

FitzRoy Support

# FitzRoy Supported Living Coventry

## Inspection report

101 Lockhurst Lane  
Coventry  
West Midlands  
CV6 5SF

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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

### About the service

FitzRoy Supported Living - Coventry is a supported living service which is registered to provide personal care. The service is registered to provide support to adults with a learning disability. The service can support up to six people. At the time of the inspection they were supporting six people, all of whom were receiving personal care.

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

People using this service were safe, happy and relaxed. They told us they loved the staff and wouldn't want anyone else to support them. A relative we spoke with described the staff as "excellent" and felt the support provided by Fitzroy was an improvement to support from the previous providers.

Staff understood how to keep people safe. Individual and environmental risk was identified, assessed and well-managed. There were enough staff to support people and staff knew people well. Staff wore appropriate personal protective equipment in line with government guidance when supporting people. Systems were in place to ensure medicines were administered safely and in line with the preferences of each individual.

Staff development was supported by a thorough induction, support from the management team and training relevant to the needs of the people they cared for. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care supported people to live an independent life with the right support. Staff promoted people's rights to independence and choice. Staff ensured people were involved in developing their care plans which were individualised and personal to them.

Staff ensured the service was responsive to people's needs. They developed care plans in partnership with the people they supported and their relatives to ensure they were in line with people's preferences, religious and cultural beliefs and values. Staff respected people's preferred method of communication and ensured aids were available to support this. The service had not received any recent complaints but had processes in place to investigate these if they needed to.

The registered manager had systems and processes in place to learn from incidents and events at the service. They had contingency plans which covered emergencies and management of the service due to Covid-19. People and staff were satisfied with the service provided. Staff felt well supported and spoke highly of the registered manager. There were processes in place to monitor the quality of care and the management team worked in an open and transparent way.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
This service was registered with us on 26/07/2019 and this is the first inspection.

Why we inspected. This was a planned inspection because the service had not been previously rated.

## 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# FitzRoy Supported Living Coventry

## **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

One inspector carried out this Inspection.

#### Service and service type

This service provides care and support to people living in two 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with CQC. This means 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

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information received we had received about the service since they registered with CQC

The provider did not complete the required Provider Information Return as they did not receive a request for

this. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with three members of care staff. The registered manager was unavailable during the inspection due to illness, so we spoke with the manager from another service who was providing cover.

We reviewed a range of records. This included two people's care and medication records and three people's risk assessments and reviewed a variety of records relating to the management of the service, including audits, policies and procedures.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We observed that people felt safe as we could see this in the way they responded to and engaged with staff. The relative we spoke with said that seeing the care people received left them with "not a worry". In the care plans one person had regular access to advocacy services to ensure they had independent support and representation due to not having family to speak on their behalf.
- Staff understood the whistle blowing policy and information was clearly displayed in the office for them to use. Whistle blowing is where people can disclose concerns about any part of the service where they feel dangerous, illegal or improper activity is happening.
- The provider had effective safeguarding systems in place. Staff had received safeguarding training and understood what to do to make sure people were protected from harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety were identified, assessed and managed well. Staff completed a range of risk assessments, kept these up to date and shared them with people and their relatives.
- Staff had a good understanding of how to manage and reduce risk including environmental risk, for example in the event of a fire. One staff member described how the training they had received ensured they knew how to use specialist equipment to safely evacuate a person who used a wheelchair.
- The management team used information from risk assessments to develop care plans to inform staff how to manage risk safely. For example, one person's plan detailed how staff should deliver personal care to avoid the risk of falls.
- The registered manager had systems and processes in place for recording and reviewing accidents and incidents. They used audits of these to reduce the likelihood of incidents happening again. Learning from incidents was shared with staff in team meetings to prevent recurrence.

Staffing and recruitment

- People were actively involved in the recruitment of staff. An easy read version of how to recruit enabled people to understand and take part in the process.
- During this inspection we did not review staff recruitment records. However, staff told us they underwent pre employment checks prior to starting work. The provider and registered manager confirmed to us they had robust staff recruitment policies.
- Staff were available at the times people needed. The management team ensured continuity of care by arranging cover for vacant hours from bank and agency staff who knew people.

