FitzRoy Support

FitzRoy Supported Living - Cambridgeshire

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

This unannounced inspection took place on 23 and 24 October 2018. At our last inspection in May 2016 we rated the service good. At this inspection we found the service had deteriorated to requires improvement This was because we found a breach of our regulations in the well-led domain.

FitzRoy Supported Living - Cambridgeshire provides care and support to people living in two supported living settings, so that they can live as independently as possible. It provides a service to people with a learning disability and autism. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

FitzRoy Supported Living - Cambridgeshire provides a service to people with a learning disability, people with a physical disability, older people, people living with dementia, younger adults and people with sensory impairments.

At the time of our inspection there were eight people using the service who received the regulated activity of personal care.

A registered manager was in post. The registered manager was on leave at the time of the inspection and an interim manager who knew the service well was available throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The service was not always well-led. The registered manager and provider had not always ensured we were notified about events that by law we must be notified about. The provider did not always follow their policies.

People, relatives and health professionals had a say in how the service was run. Staff upheld the provider's and values to make a positive difference to people's lives. Staff worked as a team to help people and each other. Quality assurance, audits and spot checks undertaken and these helped find improvements which were acted on. An open and honest staff team culture was in place. Staff were given support in a positive way. The interim manager and staff worked in partnership with others including health care professionals.

The service was safe. People were safeguarded from harm by staff who knew how to report and act on any

concerns. The provider's representatives identified risks to people and managed each risk safely. Sufficient staff were in post and the recruitment process for new staff helped ensure that only suitable staff were employed. Lessons were learned when things had not gone well and prompt action was taken to keep people safe. People had their medicines as prescribed and only competent staff undertook this task. Medicines were managed safely. Staff helped people to maintain a safe and clean home.

The service was effective. People's needs were met by staff with relevant training and skills to do this effectively. People were supported to have enough to eat and drink and have a healthy balanced diet. Staff supported people to access health care services to maintain their health. People were given choice and control over their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. The manager worked with other organisations involved in people's care to help ensure that when people used the service they received consistent care.

The service was caring. People were cared for with kindness, compassion and sensitivity by staff who made sure people lived life to the fullest. People's privacy was promoted and their dignity was respected whatever people's needs were. People had access to advocacy services when needed. People were involved in deciding how their care was provided.

The service was responsive. People's care was person-centred and at the heart of the service. Technology enhanced the quality of people's lives, this made them more fulfilling. People were enabled to raise concerns and they were acted on. People, relatives and family members were involved as much as practicable in deciding people's end of life care wishes.

We found one breach of the Care Quality Commission (Registration Regulations) 2009. You can see what action we told the provider to take at the back of the full version of the report.

Further information is in the detailed findings below.

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 remained good.

Is the service effective?

Good

The service remained good.

Is the service caring?

Good

The service remained good.

Is the service responsive?

Good

The service remained good.

Is the service well-led?

Requires Improvement

The service had deteriorated to requires improvement.

Notifications had not been sent to us about events that by law must be sent without delay and the provider did not follow their policies for this.

Audits and oversight of the service were mostly effective and improvements were acted upon.

An open and honest staff team culture was embedded.

People had a say in how the service was run and this made a positive difference to their lives.

FitzRoy Supported Living - Cambridgeshire

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 unannounced inspection took place on 23 and 24 October 2018 and was undertaken by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We used this information to assist us with the planning of this inspection. We also looked at other information we held about the service. This included notifications the provider had sent to us. A notification is information about important events which the provider is required to send to us by law such as incidents or allegations of harm.

Prior to our inspection we contacted the local safeguarding authority, commissioners of the service and health professionals to ask them about their views of the service. These organisations' views helped us to plan our inspection.

On the 23 October 2018 we spoke with three relatives by telephone. On 24 October 2018, we visited the service and spoke with two people. We spoke with the interim manager, the deputy manager, one senior support worker and two care staff. We also observed people's care to help us understand the experience of people who could not talk with us.

We looked at care documentation for four people using the service and their medicine administration records. We also looked at two staff files, staff training and supervision planning records, staff duty rosters, and other records relating to the management of the service. These included records associated with audits

and quality assurance, accidents and incidents, compliments and complaints.

Good

Is the service safe?

