

FitzRoy Support Taylor Road

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Taylor Road is a residential care home providing personal care to up to seven people with a learning disability, physical disability, sensory disability and/ or autism. The accommodation is provided across two linked bungalows and at the time of the inspection seven people were living in the home.

People's experience of using this service and what we found

The service did not consistently apply the full range of 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 did not fully reflect these principles and values because people did not always receive safe, person-centred care according to their individual needs and preferences.

Risks to people in relation to their environment and their health needs were not always fully assessed or managed. This included how people received their medicines. These safety concerns had not been identified or acted upon by the provider.

People did not always receive care that met their individual needs. Where advice had been provided by specialist teams on how to meet their needs, this was not routinely followed by staff.

Whilst people were able to undertake some activities, there needed to be greater focus on this and on ensuring people pursued their own goals and interests.

Care records and information on how to meet people's needs were held in various locations and were not always easy to find or follow. Oversight of care delivery and record management had not been adequate. However, at the time of the inspection, a range of new measures were being put in place to address this, including observational supervisions and enhanced auditing of records. Recent improvements had been made to the cleaning schedules within the home.

Most people were provided with appropriate support in relation to their eating and drinking and input from healthcare professionals was arranged for people, as required.

Staffing levels were appropriate and staff were mostly up to date with their training. Staff interacted well with people and we saw caring, friendly and warm interactions. There was some good care planning relating to the management of people's behaviour. People were treated with respect and where possible were involved in making decisions about their care. There was evidence that staff promoted people's independence.

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.

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

Rating at last inspection

The last rating for this service was Requires Improvement (report published on 23 November 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have found evidence that the provider needs to make improvements. We have identified breaches in relation to safe treatment and governance at this inspection. Please see the full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service now always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below

Requires Improvement ●

Taylor Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one 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.

Service and service type

Taylor Road 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.

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 and professionals who work with the service. 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.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, and five care workers. We reviewed a range of records. This included five people's care records and three

people's medication records. We looked at two staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service such as information on staff recruitment and training, risk and incident management, audits of care records and health and safety checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff meeting minutes and received information about actions taken to address the shortfalls we identified.

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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The risks associated with choking for two people using the service were not fully managed in accordance with recommendations from specialist health care professionals. Some staff we spoke with were not aware of the need for them to eat specific types of soft food. We observed staff offering one person a drink whilst they were eating despite a recommendation stating there should be a 10-minute break before offering a drink after they had finished eating. A specific choking risk assessment was not in place for either person as required by health care professionals. An oral health care plan was also not in place for either person, as required and we noted that one person had a diagnosis of gum disease which meant their oral health needs required particularly careful management.
- Care files for these two people contained two different eating plans, each with insufficient detail and located separately from the information received from specialist health care professionals. An 'Eating and Drinking Assessment Tool' incorrectly concluded one of these people was not 'at risk'. It also stated they did not suffer from urinary tract infections, when this was a key health concern. The inaccurate information and poorly filed records heightened the risk to these people, as it made it difficult for staff to access the correct information to care for them safely.
- A third person was at very high risk of falling and bumping into furniture. Whilst there were sufficient measures in place during the day, these did not mitigate the risk of harm at night time, should the person be awake and out of bed. This person was regularly wakeful and active at night yet there was no way of alerting staff if they were moving around in their bedroom.
- There were no environmental risk assessments for two people with visual impairments or guidance for staff in how to ensure they remained safe in their rooms and within the shared facilities.
- Care records for two people did not contain accurate, full and clear information to guide staff on how keep them safe from developing pressure ulcers.

We found no evidence that people had been harmed however care needs were not always managed safely. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- External checks and servicing to equipment and facilities in the premises such as gas, electricity, hoists, stand aids, lift, emergency lighting and fire alarms were carried out at the appropriate frequency. Water systems were monitored to prevent the risk of legionella.
- Evacuation equipment was easily accessible and stored with people's individual personal emergency evacuation plan and evacuation instructions were clear and recently updated.

