FitzRoy Support

Whitegates & The Cottage

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 16 and 21 of August 2018 and was announced.

Whitegates and the Cottage comprises three adjoined houses and a separate cottage providing accommodation and support for 20 people who have a learning disability, some of whom also have a physical disability. Each of the houses and the cottage accommodates five people. Whitegates and the Cottage is in the village of Liss in Hampshire.

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.

At our last inspection the service achieved an overall rating of Good with a Requires Improvement rating in well led. This was due to the registered manager not sending the appropriate notifications to us for injuries to people in the service, or for applications made to deprive people of their liberty.

The failure to notify us of these incidents were breaches of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

At this inspection we found the registered manager was submitting notifications appropriately for injuries and for applications to deprive people of their liberty. This meant that sufficient improvements had been made so the provider was no longer in breach of this regulation.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

Robust systems were in place to protect people from harm and abuse. Staff had received the necessary safeguarding training which was regularly updated. The registered manager ensured that sufficient staff were deployed to keep people safe and meet their needs. There were safe recruitment processes in place to make sure the provider only employed staff who were suitable to work in a care setting.

People were protected from risks to their safety and wellbeing. Risks to people were assessed, recorded and managed safely. Care plans contained sufficiently detailed information for staff about how to manage these risks. People's medicines were stored, recorded and administered safely by trained staff who had their competency regularly assessed. People received care from appropriately skilled, knowledgeable and trained staff who received regular supervision to help develop their knowledge and skills.

People were protected from the risk of acquiring an infection. Suitable personal protective equipment was available and was used appropriately by staff. The registered manager recorded accidents and incidents and supported staff to reflect on these to prevent reoccurrences.

Staff were aware of the legal protections in place to protect people who lacked mental capacity to make decisions about their care and support and implemented them in their practice. People were supported to maintain a balanced diet. Staff encouraged people to make healthy meal choices whilst respecting their preferences. People were supported to participate in cooking.

People had access to care from relevant health and social care professionals. Staff had developed caring relationships with the people they supported. Staff encouraged people to express themselves and promoted their independence, privacy and dignity. Care plans were written in partnership with people and their families, were regularly reviewed and accurately reflected the care and support people needed.

The provider had processes in place for investigating and responding to complaints and concerns. A complaints policy was available to people in an easy read format. People who lived in the home were not receiving end of life care, however, staff had held sensitive discussions with people about what they would like to happen as they approached the end of their lives and after they passed away where it was appropriate to do so.

Robust systems were in place for monitoring the quality within the service to drive improvements. The registered manager maintained a detailed, up to date service improvement plan and completed regular audits. Staff worked effectively in partnership with health and social care professionals to meet people's needs.

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.

People were protected from harm and abuse. Sufficient numbers of suitably qualified staff were deployed to keep people safe.

People's medicines were administered safely. People were protected from the spread of infection.

Processes were in place to reflect on incidents and prevent reoccurrences.

Is the service effective?

Good

The service was effective.

Staff had the appropriate skills and knowledge to meet people's needs.

Staff sought consent from people before carrying out any care or treatment.

People were supported to access healthcare services as needed and to maintain a balanced diet.

The environment had been adapted for the needs of the people living there.

Is the service caring?

Good

The service was caring.

Staff had developed kind and compassionate relationships with the people they supported and celebrated their achievements.

People were supported to express themselves and maintain their independence.

People were treated with dignity and their privacy was respected.

Is the service responsive?

Good

The service was responsive.

People received care which met their individual choices and preferences.

Processes were in place if people needed to make a complaint. Concerns were dealt with promptly.

People's wishes about what they wished to happen at the end of their lives had been assessed and documented.

Is the service well-led?

Good

The service was well-led.

The registered manager had a vision to provide care which enhanced people's lives and gave them independence. This was shared by the staff team.

There were detailed, effective systems in place for monitoring quality and safety within the service. Responsibilities were delegated appropriately.

The provider had built links with other agencies and sought feedback from people and their relatives about service improvements.

Staff reflected on ways to improve care. People received timely support from relevant health and social care professionals.

Whitegates & The Cottage

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 and 21 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for adults who were not accustomed to having strangers enter their home. We needed to be sure that we would not cause them any unnecessary distress.