Using medicines safely

- People kept their medicines in locked cupboards that only staff could access in their rooms. The management team and staff used best interest decisions to ensure this was right for those who lacked capacity to consent to this. Their individual medicines records included details of how they liked medicines including for 'when required' medicines given to them.
- Staff completed medication administration records and we observed staff completing these as medicine was given to ensure they were accurate and up to date.
- The registered manager ensured staff received training in safe administration of medicines and that regular competency checks were carried out. Medicines errors were rare but when they did happen, they were reported to the registered manager and investigated.

#### Preventing and controlling infection

- A relative confirmed staff followed good infection prevention and control practices in line with current government guidance.
- Staff received training in infection prevention and control. They demonstrated they understood the importance of this to keep the people they supported safe. They had access to protective clothing such as aprons and masks and these were being used during the visit to Fenwick Close (one of the supported living settings).
- The registered manager and her team completed regular audits of infection, prevention and control to identify additional training needs and for assurance that national guidance was being followed to keep people safe.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed before they started to receive care and support from the service to ensure they could be met.
- Staff worked with people and their relatives to gather information about the person's health, wellbeing, communication religious and cultural needs so that care plans were detailed and reflected how the person wanted to be supported.
- Information from assessment was used to develop person centred plans which had been signed by people.
- The registered manager ensured staff received training in the Equality Act 2010 and this was used to promote inclusion and diversity.

Staff support: induction, training, skills and experience

- Staff training was up to date. Staff described the training provided as 'good'. One staff member told us they were able to ask for additional training to meet a person's specific needs where required. For example, specialist tools and aids for a person who was blind.
- The registered manager carried out spot checks of staff practice to ensure learning from training was put into practice. Feedback from observations was provided to staff during individual meetings.
- The registered manager ensured new staff received an induction, training and worked with experienced staff for four to six weeks before being included on the rota.

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

- People had individual nutritional plans which detailed their food and drink preference and the level of supported they needed with meal preparation.
- Staff followed people's plans and provided support in a way which encouraged and promoted people's independence.
- The registered manager worked with staff to ensure that people were encouraged to eat a healthy balanced diet. Staff made referrals to a dietitian if required.

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

- People had access to a range of health care professionals when needed for example, dietitian, dentists and a local GP. Each person had documents such as a hospital passport which gave all their details and preferences to be shared with other health professionals if they became unwell

- Staff followed care plans which contained guidance from professionals. This included guidance for epilepsy and the risks of falls.
- The registered manager ensured staff could easily access information in relation to professionals involved with each person so that they could be contacted if support was needed.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People and their relatives were included in all decisions about their lives and this was recorded in the care records. People's individual choices and preferences were written down for staff to follow.
- Staff ensured people were involved in decisions about their care and evidence of this was in the records. They knew what to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity to make their own decisions staff supported them to have maximum choice and control of their lives by giving simple options such as choice of food or what to wear.
- The management team understood the requirements of the Deprivation of Liberty Safeguards and how these were applied for through the Court of Protection and applied to people in their care. One person had a Deprivation of Liberty Safeguard in place to keep them safe in their home.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People said staff were caring and treated them with dignity and respect. One person said, "I wouldn't want to live anywhere else." A relative described staff as 'excellent'. They added, "I couldn't fault the staff."
- Staff understood their roles through training and support from managers and spoke with care and compassion about the people they worked with.
- Staff knew the people they worked with well. We observed staff talking to individuals and being respectful of their personal space by knocking on doors and calling out when entering bedrooms to perform personal care.
- The registered manager supported staff through team meetings, one to one support and being available on site. Staff said they felt 'well cared for' and could approach their manager at any time.