Using medicines safely

- There was no risk assessment in place and approval from a GP or pharmacist had not been sought and documented regarding the administration of medicines for two people, as required. In one case the service was administering medicines using specialist equipment without having consulted with health care professionals. This created a risk that the medicines being administered this way may have had a different effect in terms of efficacy on the person and may have caused different side effects.
- We found an unlocked medicine cabinet in one person's room. In another room we found a damaged medicine cabinet, with a drawer which was bent open at the side. This could have caused injury and with force may have been opened without a key.
- One person's overall risk profile indicated that for medicines they were at high risk. The registered manager explained this was because the person self-medicated their injections. Whilst there was a protocol in place for staff to assist the person to self-administer their own injections, there was no risk assessment or evidence of discussions with a health care professional about the safety of this procedure. This was of concern, particularly as the person was visually impaired.
- Staff did not routinely complete topical medication administration records for the application of creams. There was also no body map available to guide staff where to apply topical medicines for one person.

We found no evidence that people had been harmed however, people were at risk due to unsafe practices in relation to medicine management. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a system in place which ensured the safe ordering and disposal of medicines. Medicines were labelled appropriately, and those medicines not kept in people's rooms were stored safely. Other than topical creams and emollients, medicines given to people were recorded correctly on an medicine administration record (MAR).
- Where people were prescribed medicines on an 'as required' basis, information to support staff in the safe administration of these was in place.

Staffing and recruitment

- There were routinely four members of staff on shift during the day and two waking night staff. We observed staff were attentive to people's needs and the staffing complement seemed correct to ensure people received timely care which was not rushed.
- The recruitment files we reviewed indicated staff were recruited safely and in line with best practice. This included undertaking checks on their background and employment history.
- The service was recruiting to fill staff vacancies and, at the time of our inspection, relied on agency staff to cover sickness and annual leave. We were assured the selection and reliance on agency staff was managed safely. A member of agency staff told us they had an induction and the registered manager confirmed agency staff were paired with a permanent member of staff until they knew people and their needs.

Preventing and controlling infection

- The service had recently introduced improved measures to ensure the cleanliness of the premises and equipment. All members of staff were responsible for cleaning as required during the day. Records showed night staff undertook a weekly deep clean of the communal areas. The registered manager said deep cleans were being introduced for people's bedrooms, but this had not yet commenced. A monthly housekeeping audit and spot checks on cleanliness had recently being implemented.
- The accommodation was visibly clean and there were no malodours. Personal protective equipment was available in various locations within the accommodation and there was guidance on how to prevent the spread of infection in bathrooms, toilets and the kitchen.

Learning lessons when things go wrong

- Staff understood the importance of reporting any safety incidents, concerns and near misses. There were clear processes in place for this which staff were familiar with.
- Incidents and accidents were recorded and monitored monthly by the provider's Quality Team and senior managers. Whilst an analysis of incidences identified trends which may influence organisational development, the registered manager told us that they were not informed about reoccurring issues that were specific to the service unless they were of major concern.
- We saw evidence of incidents being addressed promptly by staff and management. However, it was not clear that actions were routinely implemented to avoid repeat events.

Systems and processes to safeguard people from the risk of abuse

- Relatives spoken with were confident people were not at risk of abuse within the home.
- The provider had safeguarding systems in place and all staff interviewed had a good understanding of what to do to make sure people were protected from harm or abuse. Staff received regular training on safeguarding.
- There was information available in the entrance to the home about whistleblowing and safeguarding, which encouraged people and staff to raise any concerns they may have.

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 Good. 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

- Care files showed people's physical and mental health care needs, and their emotional, social and cultural needs and preferences had been assessed holistically.
- The registered manager told us an assessment took place in the person's environment prior to admission and discussions were held with health and social care professionals to ensure the suitability of the service for their needs. They also considered the person's likely compatibility with those already living in the home.
- Staff used positive behavioural plans to good effect and there was minimal reliance on restrictive practice. When this was used, it was for time-limited periods and to keep people safe.

Staff support: induction, training, skills and experience

- Two out of the 17 members of staff were overdue their refresher training in safeguarding and manual handling - by seven and three months respectively. These training sessions were booked to take place shortly after the inspection.
- Staff told us they received supervision from management and observational supervisions were due to be introduced.

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

- Records showed a person who required specialist equipment for the intake of fluids and medicines regularly received an adequate daily intake of fluid. We observed they were also well supported to eat their preferred type of food.
- We observed staff offering people choice by showing them different types of food. Staff engaged with people and supported them to eat and drink. People were regularly offered drinks throughout the day. Staff did not produce or rely on a regular menu. A staff member told us this was because they, "Know what people liked."
- One person had a plate guard and special cutlery and whilst staff sought to promote their independence they recognised the person's changing needs meant it was in their interests to actively help them to eat. They told us, "More and more we need to feed [person], we give them the opportunity to feed themselves and if they get frustrated and drop things, they are likely to say they don't want any more. If we offer to help, they always say 'yes'."