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion the expert had experience of caring for people with a learning disability. The Expert by Experience spoke with staff members and observed mealtime sittings and interactions between staff and people living at the home.

We reviewed other information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We observed people receiving care and support in Whitegates and the Cottage. We also spoke with the registered manager, the deputy manager, three members of staff and one relative. We reviewed records which included four people's care and support plans, medicines administration records, four staff recruitment files and supervision records and records relating to the management of the service. We also reviewed records relating to relatives' feedback, staffing levels and training, risk assessments, equipment checks, quality assurance and policies and procedures for safeguarding.

Good

Is the service safe?

Our findings

People were protected from harm and abuse. Staff had received safeguarding training which was regularly updated and were able to identify types of abuse and actions to take if they suspected people were being abused or were at risk of harm. One staff member said, "If you see signs of emotional abuse like mood changes, being scared of people…you need to report to your manager…make proper documentation. Be very specific with time and date."

Risks to people's wellbeing, health and safety were identified and mitigated. People's care plans included risk assessments for nutrition, bathing, choking and the management of epilepsy. Risk assessments were individualised and provided staff with clear, precise guidance on managing these risks. One person's care plan stated that they had a severe nut allergy and were vulnerable to having breathing difficulties if they came into contact with nuts. The person's risk assessment contained detailed instructions for staff about actions to take in case of this emergency such as giving emergency medicines. Another person's care plan contained information about how they should be supported to eat as they were at risk of choking. The person's care plan contained a choking screen, which was an assessment used to identify if a person was at risk of choking, as well as instructions from a speech and language therapist. The high level of detail included in people's risk assessments meant that staff could maintain people's safety as they had a clear understanding of risks for those individuals.

The provider had appropriate checks and equipment in place to maintain people's health and safety. Rooms had been adapted with full ceiling hoists to assist people with their mobility. Records showed that hoists and slings were regularly inspected and serviced. Staff also maintained a record of bath temperatures to ensure people were protected from the risk of scalding. The provider also held regular health and safety meetings with the health and safety manager to ensure that high standards of safety were maintained.

The registered manager ensured that appropriate numbers of suitably qualified staff were deployed to meet people's needs and keep them safe. Rotas for the four weeks prior to our inspection showed that safe staffing levels were maintained.

Staff recruitment files contained appropriate checks such as references and a criminal record check from the Disclosure and Barring Service (DBS). The DBS check helps employers make safer recruitment decisions and prevent unsuitable staff from working with people made vulnerable by their circumstances.

The provider used safe systems and processes to store, record, administer and dispose of people's medicines. Medicines were administered by staff who had their competency regularly assessed. During our inspection we observed the registered manager completing a competency observation on the deputy manager. The deputy manager observed the correct procedures, such as correct hand hygiene, correct preparation of medicines and accurate documentation. We reviewed medicines administration records. These had all been completed correctly and there were no gaps. They also included details of people's allergies.

People were protected from the risk of acquiring an infection. Staff were observed using the correct hygiene techniques when preparing food and there was ample personal protective equipment available. People's rooms and communal areas were kept clean. The provider's infection control policy contained detailed guidance on actions to take in the event of a disease outbreak.

The provider maintained a log of accidents and incidents and used this to reflect on ways of preventing reoccurrences. A record of a recent incident detailed actions taken by staff to ensure the person received the appropriate assessment and treatment at a minor injuries unit. Events had been reported promptly to the local authority and to us and were documented accurately. Staff had also included preventative actions as learning points to ensure the person did not have a similar accident again.

Good

Is the service effective?

Our findings

The provider thoroughly assessed people's needs and choices in line with evidence based practice. Prior to people moving to Whitegates and the Cottage, suitably qualified staff members completed a thorough assessment of people's needs. This included a review of the type of support they required, including equipment to help them mobilise, any barriers to receiving appropriate care and the number of staff needed to provide their care. This assessment also included a 'love my life' assessment which identified support required to help people meet their goals and enjoy life enhancing experiences. Staff then produced a 'summary of support needs' which gave information about the types of support the person required with different activities and at different times of day. This thorough assessment process ensured people received safe, appropriate support which was tailored to their needs and preferences.