Our findings

People were given information about staying safe in a format that made safeguarding personal to them. Staff were trained, informed and confident in recognising how and when to report any concerns about people's safety. Staff ensured people remained calm by using strategies such as verbal reassurance to keep people safe. One relative told us that a staff member supported their family member when visiting their relatives and this assurance helped them to feel safe. A staff member said how important it was to give people a consistent response and follow the care plan. This helped keep people safe. Another staff member told us, "If I saw that a person was unduly anxious or behaving in a way they didn't normally, I would report to the [interim] manager or their manager. I would not hesitate to call the local safeguarding team if needed."

Robust recruitment practices continued to be in place and promoted people's safety. Appropriate checks were carried out on new staff before they were employed including recent photographic identity, character and previous employment references and checks for any criminal records. One staff member told us, "I had to bring in my qualification records and proof of my address. I didn't start until my DBS (Criminal records check) came back clear." Only staff considered suitable to work in this type of service were employed.

Risks to people's health and wellbeing were assessed and managed such as, epileptic seizure, medicine administration, falls and diabetes. Risk assessments showed the nature of the risk and the actions staff needed to take to reduce the risk and keep the individual safe from harm.

There were enough staff with the right skills to meet people's needs effectively and when people needed support. We saw how one person who needed two staff when going out into the community had these staff with them. One relative told us they visited regularly and there was always enough staff. All staff spoken with confirmed there were enough staff and that any absences were covered with off duty staff or by working extra shifts. The deputy manager told us how staff were informed about their shifts in advance so that alternative arrangements could be made if shifts could not be covered. Staffing levels were based on people's individual needs and fluctuated according to the support people needed each day. The staff rota reflected this.

People received their medicines safely and as prescribed. Staff received training and training updates to administer people's medicines and were assessed competent to do so. Medicines administration records (MAR) were correct and gave staff the information they needed to administer medicines safely. A relative told us that their family member would not be so calm if they did not receive their medicines as they should. A commissioner of the service told us people had their medicines as prescribed and any changes were acted on.

The provider had systems and training in place to support the prevention and control of any infections. Staff adhered to the provider's policies by wearing protective clothing, including gloves, when giving personal care to prevent any risk of infection. People's care plans included how much cleaning the person would do and how much support staff provided to keep people's homes clean. Staff disposed of any contaminated

waste products safely. This helped prevent potential infections and reduced the risk of them spreading.

Lessons were learned and improvements made when things went wrong. The manager investigated complaints, accidents and any incidents of concern and acted on these promptly. This helped resolve issues, improve practice and prevent reoccurrence.

Good

Is the service effective?

Our findings

People's care and support needs were reassessed regularly to make sure the service could continue to meet them. Staff were supported to gain the skills they needed to meet each person's needs effectively and without discrimination. Staff received updates to their training and coaching to enable them to meet people's needs effectively and without discrimination Subjects covered in staff's training included sign language, equality and diversity and human rights, diabetes care, epilepsy and autism.

Technology and equipment was used to promote people's independence and communication. Staff understood people's individual means of communication. One person showed us how they used their talking board to communicate with staff, another person communicated with a tablet computer.

New staff completed the Care Certificate as part of their induction to the service. This is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of care staff. Staff had a thorough induction followed by regular supervision. One staff member said, "I do get a lot out of my supervision. We discuss any concerns I may have about the people I support, how I am and anything that may affect my work."

Staff supported people to prepare their own meals to help them to develop or maintain independent living skills and encouraged them to eat a balanced diet. One person opened the fridge and showed us what they were having for tea. Staff explained the contribution people made to their support including cutting up vegetables and eating them. A relative told us, "I have noticed that my [family member] has lost weight and staff always come up with ingenious ways to prompt them to eat healthily." We saw staff preparing meals with people in communal kitchens and dining areas. One person told us they were going out for a meal. Staff encouraged people to eat and drink enough. People were supported to maintain a healthy lifestyle.

There is a document in place that helps to support the person when they move between services. The document gives important and relevant information to other healthcare professionals to enable them to understand the persons needs and communicate with them more effectively.