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

- In the event of a person needing to transfer to another social care provider or hospital, information about their health, medicine and communication needs in the form of a 'hospital passport' would accompany

them.

- The service worked with a number of health and social care professionals to ensure people's health and wellbeing was promoted. A healthcare professional told us, "All staff are able to identify emerging health needs and recognise when existing health concerns need to be reviewed. They then contact the appropriate health professionals for input. All the referrals we have received have always been appropriate and relevant." We saw the service was working with an occupational therapist to ensure a more suitable wheelchair could be provided for one person.
- Records showed people were seen by healthcare professional as needed. There was however, limited or no guidance for staff on how to support people's oral health needs.

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

- The accommodation was divided across two bungalows and was pleasant inside. The décor and furnishings were fairly modern, and each person's bedroom was personalised. There was access to a secure area outside and people who were mobile could move about freely indoors.
- The kitchen areas were spacious and enabled people to observe or join in activities such as food preparation or washing up.

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.

- A mental capacity assessment for one person was completed although they had capacity to consent to staff ordering, storing and administering their medicines. Documentation gave confusing information which conflicted with other information relating to consent in their file.
- Some people using the service were able to consent to all aspects of their care. Documentation was present in people's files but was not always signed or dated to indicate that the person had given their consent.
- Where necessary, best interest decisions were made appropriately with other people involved in the person's care. Applications to deprive people of their liberty had been made to the local authority in people's best interests and in line with legislation
- Staff members we spoke with confirmed they sought people's consent to undertake tasks and involved them as much as possible in the activity being undertaken. We observed this happening when a staff member helped a person to choose and eat their lunch.

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 and relatives spoken with told us that staff were kind and caring. One person described staff as, "Lovely." One relative said, "Staff are very kind and nice, they seem extremely caring of [family member]. There is someone with them all the time, they have incredible patience."
- We observed tender and caring interactions between staff and people. There was humour, warmth and sincerity in exchanges. If people were anxious or distressed, staff responded calmly and with sensitivity, offering reassurance and support.
- It was evident that people developed trusting and friendly relationships with staff.

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

- Staff were patient and reassuring and it was clear this put people at ease, promoting their engagement in conversations and supporting their involvement in decision-making.
- People had a dedicated keyworker who regularly cared for them and this helped them to build up a close understanding of their likes and dislikes. Monthly meetings took place between the person and their keyworker during which positive achievements and negative aspects of the previous month, the person's health and opportunities for the coming month were focused on.
- People's relatives were included in discussions about people's care and in making decisions as appropriate. Should a person require an advocate to support them, the registered manager confirmed they would facilitate access to them.

Respecting and promoting people's privacy, dignity and independence

- People's care plans gave guidance on how to support and promote them to undertake certain tasks independently or with minimal assistance. Staff told us how one person was encouraged to clean and feed their pets and make their own cups of tea.
- The service promoted people's dignity. One person's care plan stated they wished to wear an apron whilst eating, whilst another person's care plan specifically stated they did not wish to wear an apron. We saw staff met both people's wishes each time they ate their meals.
- Staff recognised the importance of people's dignity when supporting them with personal care tasks.
- We noted a person's hospital appointment letter was left out on a table in the entrance to one of the bungalows. This was confidential information which should not have been left in an open area where anyone could have read it. The letter was removed after we mentioned this to the registered manager.

