

FitzRoy Support

Linden Cottage

Inspection report

Linden Chase
Uckfield
East Sussex
TN22 1EE

Tel: 01825768395
Website: www.efitzroy.org.uk

Date of inspection visit:
28 September 2016

Date of publication:
26 October 2016

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

Linden Cottage provides personal care, support and accommodation to up to six people living with a learning disability. This unannounced inspection took place on 28 September 2016. At the time of the inspection six people were using the service.

We last inspected Linden Cottage in November 2014. The service met all the regulations we checked at that time.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received safe care and support. We saw positive and friendly interactions between staff and people. Staff treated people with respect and upheld their right to privacy and dignity.

Staff knew how to protect people from harm and who to report to if people were at risk. Staff understood the provider's procedures relating to safeguarding people from harm. Staff managed risks to people's health and safety appropriately and had up to date risk assessments. The provider used a robust recruitment system and recruited staff safely. There were enough staff on duty to meet people's individual needs as required and to take people out as needed.

Staff sought and received people's consent to care and treatment. Staff supported people in line with the legal requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff involved people and their relatives in planning people's care and support. Care plans were person centred and reflected people's individual preferences. People received their care as planned. Staff reviewed people's health needs regularly and made changes to support plans when their needs changed.

People were supported eat healthily and enjoyed the choice of meals prepared at the service. Staff were aware of people's dietary needs, their likes and dislikes. Medicines were stored and administered safely to people as prescribed.

Staff had regular supervision and an annual appraisal that helped identify training needs and improve the quality of care. The registered manager updated regularly and monitored staff training. Staff received specialist training on working with people living with autism and learning difficulties.

The registered manager sought people's views about the service and used feedback to make improvements as necessary. People and their relatives knew how to make a complaint and felt confident their concerns would be investigated and responded to.

Relatives and staff said the registered manager was easily available. Staff felt well supported by in their role. The management team encouraged a culture of learning and staff development.

People received the support they needed to attend healthcare appointments and had their needs met. The service effectively worked in partnership with other healthcare professionals to learn, develop and implement best practice to improve people's well-being.

The registered manager effectively used checks and audit systems in place to monitor the quality of the service. The registered manager put plans in place for improving the care and support people received.

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. Staff knew how to identify different types of abuse and understood how to report concerns to protect people from harm.

Staff identified risks to people's health and well-being and managed these appropriately.

There were enough competent staff on duty to provide support to meet people's needs. The provider used safe recruitment procedures.

Medicines were managed safely as prescribed.

Is the service effective?

Good ●

The service was effective. Staff received support and regular supervision and appraisal to develop their skills.

Staff had training to develop their skills and knowledge which helped them to undertake their duties and meet people's needs.

People enjoyed a healthy diet which met their needs and preferences. People received the support they required to make choices about how they were supported.

The service complied with the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People had access to health care services to maintain good health and to be as independent as possible.

Is the service caring?

Good ●

The service was caring. Staff were kind and caring. Staff understood people's individual needs, likes and dislikes.

Staff knew how to communicate with people about their needs and preferences and respected their choices about the care they received.

Staff promoted people's dignity and respected their privacy.

Is the service responsive?

Good ●

The service was responsive. People received care and support which met their individual needs. Staff involved people and their relatives in planning people's care and delivered support as planned.

People were encouraged to be independent and enjoyed activities at the service and in the community.

People knew how to make a complaint. There was an appropriate complaints procedure in place. Staff supported people to make their views known and responded to any concerns they had.

Is the service well-led?

Good ●

The service was well led. People and their relatives said the service was well run. The registered manager was available to people and staff. Staff felt supported in their work and received guidance from the management team.

The service had a positive and open culture that encouraged learning.

The provider and registered manager assessed and monitored the quality of the care people received. Improvements were made when necessary.

There was an effective partnership with healthcare professionals to promote people's well-being.

Linden Cottage

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 28 September 2016. The inspection was carried out by one inspector.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to inform the planning of the inspection.

During the inspection, we spoke with the deputy manager and six members of staff. We reviewed six people's care records and their medicines administration records. We looked at staff records including recruitment, training, supervision and appraisal reports. We reviewed safeguarding records and the complaint procedure. We looked at quality monitoring arrangements including compliments records, team meeting minutes, accident and incident reports and quality assurance records. We checked feedback the service had received from people, their relatives and healthcare professionals.

We undertook general observations and formal observations using the short observation framework for inspections (SOFI) during the lunchtime meal. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection, we received feedback from two relatives and three healthcare professionals.

Is the service safe?

Our findings

People were safe at the service. One relative told us, "[Person's name] is very safe. It's very secure. I don't have any concerns about [people's] safety."

Staff understood how to keep people safe. Staff were able to explain how they would keep people safe and knew how to report any concerns when they felt people were at risk of harm. Staff knew the different types of abuse and how to recognise it. One member of staff told us, "We have to keep people safe so they don't suffer from any type of abuse, emotional, physical or financial. I would report it straight away to the senior on duty."