Care plans contained specific information about people's health and wellbeing needs as well as information about their preferences, important relationships and interests. They were highly person centred and documented people's likes and dislikes as well as their positive traits and abilities. One person's care plan stated, 'I am very sociable and enjoy the company of others. I have an infectious laugh and smile.' Care plans were written from the person's perspective. From reading the care plans it was possible to get a sense of the person.

Link workers acted as advocates and were allocated to each person living at the service. The registered manager told us, "They make sure they're not missing out, making sure their support plan is up to date." Care plans contained evidence of link worker reviews which included information about people's goals and aspirations as well as reviews of previous goals and actions needed to achieve these. This showed that people's needs were met as they were supported to express themselves and realise their ambitions.

The provider had plans in place to provide staff with strategies to promote positive behaviour. One person's care plan described situations which triggered feelings of agitation which led to behaviour that challenges. It stated, 'If I have to wait too long for something I may become unhappy'. This was followed by guidance about how to manage these situations to prevent the person becoming anxious and displaying behaviours that challenge.

Staff supported people to maintain a healthy, balanced diet. For those at risk of choking, specific guidance from a speech and language therapist was included in their care plan to ensure staff prepared foods in the correct way. There was also guidance for supporting those with a tendency to overeat or make unhealthy choices, so staff could help them maintain a healthy weight. Staff supported people to choose their preferred foods and encouraged people to take part in cooking.

Staff worked effectively with health and social care professionals from other agencies to meet people's care and support needs. This included doctors, physiotherapists and behavioural specialists. Staff were highly attentive to people's needs and referred to healthcare professionals appropriately when people needed care. During the inspection we observed the registered manager and deputy manager arrange a GP appointment as they thought the person might have developed a chest infection. Staff also ensured that

people had access to local day services where appropriate.

Staff received a thorough induction to their role. Staff were completing the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same necessary skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. Staff were supported to pursue their continuous professional development and were encouraged to engage in further training. The deputy manager had completed a level three qualification in leadership and management. Five staff had completed National Vocational Qualifications in health and social care.

Staff received specific training appropriate to their roles. Driving observations were completed for staff who transported people to day services and leisure activities. This meant that the registered manager could be assured staff had the skill and competence to drive people safely. Staff had also completed intensive support training for people living with autism. This meant that staff could provide support for people which met their individual needs.

The registered manager told us the buildings had been adapted for the needs of the people living in the service to promote their independence and give them an enjoyable experience. Corridors were wide with motion triggered lighting, double handrails were on staircases and there was a lift to different floors which could be easily operated by people. Bathrooms contained specially adapted baths with jacuzzi settings and coloured lights so that bathing was an enjoyable, multi-sensory experience for people. In one of the houses specialist panels had been placed at specific points to support a person with high levels of need. The different textures of the panels helped the person to navigate around different areas of the building.

Where people were at risk of being deprived of their liberty in order to keep them safe and provide the necessary care and support, the provider applied for authorisation under the Deprivation of Liberty Safeguards and notified us appropriately. Where people lacked capacity, their rights were respected and decisions made in their best interests.

The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards.

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 were being met. Where people were at risk of being deprived of their liberty, the registered manager had made the appropriate applications. The provider maintained a record of these applications which were due to be approved.

Staff had received training on the Mental Capacity Act 2005 and were able to describe how they applied its principles. Staff were observed gaining people's consent before delivering care and support.

Good

Is the service caring?

Our findings

Staff had developed caring and compassionate relationships with the people they supported. Staff knew people very well, provided sensitive, personalised care, took pride in people's achievements and celebrated their strengths. A person's link worker approached us during the inspection as their link person had asked to show us a photo of them swimming. The person was clearly proud of the fact that they had increased their mobility through swimming and their link-worker spoke warmly about how positive the person's achievement had been for their self-esteem.

Staff demonstrated they knew how people liked to be supported by interacting with them in a positive way. This was confirmed by relatives we spoke with. One relative told us, "The staff are very respectful and know how to support my [loved one]. I could not ask for more." Relatives had given feedback about the staff working at the home. Comments included, 'brilliant staff', 'I am very pleased with the management and staff…I am confident of the care my [relative] receives' and 'excellent carers, brilliant support'.

