

FitzRoy Support Southbank

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

About the service

Southbank is a residential care home providing personal care to up to thirteen younger adults and older people who may live with learning disabilities and autism, physical disabilities or sensory impairments. Southbank provides both temporary and permanent care and accommodation. At the time of the inspection there were eight people permanently living at the home, and five people who were staying at Southbank for a short stay.

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

The service was a large home, bigger than most domestic style properties. The size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were deliberately no identifying signs 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

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. Provider checks had not ensured this consistently happened, and this had led to delays in CQC being advised of some important events.

Following feedback from CQC at the provider's other locations, the registered manager was working with the provider to further develop other areas of their governance systems, to ensure these were fully effective, and supported the continued development of the care provided at Southbank.

People were supported by staff who knew how to recognise abuse and to promote people's safety, should this occur. Risks to people's safety were regularly assessed and reflected people's needs. There were enough staff available to meet people's needs and to support them when people chose. Medicines were managed safely by staff who had received appropriate training and staff supported people to achieve good health outcomes by assisting them to review what medicines they required. The home was clean, and staff took action to reduce the likelihood of the spread of infections.

Staff considered people's needs and wishes when their care needs were assessed. Relatives were consulted when their family member's needs were assessed and reviewed. People were cared for by staff who had undertaken training linked to the needs of the people they cared for. Staff knew if people needed any extra help to have enough to eat and drink and obtained advice from other health professionals to promote

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

People had developed close bonds with the staff who cared for them and enjoyed spending time with staff. Relatives told us staff knew their family members well. Staff used their knowledge of what was important to people when caring for them, and ensured people had time to be involved in decision about their day to day care. People were supported to maintain their dignity and their right to independence was considered by staff.

Staff understood how people liked to receive their care and took this, and the view of people's relatives into account, when developing and reviewing people's care plans and risk assessments. This helped to ensure people's wishes and needs would be met. Systems were in place for managing any complaints and to take learning from these.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain enjoy new experiences and maintain their independence.

Plans had been put in place to support people to have the care they wished at the end of their lives. The registered manager planned further development of people's care plans, to identify their wishes in the event of their sudden death, so people's preferences would be known.

Relatives were complimentary about the way their family member's care was provided and how the home was led. A health and social care professional told us staff were organised and had a good appreciation of people's needs. Staff felt supported to provide good care.

Rating at last inspection

The last rating for this service was Good (published 21 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Southbank

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

This inspection was undertaken by one inspector.

Service and service type

Southbank 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spent time with people to see how they were cared for. We spoke with two people who lived at the

home. We spoke with three relatives about their experience of the care provided. We spoke with seven care staff, a senior care staff member, the deputy manager and the registered manager. In addition, We also spoke with a visiting health and social care professional, to find out their views of the care provided at Southbank.

We reviewed a range of records. This included three people's care records and multiple medication records. We saw records relating to the management of the home and how people's rights were protected. These included checks undertaken by the registered manager and provider on the management of the home, the safety and quality of care and authorisations to deprive people of their liberty. We also saw systems used to manage complaints and concerns and any accidents and incidents which may occur, and compliments staff had received in relation to the care they provided.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to recognise signs of abuse and what action to take if they had any concerns.
- Staff were confident the registered manager would take immediate action to protect people, should this be required.
- The registered manager understood their duty to notify the CQC and other organisations of any concerns about people's safety.

Assessing risk, safety monitoring and management

- People's safety needs were considered when their care was planned. Staff worked with people, their relatives and other health and social care professionals to identify how risks to people could be reduced. This included if people had increased risks in relation to choking, anxiety and the likelihood of experiencing poor skin health.
- Relatives were positive about the way their family member's safety was understood and managed by staff. One relative said, "[Staff member's names] have been really on the ball and pick up on [person's name] new needs."
- Staff took to promote people's safety. This included promptly reassuring people when they were anxious. One relative told us staff had supported their family member to have the equipment they needed, so risks to their safety were reduced.