People received the support they needed to access health care services to maintain their health, for example, the dentists or opticians. Care plans provided staff with the information they needed to consistently deliver safe and appropriate care. They included guidance from healthcare professionals such as speech and language therapists, tissue viability nurses and GP services. To promote independence and wellbeing, staff and diabetic specialists had worked together to support a person with diabetes have a continuous blood sugar monitoring system. The system reduced the number of finger pricking required to monitor blood sugar levels. Their relative told us, "It is so much better that my [family member] can now go out and have a normal meal." Reviews of people's health needs and health support helped them to live healthier lives.

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 make decisions 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People living in the community can only be deprived of their liberty when lawfully authorised.

Staff were aware that people were supported to make decisions about their health and welfare such as by a relative or appointed advocate through the Office of the Public Guardian (OPG). The OPG protects people who may not have the mental capacity to make certain decisions for themselves, such as about their health and finance. We saw that decisions were lawfully made in people's best interests. Staff promoted people's ability to make decisions with the use of tablet computers and interactive picture boards. People used these devices to inform staff what they wanted to do on any particular day.

Good

Is the service caring?

Our findings

People received a caring service from staff who showed sensitivity, kindness and compassion. We saw how staff gave reassurance to people despite any number of requests from the person for this. One person who liked to change clothes often was supported with this in a respectful way. A relative told us how caring staff had been in showing their family member, "sincere care" and being so friendly and understanding of their communications. One person had their own type of sign language and staff had embraced this and really got to know what the person was telling them. Another relative told us that the staff had, "made a significant difference" to their loved one with their continued patience and making it possible to once again join in with a family Christmas. Staff showed people a caring approach and commitment by ensuring they felt valued and maintaining their independence as much as possible.

All relatives were complimentary about the caring nature of staff and referred to them as being "amazing", "brilliant" and "doing things we never thought possible". We saw how staff gave people as much time as they needed and communicated respectfully and effectively. One staff member provided a person with continual reassurance by whispering to them and reminding them what they were doing throughout the day. The person showed us how happy they were by smiling because of the way they were supported and cared for. Another person who had taken part in their favourite pastime of going to a local park was contented by having their afternoon snooze. Relatives were also complimentary about staff's knowledge of their family members, consideration of their needs and open to changing strategies to meet their needs more effectively. This had made people significantly more settled, happier and able to live more independently.

There was a consistent staff team. Each person had an established relationship with a key worker. A member of staff who has responsibilities for the individual's welfare and with whom they can build a firm relationship. Key workers were usually matched with people according to interests. The supervisor of a new member of staff caring for a person was reassured. This was because the person being cared for allowed this staff member to do all their personal care which they had not tolerated with other staff so well. This promoted better dignity for the person and gave more privacy by having only one staff member and personal care took less time. Staff were matched to people and each person had staff they had developed a bond with. A relative told us how pleased they were with their family member's care and how well staff involved them in their care.

People received a service that was respectful, based on their individual needs no matter what these were. All staff and staff with a management role kept in regular contact with people by working care shifts as well as at various times of the day and night. Staff used a shift handover book to record any changes to people's care and they kept these and other records confidential. Staff promoted people's independence and dignity. We saw how staff supported people with personal care whilst respecting the person's right to privacy. For example, by closing bathroom doors, preparing toiletries in advance and supporting people to be independent with their teeth cleaning.

Good

Is the service responsive?

Our findings

Staff were responsive to people's care needs and they received their care in a way they preferred it. One person showed us their communication device and asked staff when they were next going to their favourite shop. Staff responded to the person in a positive way by telling them when and how they would do this, which the person was happy with. A relative said, "I have seen a big change in the confidence and ability of [family member]. The difference has been incredible." We saw that staff knew people very well and ensured people received the right support they needed. For example, with preparing a picnic and the clothes and medicines an individual may need in the community.

People's care plans continued to be person-centred. They were detailed and in an appropriate format for people to read such as pictures, symbols or objects of reference familiar to individuals. One staff member said, "We use social stories to help some people understand situations they would otherwise struggle with." A social story is short and written in a specific style and format such as, through pictures and text. They are used to describe what happens in a specific situation and present information in a structured and consistent manner. For example, to help people prepare for a new situation or going to a new place.

Care plans included information and guidance for staff about a person's ability and strengths. They described the type and level of support each person needed in developing or maintaining daily living and social skills, hobbies, interests and/or education. Staff knew each person's care in detail including how each person was supported. One staff told us, "It took quite a while to get to know people, especially those with their own communication skills." Staff understood the people they cared for.