People at the home were not able to talk to us about the relationships they had developed with staff, however, we observed caring, respectful interactions between staff and people during our inspection. Staff supported people to be as independent as possible. One person was supported to use the lift. Their link worker calmly prompted them to operate the controls. They then encouraged them to move about independently by giving them an access card to move to a different area of the building. Another person was supported to get themselves a drink. The staff member supported them by giving step by step instructions to make the drink independently.

Staff recognised people's potential and enabled them to reach it. The registered manager told us they saw people's time living at the home as an opportunity to build their skills and confidence and provide them with life-enhancing experiences.

The provider adhered to the Accessible Information Standard. Meetings were conducted in a format specific to the needs of the people living in the service. Easy read meeting minutes were available and copies of minutes were given to each person. People were involved in regular meetings and were supported to express their opinions. Staff ensured that people received information in a way they could understand.

During our inspection staff spoke to us about how they treated people with dignity and respect. Staff explained how they maintained people's privacy and dignity by ensuring people's doors and curtains were closed when they assisted people with personal care. One staff member said, "During personal care you make sure you close the doors [to be] discreet…If they go outside make sure they look nice and presentable to improve their dignity." During our inspection we observed staff closing doors when giving care to ensure people retained their privacy. Staff asked permission before entering people's rooms and respected their right to refuse to have people in their rooms. Interactions with people were calm and unrushed. Staff maintained eye contact and used supportive touch and language when speaking with people.

Good

Is the service responsive?

Our findings

People's care plans were personalised and included information about their backgrounds, communication needs, behaviour and preferred personal care routines. Documentation for each person consisted of a person-centred plan, a health and medication support plan and a support plan. In one person's support plan it stated the person was not able to communicate verbally. Their care plan contained specific information about the use of Makaton to help them communicate. Makaton is a sign language used by some people who have a learning disability.

People's care and support needs were clearly documented. Each person-centred plan contained an "About me" section which described people's communication needs, hobbies, important relationships, nutritional needs, support needs and preferences. This information was specific and included details about how people wished to be supported with specific activities at certain times of day. One person's plan stated, 'I like to hold the shower when having a wash.' The plans helped staff provide care for people which met their needs.

Shorter versions of people's care plans called 'Pen Portraits' were also included in their support documentation. These provided a brief overview of people's care needs so that new and agency staff unfamiliar with people's needs could use them as a quick reference. This meant that people received safe, personalised care, even if staff had not had the opportunity to review all of the support documentation.

Records showed people's care needs were reviewed regularly. Ways of achieving actions from reviews were clearly outlined so that people had a clear understanding of timescales for achieving their goals. Headings for reviews included, 'What are we going to do?' 'Who will do it?' 'When will we do it by?'. Link workers used language and communication methods people could understand so they could be fully involved in planning their care. This was confirmed by a staff member we spoke with. They said, "We use verbal communication…some use Makaton, pictures and aids…some people use a computer." This meant that reviews were purposeful and person-focused as people understood what was being said.

Staff took opportunities to ensure that people had a high quality of life. People's needs and wishes were identified and supported by staff. The registered manager told us how they had arranged for a person with high levels of need to go on holiday for the first time. They said, "We found a holiday in Spain that could cater for [person]. [They] went to Spain for a week, [they] went to Cornwall for a long weekend…[They've] been on a helicopter." This showed that care was highly adaptive, that staff responded to people's needs and preferences and people were supported to have experiences they enjoyed.

Regular residents' meetings were held so people had the opportunity to express their opinions on care provided. People were then given copies of minutes in an easy-read format. The provider used meeting minutes effectively to monitor identified actions. Records of meetings for the six months prior to our inspection showed that actions raised in meetings had been fulfilled.

The provider had a complaints policy in place and records showed complaints were investigated appropriately. Information about how to complain was available for people in formats they could

understand.

People living at Whitegates and the Cottage were not receiving end of life care, however, there were plans in place which reflected people's wishes as they reach the end of their life and after their death. People's care and support documents detailed their preferred funeral arrangements and the place they wished to remain in as they approached their last days. One person had a funeral plan in place which documented what they wished to happen in the event of their death.

Good

Is the service well-led?

Our findings

The service had a registered manager. 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.