Staffing and recruitment

- People were supported promptly by staff.
- Relatives said their family members had access to the care at the times their family members wanted. This included extra support from staff, as their family member's needs changed.
- Staff told us there had been changes to the staff team, recently, but this had not effected the quality and safety of the care provided to people, as newer or agency staff were supported by staff who knew people well.
- The registered manager checked the suitability of staff before they employed them.

Using medicines safely

- People received their medicines they needed to remain well. These were administered by staff who had been trained to do this, and whose competency was regularly checked.
- Staff following safe protocols for the receipt, storage, administration and disposal of medicines.
- Additional systems had been put in place to support the safe management of medicines for people who

stayed at the home for short periods. These worked well and helped to reduce the likelihood people would experience medication errors.

- The registered manager and senior staff regularly checked people received their medicines as prescribed.

Preventing and controlling infection

- Staff had been supported to understand the importance of maintaining good standards of cleanliness throughout the home. This helped to ensure people, visitors and staff were protected from the risk of infections.
- Staff had access to the range of equipment they needed to promote good hygiene within the home, such as gloves, and to reduce the likelihood of the spread of infections.

Learning lessons when things go wrong

- Staff had regular opportunities to reflect on people's safety needs through peer and senior staff discussions, so the care planned and provided could be adjusted. One staff member gave us an example of reflection by staff when one person had been anxious, and the way staff worked with other health and social care professionals, so any learning could be taken from this. This had helped to reduce the person's anxiety, in the future.
- Systems were in place to take any learning from incidents and accidents, where required.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and preferences were considered before they moved into the home, or came for a short stay. One relative told us, "We always have a chat to staff, so they know how [Person's name] day and week has been." This helped to ensure staff would know how to support people.
- The views of other health and social care professionals were sought when people's needs were assessed, and their advice followed, so their needs would continue to be met.
- People's assessments were regularly reviewed, and informed plans for caring for people.

Staff support: induction, training, skills and experience

- Relatives were positive about the skills and knowledge of staff and gave us examples of how staff used their knowledge so people would have the best outcomes possible.
- Staff felt supported to provide good care through the training and development opportunities they were offered. Staff gave us an example of the training they had done which linked to the needs of the people they cared for.
- One staff member told us they had requested training to meet the needs of a person with complex care needs, who was due to start receiving care. The staff member said senior staff had promptly arranged this, so staff had the skills to help the person prior to them coming to stay at Southbank.
- New staff were supported through an induction programme. This had given new staff the opportunity to work alongside more experienced staff before caring for them. New staff told us they had also received guidance through reading people's care plans and medication records, so they could be sure they knew how to help people when they cared for them.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to have enough to eat and drink, so they remained well. Staff assisted people by offering them healthy options based on their preferences.
- Staff worked with other health and social care professionals, where there were any concerns people may not have the right nutrition and fluids to maintain their health, and to identify if people needed specific texture of food to enjoy their meals safely.
- People were supported to see other health and social care professionals when they needed this. This included people's GPs, nurse practitioners, behavioural specialist and speech and language specialists. People were supported to have annual health checks with their GPs. This helped to ensure people's health was monitored and their physical and emotional needs would be met.

- One relative told us staff supported their family member when attending hospital appointments and stayed with them, so they would feel more reassured.
- People's health action plans and support plans provided staff with the information they needed to promote people oral health and meet people's sensory needs.

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

- People's rooms reflected what was important to them and enabled people to connect with their interests and keep their connection with families and friends who mattered to them.
- People enjoyed several communal areas to spend time quietly, or to socialise as they chose. A sensory room provided for people to enjoy spending time in.
- Signage was picture based, where this was helpful to people.

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.

- Staff had received training to understand people's rights.
- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and authorisation correctly obtained.