People were supported to keep in touch with relatives, friends and those people who were important to them. One relative told us how staff had helped their family member to participate in activities such as jigsaws as well as supporting them to become more confident and active. This meant the person could once again play an active part in the community and enjoy eating out. Another relative also described how staff had worked with their family member to manage their anxieties and their family member was now able to visit them and return home without any heightened anxiety.

A complaints process was in place and people were supported to access this. People could have this in picture format to make it more accessible. People used their communication skills and staff understood when a person was not happy about something. One staff member told us, "People can't just say they want to complain. It's down to our skills to recognise when they are not happy about something. For example, by walking out of the room or unplugging the bath. This means they don't want that care at that time." The provider used people's, relatives or others involved in people's care to make improvements before a complaint was needed.

Systems, policies and procedures were in place to support people with end-of-life care. This included taking account of people's mental capacity and current health status and the health support needed, such as palliative care teams. This was planned to help ensure people would have a dignified and pain-free death. The provider's statement of purpose included the care people could expect at this sensitive part of their

lives. Care plans included people's advanced decisions about end- of-life care including where they would like people to celebrate their lives. One staff member said, "We sometimes have to make decisions in people's best interests needed to be considered. Not everyone would ever be able to tell you. After liaising with various health professionals and social workers determine the best course of action."

Requires Improvement

Is the service well-led?

Our findings

The provider had not ensured that we were notified about events that by law we must be told about, without delay. Since May 2018 six reportable events had occurred and CQC had not been notified. The provider's policy stated incidents must be reported to the CQC within 24 hours and had not been followed. This limited our ability to alert other organisations should this be needed and prevented us from monitoring the situations.

This was a breach of Regulation 18 of the Care Quality Commission (Registration Regulations) 2009.

A registered manager was in post. At the time of inspection, they were on leave. An interim manager was managing the service.

The registered manager continued to promote an open and honest staff team culture by giving all the staff access to team meetings, regular supervision, appraisals and other development opportunities. One staff member said that not only did they have this support, the registered manager and deputy manager were, "always available when you need them".

The registered manager kept up to date with new research, guidance and developments and had links with National organisations that promote and guide best practice. A health professional told us the registered and deputy manager were, "Very knowledgeable of the needs of all of the people they support, knowledge which has developed over the many years they have worked at the service. This knowledge is shared with the staff team and is clear in the care and support that is provided to every person at Fitzroy."

The service continued to promote the core values of choice, promotion of independence and community inclusion that underpin Registering the Right Support. The core values were at the centre of the service with a strong focus on supporting people to live a full life in the least restrictive way. Care and support was person centred, planned and pro-active. One person pointed to photographs of the places they had been and the pastimes they had taken part in; made possible through good co-ordinated care and support with other healthcare professionals.

Management staff had a shared understanding of the challenges, and achievements in managing the service which meant people achieved good outcomes. People were supported to live a meaningful life that others previously involved in their care did not think possible. This was by people being enabled to independently manage their health condition.

Quality assurance, audits and other checks were in place to maintain the quality of service people received. These were mostly effective in identifying and acting on improvements when needed. Staff were reminded of their responsibilities when needed such as adhering to the provider's values of being brave in trying new approaches to people's care. For instance, it was important for some people to celebrate their Christmas at a time that helped to prevent their anxieties increasing. The deputy manager said, "When we brought Christmas forward for one person I wasn't sure about this. Seeing the person's calmness and hearing the

relatives' happiness showed us how successful this was."

People, relatives, staff and health professionals had a say in how the service was run. People's views were found and acted on through a survey that was accessible for them with pictures. Staff used their knowledge of each person to find ways to continuously make improvements. A relative told us, "My [family member] has a home at Fitzroy and they are happy and loved." This had been made possible by staff adhering to the combined guidance from health professionals.

The manager and staff team worked closely with stakeholders such as, the Learning Disability Partnership, an organisation that brings together specialist health and social care services for people with a learning disability. A health professional said that the service regularly involved other professionals including psychiatry, speech and language therapy, occupational therapy and psychology. This was to inform the care of the people who live at the service. They told us, "Management staff always approaches the LDP in a timely way when additional support is required and recommendations are implemented as advised."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider and registered manager had not ensured that notifications of reportable incidents were sent to us as required by law without delay.