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 Requires Improvement. At this inspection this key question has now remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences ; 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's care plans and records were not always easy to locate or follow. This was because information about different aspects of care was held in various locations. Care plans had been recently reviewed but it was not evident they had been created or updated collaboratively with people and or their relatives. Relatives spoken with could not recall having seen a care plan. Some care records were partially completed and some showed inconsistencies.
- People attended monthly meetings with their key-workers but there was limited evidence of people being supported to identify and achieve their goals and aspirations. A document entitled 'Love my Life' which was aimed at supporting people in this way was not completed in the care files we viewed. We saw that this task was planned for the coming months.
- A person required considerable physical activity and sensory stimulation but apart from going trampolining on a weekly basis, they did not undertake any other regular activity. Their relative told us, "I'd like them to go out more than once a week, anything where they can run around and play, they love coloured balls and things." The person enjoyed swimming but they were not currently undertaking this activity. Staff said they were in the process of trying to find a venue for both them and another person to use at the same time. The second person required facilities with specific equipment and whilst a suitable venue had previously been sourced and used on one occasion, it was no longer available.
- We did not see any activities taking place within the service although a weekly plan of suggested activities showed there were due to be games and 'seated exercises and keep fit' on the days we attended. The registered manager agreed that improvements to the provision of activities that provided people with mental, physical or sensory stimulation, were required and stated these were being planned.
- Relatives and friends were able to visit and communicate with people easily. One person was helped to attend their church on a weekly basis. Another person received regular visits from friends and family. A person went to the theatre with friends during the inspection.
- We observed staff providing care to people in the way they liked and health care professionals told us, "We feel that the support workers are very knowledgeable about the residents and their needs and always seem to strive to deliver a good quality of care 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.

- It was noted that pictorial aides could be introduced to assist some people to communicate their views more easily and the registered manager stated this had been discussed at provider level and was likely to be implemented soon.
- Staff were able to communicate effectively with non-verbal people and we observed them using and understanding specific gestures and sounds. A staff member gave a detailed description of how a person's tone of voice and movement gave clues as to their mood, and how the environment and noise levels may impact on their communication. Staff used a whiteboard and some members of staff used basic finger spelling to communicate with one person.

End of life care and support

- At the time of the inspection, no one at the service was receiving end of life care, however staff had spoken with people and their relatives about their wishes for their end of life care.
- People's end of life care plans were completed to varying degrees. Some demonstrated a person-centred approach would be provided at this point in a person's life.

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints, but relatives told us they had, on occasion, raised concerns or would feel happy to raise any issues and they were confident these would be addressed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The quality monitoring systems in place required improvement to identify the shortfalls in the service that were found during this inspection. We were not assured the processes in place were robust or that staff responsible for the oversight followed through fully on issues identified. We noted that some new governance systems were recently introduced by the service but these had not yet embedded and demonstrated their effectiveness. Provider level oversight had also not identified or driven improvement.
- There was a need for greater oversight of the service and care delivery 'on the ground'. For example, a piece of equipment was being used in a way which compromised a person's privacy, despite the fact it was no longer needed, yet management were unaware of this.
- Record management continued to remain below the standard we would expect to see. For example, some records were partially completed, undated and unsigned.
- There had been a deterioration since the last inspection as the service was now non-compliant with two regulations of the Health and Social Care Act 2008. This was the third consecutive rating of requires improvement overall, which demonstrated a weakness in the systems for ensuring continuous improvement.

We found no evidence that people had been harmed however governance systems were not robust enough to ensure that people's safety was always managed effectively or their interests and aspirations were supported. Certain areas of poor practice were not identified and rectified. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager started to take action to remedy the shortfalls identified at the point at which we gave feedback during the inspection.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager showed an understanding of their duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had developed limited links with community groups and organisations.

- An annual satisfaction survey was sent to relatives and professionals about the service. This was collated centrally by the provider however it was not possible to establish how relevant the results were to this service.
- Suggestions or feedback was not sought in any other way from relatives. We were told that monthly house meetings took place however we did not see any minutes relating to these, so we could not establish how effectively they were used to seek and act on feedback and views from people using the service.
- Staff told us they felt comfortable and able to express their views. Staff meetings took place on a semi-regular basis however there was limited evidence of actions being followed up on.
- There appeared to be a good working relationship between the service and the local authority and health care professionals.

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

- The registered manager and deputy manager were honest about improvements they needed to make improve and they reacted promptly and positively to feedback provided during the inspection.
- There was a supportive and warm culture and staff spoke about the friendly, homely environment in which they worked. Our observations showed staff worked well together and for each other. Staff showed an understanding of their individual responsibilities and they communicated well with each other throughout the shifts about what was happening and what needed to be done.
- Staff and relatives said they found management approachable and they were visible and liked by people using the service.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Some risks to people were not adequately assessed and mitigated. Certain practices relating to medicine managed exposed people to potential risk of harm. 12(1), (2) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good Governance Quality monitoring systems were not effective in identifying and remedying shortfalls in record management and care delivery. Regulation 17 (1) (2) (a) (b) (c) (f)