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 as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People enjoyed spending time with the staff who cared for them and looked forward to their time with staff.
- Relatives were positive about the bonds their family members had developed with staff and told us staff showed their affection for their family members in practical ways. One relative said this included ensuring their family member was fully supported by staff who knew them well, when attending hospital appointments. The relative told us, "The staff here are good-uns."
- Staff talked warmly about the people they cared for and knew them well. This included if people had particular objects which gave them comfort, such as blankets, and explained how they took time to support people to be reassured by having these to hand. One staff member said, "[Person's name beams when you give them their toy cat."
- Staff spoke gently and reassuringly to people when caring for them.

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

- People were involved in day to day decisions about their care and were supported to express their views. This included showing people objects to choose from and encouraging people to make their own meal choices, and deciding which bedroom they would like to stay in.
- Relatives told us staff took their family members known preferences into account when caring for them, such as suggesting enjoying meals out.
- Staff varied how they communicated with people, gave them time to make their own choices, and gently checked people were making their own decisions.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their dignity and to have access to the privacy they wanted. Staff gave us examples showing how they supported people's rights to dignity when receiving personal care, and in the communal areas of the home.
- Staff were respectful to the people they cared for during their daily interactions with people and recognised and promoted independence. One member of staff explained how they supported one person to be as independent as possible during their personal and oral care routines.
- People's confidential information was securely stored.

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

- People's assessments and care plans reflected their risks, needs and care preferences and provided staff with the guidance they needed to care for people. People's care plans were regularly reviewed and adapted as their needs changed.
- Health action plans were in place to support people and staff to provide good care to people. We found one instance where a person's care plan and health action plan did not consistently record the person's allergies. No harm had occurred to the person, and the registered manager assured us they would immediately address this, so risks to the person would be reduced.
- Relatives were involved in planning their family member's care and their views were listened to. This helped to provide personalised care to people, based on what mattered to them. Where key decisions concerning people's care plans and welfare needed to be made, the views of other health and social care professionals were invited and acted on.
- There was an established system for staff to communicate changes in people's needs, which ensured people had the care they wanted, and their risks were reduced. This process helped to encourage staff to make suggestions for developing people's care plans further, and their suggestions were incorporated into people's care plans to reflect people's changing needs.
- Staff varied how people were supported to suit people's wishes. For example, during our inspection one person, who was due to have a short stay at Southbank, had asked if they could come earlier than originally planned, as they were excited to see the staff members who cared for them.

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.

- Staff had identified people's information and communication needs and recorded them in people's care plans. These needs were communicated appropriately with other staff.
- We saw evidence that the identified information and communication needs were met for individuals. For example, pictorial information was available to support people to make choices about their day to day lives.
- Staff understood people's specific communication needs, for example, if people used Makaton, and communicated as people wished.
- Staff recognised some people enjoyed the comfort of having a known routine. Staff had ensured pictorial information was available to reassure 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 were supported to stay in touch with their relatives, and people living permanently at Southbank were supported to go home to visit them. Family and friends could visit at any time convenient to them.
- Relatives were positive about the support provided for their family members to connect with them. One relative told us how much they valued being kept up to date with changes in their family member's health, and through photographs sent by staff, about interesting things their family member had done.
- Staff supported people to continue to meet up with friends who were important to them at local clubs.
- People told us they were supported to enjoy their days and spend time doing things they liked to do. Photographs showed us how much people enjoyed activities they had elected to do, such as trips to the beach and pursuing their other interests. One relative told us, "They [staff] do so much for [person's name]. They know he loves going to see the trains and they sometimes take him to the pub for his tea. They are really good."
- Staff were knowledgeable about activities people liked to do and explained how they supported people to enjoy going to the theatre, and spending time gently exercising and swimming, and in the onsite sensory room.

Improving care quality in response to complaints or concerns

- Relatives knew how to raise any concerns or complaints and were confident these would be addressed.
- Systems were in place to respond to any concerns or complaints, and for staff to reflect on these to drive improvements in the service, should these be received.

End of life care and support

- Staff gave us examples showing how they sensitively approached supporting people and their relatives when people were approaching the end of their lives. This involved working with other health and social care professionals, such as social workers, and local hospices so people's needs and preferences would be fully understood and responded to.
- The registered manager was putting systems in place to support staff who would be providing care to people at the end of their lives. This included additional training for staff.
- End of life care plans in place provided staff with the guidance they needed to meet people's preferences at this key stage of their lives. The registered manager planned to further develop their approach to planning people's care, so people's preferences would be known in the event of their sudden death.

