specific dietary needs. Comments included, "Food intake has to be on time and the staff are brilliant, they know the consequences if it's not on time."
- People were involved in developing the menu, health eating was promoted and alternative meals were provided if required. Some people due to health conditions, were either unable to eat orally or only had 'taster' opportunities. Staff told us how a person enjoyed the sensory experience of tasting their favourite foods, they recognised the importance of this.
- We saw how staff promoted independence with choice making. For example, we saw how a person was fully involved in choosing and making a drink of their choice. The staff member was patient, inclusive and respectful in their interaction with the person.

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

- Staff used the NHS Hospital Passport to share information with health care professionals such as ambulance and hospital staff. This meant important information about a person's ongoing care needs were known and understood by others.
- People had complex health conditions and staff provided effective care. Staff had detailed guidance of how to meet people's individual needs associated with their specific health condition, including skin and oral healthcare.
- Relatives told us they were confident any health care needs were responded to quickly. Records confirmed how staff worked with health care professionals in achieving positive outcomes in managing people's health conditions. A visiting health care professional told us people received excellent health care from staff.
- People's care needs were well monitored and care plans showed when changes occurred, staff were provided with additional guidance.

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

- The environment met people's individual physical needs. This included ceiling track hoists, specialist seating, beds and bathing equipment. Kitchen areas included low level worktops to support people using wheelchairs.
- A refurbishment plan was underway, this included redecoration and new furnishings.
- People's bedrooms reflected their individual preferences and personalities.

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.

At the last inspection this key question was rated Good. At this inspection this key question has remained 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

- Staff had completed training in equality and diversity and showed a good awareness and understanding of people's individual needs, routines and preferences. Staff clearly knew people they cared for very well.
- Relatives were positive about the approach of staff and confirmed they were confident staff understood their family member very well. A relative said, "[Name] is very well cared for and staff have really got to know them now, we [family] feel very lucky that [name] is at Huws."
- Another relative said, "[Name] couldn't be in a better place. Staff are so caring, they are so tuned in to [name]. I feel staff love them as we do their family." A relative spoke very highly of a member of staff who they knew often visited the service on their days off. Comments included, "(Name of staff) is very kind and caring, [name of family member] absolutely adores them."
- Our observations of staff engaging with people were very positive. Staff were kind, caring and respectful. Staff included people as fully as possible in choice making and in activities. The atmosphere was positive, happy and relaxed. From people's response to staff, such as smiles, laughter and interaction, it was clear they felt relaxed within the company of staff.

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

- Whilst people did not use verbal communication to express themselves they used alternative ways such as body language, gestures and vocalisation. Staff had developed an in-depth knowledge of people's different communication. Staff were responsive and inclusive in their approach, ensuring people were included as fully as possible in opportunities to express themselves.
- Relatives told us they had communication with staff and were involved in their family member's care and treatment. A relative said, "We are involved to review meetings, the last one was December 2019. The manager is always available to speak with and is very responsive."
- Independent Mental Capacity Advocates visited some people. People relied on their relative or representative to advocate of their behalf.

Respecting and promoting people's privacy, dignity and independence

- People were respected and valued by the staff who treated them with great dignity. Staff spoke to people as equals and empowered them by having an inclusive approach.
- Relatives were confident their family member consistently had their privacy and dignity respected by staff. A relative said, "Staff have a very respectful approach with [name]." A visiting health care professional told us they found staff to be very caring and respectful towards people.
- People had high dependency needs and were totally reliant on staff for all their care needs. Staff treated

people with dignity, they were discreet and sensitive in the care they provided.

- Staff had a positive approach to promoting independence. Staff were seen to offer people choices of meals, drinks and activities. Whilst staff completed domestic tasks such as cooking, people were positioned in their wheelchairs with staff, to enable them to feel part of the activity.
- Staff showed great awareness and understanding of providing care that respected people's privacy, dignity and independence. A staff member said, "We keep doors shut when providing personal care, cover people with towel, we don't discuss personal information in front of others." Another staff member told us how they promoted independence and choice making, this included people have a choice of when they got up and went to bed and assisting with domestic tasks such as laundry.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Before people moved to Huws, a holistic assessment was completed with their relative or representative. This included people's diverse needs, preferences and routines. This information was shared with staff to support them to provide individualised care and treatment.
- Relatives confirmed their family member's care plan that provided staff with guidance of the care and treatment they needed, was detailed and personalised.
- Staff were knowledgeable about people's preferences, routines and what was important to them. Staff told us care plans had improved in the last 12 months in the level of guidance provided. This supported staff to understand people's individual care and support needs and enabled them to assist people to lead fulfilling lives.