Staff understood what whistleblowing was and knew how to report concerns if necessary to protect people from harm. There was information available at the service with guidance to staff on how to 'whistle blow' and who to contact. Staff had read and understood the whistleblowing policy and how to use it to ensure they protected people from the risk of abuse. One member of staff told us, "I am sure my manager would act if I had concerns about abuse. I would contact social services if my concerns remained unresolved."

People were safe because staff had identified and managed risks to their health and well-being. Staff knew risks to each person and effectively worked effectively with them. Risk assessments in place were person centred and had guidance for staff on how to minimise identified risks in the least restrictive way. Risk assessments covered all areas of the person's well-being including, personal care, going out, using wheelchairs and hoisting equipment, managing medicines, skin care and how to protect people from the risk of accident and falls. Staff were aware of situations that could trigger challenging behaviour and knew how to mitigate against them. Staff involved people, relatives and healthcare professionals in carrying out the risk assessments before and after the person began using the service. Care records included regular reviews of people's risk assessments to ensure they were still effective.

People received the support they needed to manage their money. Staff ensured people's money was securely stored at the service. Staff understood and followed the provider's financial procedures. We checked the money kept at the service for two people and the balance was as expected.

The registered manager ensured people were safe from avoidable harm. Staff maintained records of accidents and incidents which showed they knew what to do if someone had an accident. The registered manager monitored and analysed accidents and incidents and ensured staff took appropriate action to reduce the risk of recurrence. Records showed management investigated incidents and discussed the outcome and any lessons at team meetings.

Staff knew what to do in case of emergency at the service. Staff told us they responded by using first aid and called the ambulance service to check the person did not need to go to hospital. Fire and evacuation drills were undertaken to ensure people knew what to do in the event of a fire.

There were sufficient staff available to meet people's needs. Reviews of people's safety allowed the

registered manager to ensure that staffing levels were appropriate and gave each person enough support to maintain as much independence as possible. Some people received one to one care depending on their health needs. Two or more staff supported people when they went out in the community. Staff told us and rotas confirmed there was a regular and consistent staff team that worked at the service to ensure continuity of care and familiar faces to reassure people.

People were safe as the provider used robust recruitment procedures. Records showed all the relevant checks to show staff were suitable and safe to work with vulnerable people at the service. We saw completed job application forms, pre-employment checks such as written references from their previous employer, identification, criminal records check and eligibility to work in the UK. This minimised the risk of people being cared for by staff who were inappropriate for the role. Records showed new staff started to work at the service when these checks were completed.

People's medicines were managed safely. Staff told us they were aware of the medicine administration policy which they had access to and followed. Each person's medicines were stored in a locked medicine cabinet in their room which only staff had access to. Records showed an audit of medicines administration record (MAR) sheets and stocks of medicines. All MAR charts were accurately signed and showed people had received on the prescribed medicines at the correct time and dose. Records for 'as required' (PRN) medicines showed people were given these medicines when necessary for example when people were in pain or became distressed or anxious. Staff followed the PRN guidance in place on when these medicines should be given. For example, people were given their medicines for epilepsy if they had a fit to manage their condition.

People received the support they required with their medicines. We observed a member of staff administering morning medicines. Staff dispensed the medicines and handed them to the person. The member of staff spoke with each person and informed them of the medicines they had been prescribed and ensured that records were signed. Records confirmed staff who administered people's medicines had been assessed as competent to do so.

Staff knew how to protect from the risks of an emergency at the service. Staff understood what action to take to ensure people's safety in the event of a fire. They were clear on the procedure of evacuating people safely. The service had Personal Emergency Evacuation Plans (PEEP) in place for all people. Records showed the registered manager discussed with staff what action to take to enhance people's safety in the event of a fire or any emergency. The service carried out regular fire drills and kept up to date records of this. Staff discussed with people their response times and discussed likely situations they might meet when moving out of the service in case of an emergency. This ensured staff understood how to support people to leave the building safely in an emergency.

The service was well maintained and clean. Some people were supported by staff to move with the use of equipment such as hoists and wheelchairs. Staff had guidance on how to use the equipment to protect people from the risk of falls and accidents. Staff carried out health and safety checks of equipment and the building to ensure everything was working and appropriate for people. Maintenance issues were dealt with by the provider promptly. Records showed regular checks and testing on heating, lighting, fire alarms, emergency lighting.

Is the service effective?

Our findings

People received support from staff who knew them well and had the knowledge and skills to meet their needs. Relatives and healthcare professionals spoke highly of the staff and the support they provided to people.

All staff completed a comprehensive induction when they started to work in their role at the service. The registered manager introduced new staff to the provider's values and ethos and ensured they completed mandatory training. This included 'shadowing' experienced colleagues, understanding policies and procedures at the service and how to identify and meet people's needs. The induction was tailored to train staff in specific needs of the people they would be supporting. Staff told us their work practice was observed by the registered manager to check whether they were competent in their role. Records showed the provider employed staff permanently after undergoing assessments which showed they were competent to provide people with appropriate care and support.