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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the provider's governance systems did not always ensure important events were notified to CQC.

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

- Services which provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service like a serious injury or deprivation of liberty safeguards authorisation. This is so we can check that appropriate action had been taken.
- We identified six statutory notifications relating to deprivation of liberty safeguards authorisation which had not been sent to CQC. The registered manager acted immediately to rectify this.
- The provider's systems and checks had not identified these notifications had not been submitted. This led to a delay in CQC being advised of these important events.

This is a breach of Regulation 18 of the Health and Social Care 2008 (Registration) Regulations 2009.

We are deciding our regulatory response to this and will publish our actions, if actions are taken.

- The registered manager told us they were working with the provider to address the shortfalls in the governance systems CQC had alerted them to at the provider's other homes.
- The registered manager and provider had recognised some other aspects of their quality assurances systems needed improving, so they could be assured people received good care, which was safe. For example, surveys were undertaken with relatives on the quality of the care provided, but these could not be separated to show the responses for individual services. This did not support the senior team at Southbank to identify any areas for development and to drive through any required improvements in people's care
- The registered manager assured us they would be strengthening the checks they undertook to ensure people's care plans and health action plans contained consistent information to guide staff and other professionals. This will help to ensure risks to people are further reduced.
- Staff understood how they were expected to care for people and told us they were given clear guidance from the senior team through discussions and one-to-one meetings with their managers.
- The registered manager understood their responsibilities to be open and what action to take in the event of something going wrong with people's care.

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

- People's body language showed us they were relaxed and confident to approach staff should they want

any assistance.

- Relatives told us the home was managed well, and there was a culture of being open and approachable, where staff concentrated on meeting people's needs. One relative explained this approach meant, "You know you can trust the staff and they [staff] they bend over backwards to accommodate [family member's name]."
- Staff were positive about the way they were led, and the home was managed. One staff member said, "[Senior staff member's names] are approachable, and want people to be safe, happy and live the best lives they can."
- The registered manager told us they were pleased with how well staff worked together to achieve good outcomes for people, and staff's commitment to the people they cared for. The registered manager gave us an example of the difference which had resulted in staff's careful monitoring of one person's health, and said, "I think staff do a brilliant job, they even give up their own time to do things for people, like decorating the bathrooms."

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

- People's views on the development of the service and their care were obtained by staff checking their responses to the suggestions offered to them. This was used to develop care options further, such as interesting things people may like to do.
- Relatives told us they felt fully consulted involved in decisions to improve their family member's care and empowered to speak directly to staff to make any suggestions for developing the home further. One relative explained their family member sometimes experienced anxiety. The relative said, "If very anxious the staff do call me. They ask for advice."
- Staff told us they were encouraged to make suggestions for improving the service and people's care, and their suggestions were listened to.

Working in partnership with others; Continuous learning and improving care

- Relatives told us staff worked well with other organisations to ensure their family member's needs were met. One relative described how Southbank staff had worked with another health and social care professional. This had led to a review of medicines their family member had been prescribed. The relative said this had a positive effect on their family members' well-being and told us, "[Person's name] is more alert, now."
- A visiting health and social care professional told us joint working was organised well, and made easier, as staff understood people's care needs well.
- The registered manager and senior staff checked the quality of the care provided. This included checking people received their medicines as prescribed, and if any patterns were emerging in relation to people's safety support needs.
- Senior staff had recently introduced additional checks, through observing staff in a supported way, so they could be assured staff were providing safe and compassionate care.
- Staff were encouraged to reflect on people's care needs and their practice, so further improvements would be made.
- The provider supported the registered manager and senior staff to develop and share best practice at regional meetings and conferences. The registered manager told us this had resulted in plans to support people through the use of information technology equipment soon, and for Southbank staff to share their approach to end of life care planning.