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 and sensory needs had been assessed and staff had detailed guidance of how to effectively communicate with people.
- Staff told us about people's different communication preferences and we saw how staff were responsive to people's individual needs. This included consideration of eye and facial recognition, tone of voice and language used, and the use of objects and pictures to support people.

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 received opportunities to access their local community and to participate in activities and experiences they enjoyed. The registered manager told us of their commitment to support people to lead fulfilling lives. Comments included, "I like people to get out as much as possible and if that means I or the deputy need to provide cover we will do. If I can make a difference to people's life, even the tiniest, I will."
- Relatives confirmed their family member was supported by staff with interests and social activities. A relative said, "[Name] enjoys going to watch the football match, the cinema and steak night at the local." Another relative said, "[Name] has been on holiday with staff, and they are always celebrating different events, they go out and about all the time."
- Staff told us how opportunities for people with social activities had improved in the last 12 months. A staff member said, "Activities are better, some people have been on holiday. We've had loads of day trips such as

the zoo. We have new planters in the sensory garden, movie nights and have local walks and go to the local pub for meals out."

- On the day of our inspection, some people were supported to go shopping and had lunch out.

Improving care quality in response to complaints or concerns

- Relatives told us they were aware of how to make a complaint if they needed to. Relatives were confident they could raise any issues or concerns with the staff or registered manager.
- Relatives were positive and complimentary about the registered manager's approach and response to any concerns raised. A relative said, "The manager is very responsive, approachable and available."
- The complaints log showed there had been no complaints received in the last 12 months.

End of life care and support

- At the time of our inspection, no person was receiving end of life care. We saw examples of funeral plans that were in place for people.
- The registered manager told us end of life care would be discussed with relatives and external health care professionals when required, to ensure staff supported people with care and dignity.
- The registered manager confirmed staff received end of life care training.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We identified some concerns on inspection (reported in safe). However, the registered manager was quick to respond and provide reassurances
- The registered manager was experienced, a good leader and had drive and motivation to continually drive forward further improvements. They were clear about their registration responsibilities. For example, they informed us of incidents that happened at the service we were required to be informed of. The inspection rating was displayed as required.
- Systems and processes monitored quality and safety and a current action plan was in place to drive forward improvements. The registered manager told us of the action they had taken in the last 12 months to make improvements. This included stabilising the staff team and developing their skills and competency, improving care records and social activities and opportunities for people.
- The provider's quality assurance compliance team inspected the service twice a year, an action plan was developed for any actions required. The registered manager completed monthly reports for senior managers and was supported by a regional manager. This meant there was clear oversight and accountability.

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

- The registered manager had clear standards, vision and values that underpinned the service and staff shared this. A staff member said, "The vision is to give people happy memories and experiences, treat them the way I would want to be treated, provide them with safety and staff they can trust. Give them the best possible life."
- People were at the heart of the service, the registered manager led by example and had developed an inclusive and person centred approach. This was confirmed by relatives who were all very complimentary about the registered manager.
- Comments received from relatives were consistently positive. A relative said, "It's a much better service with the new manager. [Name's] health is the best it's been in the last three to four years, we are all working together and I can't ask for any more." Another relative said, "The manager is lovely, really nice, she certainly puts people's needs first, she's made such a positive difference."

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

- The registered manager had a positive and open approach when things went wrong. They completed a detailed investigation when incidents occurred and shared the findings and lessons learnt with relatives and others.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were involved as fully as possible in their care. Relatives confirmed communication with the staff was good and they felt involved and consulted. A relative said, "I'm really happy, [name] has a varied life, they are out and about more than me. The manager is very good, they've certainly made improvements, it's the best things that's happened, it couldn't be a better place now."
- A 12 monthly satisfaction survey was used to seek feedback about the service and an action plan was developed if improvements were identified.
- Staff were very positive and complimentary about the registered managers approach and the impact they had on making improvements at the service. A staff member said, "The manager is lovely, they try really hard to make improvements, they are positive and strong and knows what needs to be done." Another staff member said, "The manager really listens to what we have to say, she doesn't just dismiss it, she's really good like that."
- The registered manager told us they attended external meetings, forums and internal meetings where they shared information and good practice. They confirmed they felt supported by the provider.

Working in partnership with others

- During the last 12 months the registered manager had worked with the local authority in making improvements at the service. Their work and achievements had been recognised.
- The registered manager was committed to working with external health care professionals in achieving positive outcomes for people. Any recommendations made were acted upon.