At our last inspection the registered manager had not always complied with the requirements of their registration to notify CQC of specific incidents relating to the service, specifically, notifications about two fractured bones sustained by two people. It is a legal requirement for providers to notify us of such incidents promptly to enable us to monitor all incidents which affect the health, safety and welfare of people and act if necessary.

The registered manager had also not informed us about Deprivation of Liberty Safeguards application outcomes as required by law to support us to monitor whether the service was meeting their obligations relating to notifying us of significant events. This amounted to breaches of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

After the inspection the registered manager notified us of incidents and of the outcomes of applications to deprive people of their liberty within appropriate timescales. This was confirmed by records reviewed during the inspection. This meant that the provider was no longer in breach of the regulation as they had taken the necessary actions to meet the requirements to notify us of significant incidents.

The registered manager had a vision to provide care for people which was life-enhancing and developed their skills and abilities. They said, "Our vision is to continue improving, taking opportunities when they arise, [supporting] people [to have] fulfilled and interesting lives as much as they want." They knew residents well, and described how one person had "blossomed" after coming to Whitegates and the Cottage due to the personalised support they received there. The registered manager was passionate about providing a high standard of care which promoted people's individuality and independence and this was clearly shared by the staff team.

Staff we spoke with told us the registered manager was an open, approachable and supportive leader who sought the views of staff and acted on their suggestions. One staff member said, "We always have in house meetings… [registered manager] asks staff [opinions] one by one [registered manager is] very open…if you have suggestions." The registered manager knew people's needs well and was a significant presence in the home as they spent time with staff and people. They spoke about people's interests, life histories and family relationships.

The well-defined management structure meant that responsibilities were delegated appropriately. The registered manager worked with the home's deputy manager and was supported by their regional manager who visited the home regularly. The registered manager told us, "[Regional manager] is at the end of the phone…we keep good communication [regional manager] keeps contact with [deputy manager] if need

be." Managers meetings were held every three months to discuss updates, good practice and areas for development. This also provided an opportunity for new managers to introduce themselves. The registered manager told us, "We had a new IT manager [they] told us all the things [they were] implementing…the communications manager…asked our opinions." The provider's open and reflective culture contributed to staff's practice development and ensured people received responsive, personalised care.

There were robust systems to monitor quality and safety within the service. The registered manager used the 'Single Point Action Plan' to assess the effectiveness of service provision and identify any required improvements. Records showed that actions had identified timescales for completion and were reviewed monthly. Monitored areas included health and safety, committee meetings, budgets, and staff training. These areas were also mapped to our requirements so the registered manager could aim to meet our regulations.

The registered manager delegated responsibilities to senior support workers for each of the three houses and the cottage Records showed that quality assurance audits had been completed for each house by staff and had then been reviewed by the registered manager. This ensured that staff took responsibility for different aspects of care delivery and documentation, allowing the registered manager to maintain a detailed oversight of the service. This collaborative approach meant staff had a clear understanding of quality and safety, and were able to promptly make necessary improvements. This had a positive impact on people in the service as the support staff retained a detailed understanding of safety in the individual houses. This meant people were safe and improvements to care were specific to their needs.

Staff at the home reflected on practice to ensure continual improvements were made. Records of accidents and incidents showed that staff identified improvements to prevent reoccurrences. Staff supervision records showed that managers gave constructive feedback to staff and supported them to improve their practice as a way of ensuring people received responsive care.

The registered manager partnered with other agencies to make improvements in the home. They told us that the service had been sponsored by a bank to make improvements to one of the home's garden areas. Staff had begun to develop a sensory garden for people to enjoy. The registered manager had also organised a sponsored walk to raise money for tablets for the home to support people's communication needs.

Staff at the home worked effectively in partnership with a range of professionals to support people's health and care needs. This included learning disabilities specialist nurses, speech and language therapists and GPs. People attended healthcare appointments and had visits from relevant healthcare professionals. This was documented in people's care plans. Staff we spoke with described how they worked with healthcare professionals to ensure people's health and wellbeing needs were met. One staff member said, "When the specialists come we make sure we communicate...we give them information that they need. They advise us to do something and we…follow their advice and directions to make sure the care the care is… implemented."