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

- People and their relatives were supported to complete an annual satisfaction survey and the information was analysed to see if changes needed to be made to the service. During the last survey all people said that if they were unhappy staff would help them to "fix it".
- Staff supported people to make decisions and understood when to involve families or outside agencies such as independent advocacy to support individuals in the decision-making process.
- The relative we spoke with felt fully involved in the care of their loved one and stated they could visit at any time without an appointment or make contact by telephone for an update.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff made them "happy".
- Staff were extremely respectful of people's dignity and treated them with respect. They talked to each person individually and knew people and their previous life history extremely well. They used this to build trust with each person and to chat to them about the things that interested them. For example, one person loved London buses and staff supported them to follow this interest.
- Each person had a communication plan which ensured staff understood how to engage with people in a meaningful way. This was particularly important for new staff and agency staff.
- Staff showed genuine affection and concern for each person and a family member commented, "They don't see it as a job, they do it because they really care about the people they look after".

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 were fully involved in writing and reviewing their care plans. Care plans were personalised, detailed and up to date.
- Staff ensured care plans were updated as people's needs and choices changed, so they accurately reflected the preferences of each person.
- The registered manager ensured people were involved in all aspects of daily living within their homes. They audited care plans to ensure they were individualised and person centred.

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 understood how people preferred to communicate. For example, staff had ensured one person who was non sighted had a 'talking' pen to communicate. Other people communicated using sounds or gestures which staff understood.
- The management team demonstrated a good understanding of the Accessible Information Standards by ensuring information was available to people in large print and easy read formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities which are socially and culturally relevant to them

- People were supported to maintain contact with their relatives. During the COVID-19 pandemic contact had been maintained through video calls.
- Staff made sure care plans had time built in for outings into the community for shopping or so people could follow their own interests or take part in events which were socially relevant to them such as attending church. One person told us that they enjoyed going to the local day centre which staff supported them to do. They showed us their photo book of all the events and social activities they had taken part in outside of their home.
- The management team audited care plans and daily records to ensure staff were supporting people to supported to take part in activities have active social lives.

Improving care quality in response to complaints or concerns

- The providers complaints policy and procedure were available in different formats including an easy read version. This ensured people knew how to raise a complaint.

- Staff understood their responsibility to support people to raise any concerns or complaints.
- The service had not received any complaint in the twelve months prior to our inspection. However, the relative we spoke with was confident any concern they raised would be responded to.

#### End of life care and support

- People's end of life wishes were documented if they had chosen to share this information.
- Staff received training in end of life care. No one living in the service was at the end stage of their life.
- The management team regularly reviewed the documentation related to end of life care to ensure it was up to date.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The relative we spoke with was positive about the manager and the culture in the service. They said this was approachable and friendly and that all people living there were well cared for.
- People and relatives were encouraged to provide feedback about the service. This included informal discussions with the registered manager and staff and an annual survey. Feedback was used to continually improve the service for example personalisation of people's bedrooms had been highlighted in the past.
- Staff told us the service was well-managed. They said "nothing was too much trouble" for the registered manager who went "above" their role to provide support to staff, people using the service and their relatives.
- The registered manager held regular meetings with staff to discuss the delivery of the service. Meeting notes showed that areas such as training, staffing and admissions were discussed.

The registered manager and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in post who was supported by a team leader who covered in their absence. Staff had access to on-call duty managers when the registered manager was not on site.
- Staff enjoyed working for the service and felt supported through regular supervision and team meetings. One staff member said, "The manager supports all the staff and I like that she knows me well." Another staff member told us that FitzRoy as a company is "a good employer."
- Senior managers from the provider, FitzRoy Support supported the registered manager and staff. The management team worked together monitoring audits such as health and safety and infection, prevention and control and care plans to improve standards of care.

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.

- A relative described the registered manager as 'open and approachable'. They explained they responded well when they asked questions and was "excellent".
- The management team understood their responsibility to inform CQC about events which affected their service such safeguarding or absence of the manager for more than 28 days.

Continuous learning and improving care; Working in partnership with others

- Staff said they could speak to other professionals about the care they provided. This included speech and

language therapists and occupational therapists. This ensured people had the care they needed from the right people at the time that they needed it.

- The management team worked together to continually improve the service and ensure people were happy. They learnt from incidents and events and maintained a good standard of care.