People were supported by staff that were able to meet their needs. The registered manager undertook supervision sessions with staff to review their performance and to identify any training needs to develop their practice. Staff told us and records confirmed they were supported through regular supervisions and were able to discuss their training needs and how best to support people. One member of staff told us, "We talk about areas of development and difficulties we may have with the job." Staff had an annual appraisal to review their performance against set objectives for the year and the training staff would undertake to enhance their knowledge.

Staff completed training to ensure they were up to date with current practice and had the skills and knowledge to support people. Records showed staff had received training on safeguarding adults, fire safety, infection control, medicines management and food hygiene. Staff had also received specialist training in working with people living with autism, epilepsy and learning disabilities. One member of staff told us, "The training helps us to fully understand [people's] needs and how to work with them the right way." Staff received 'refresher' training to keep up to date with current guidelines.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met.

Staff were knowledgeable about the legal requirements of the MCA. Staff had received training on MCA and DoLS. One member of staff told us, "The MCA is all about decisions and choices. If a [person] cannot make a choice, we would need an assessment to make sure their best interests were met." Staff told us they discussed the MCA in meetings to guide their practice.

Staff upheld people's rights in line with legislation. Each person had their needs assessed and the registered manager monitored restrictions to their freedom or choice. The registered manager had made DoLS application to the local authority and these had been approved. Staff understood the circumstances in which a DoLS application was made. Records showed staff supported people in line with the conditions stated on the authorisations.

Staff involved people in planning their care and consented to the support they received. People had a named member of staff as a keyworker as it provided a focal point for them to raise any issues and have them addressed. Keyworkers held regular meetings with people and reviewed their support plan or when there were changes in their needs. The keyworker maintained records about how the person spent their time, how their skills for independent living were developing and their relationships with people important to them. The registered manager reviewed the notes and discussed with people any changes to the support they required and made the necessary changes to their care plan.

People were provided with nutritious and healthy food which they enjoyed. People liked the choice of meals offered at the service. Staff prepared fresh food daily and people received meals which met their individual preferences. Staff assessed people's nutritional needs and kept this under regular review. Records contained people's food likes and dislikes and any cultural preferences which staff had obtained by speaking with each person and their relatives were appropriate. Staff knew people's specific routine around what type of food they ate and how it needed to be prepared and served. During the inspection we observed people had easy access to drinks and snacks throughout the day. Staff offered people assistance to get refreshments or have their meal if they required it. For example we observed staff offering a person their meal and asking, "Would you like to have you breakfast?"

People received the support they required with their dietary requirements. Some people had complex needs which had an impact on their diet. Staff had received input from a dietician and speech and language therapist about how the service could meet a person's dietary needs. Records showed staff had updated the person's care plan and gave the person food appropriately prepared as advised by the healthcare professionals.

People's health needs were met. Staff supported people to access the healthcare services they needed to maintain their wellbeing. Care plans contained information about people's health care needs and how to meet them. Staff monitored people's health and took action when necessary. The GP visited people at the service when they were unwell. Staff kept a diary of people's health and social care appointments and supported them to attend. Records confirmed people attended meetings to discuss and review their health and the support they may need.

Staff followed guidance provided by healthcare professionals to support people with their health needs. Records showed meetings people held with healthcare professionals including GP's, podiatrist, dentist and optician. Staff knew how to recognise if a person's mental health was deteriorating and understood what action to take to ensure they supported the person appropriately. Staff updated people's care and support plans and acted on guidance provided by healthcare professionals on how to appropriately manage changes to the people's health.

Is the service caring?

Our findings

People were treated with respect and their views about their care were understood and acted on by staff. Relatives told us staff were kind and caring. One relative told us, "Staff are friendly" and another said, "Staff seem very supportive. We can't fault them." We observed that staff listened to people.

People enjoyed positive relationships with staff at the service. Staff knew people well and understood how they wanted to be supported. One member of staff told us, "It's important we have a rapport with [people]. It makes them happy and our work of supporting them easier." We observed staff interacted with people in a friendly and polite way. Staff promptly responded to people's requests for support in a patient and unhurried manner.

People were involved in the planning of their care and support and to make day to day decisions about their lives. Staff told us they discussed with people daily about their plans for the day and respected their decision about how they wished to be supported and what they wanted to do. Staff supported people in line with their individual needs and preferences. During the inspection we observed people made choices about how staff supported them with care. Staff had provided the support as requested.

Staff were aware of how each person was able to communicate. Staff identified people's communication needs and how they used this knowledge to support people make decisions about their care. Staff had developed effective ways to communicate with each person. Staff told us how they ensured they communicated well with people. We observed staff were patient when giving information to people and explaining the support they were offering.

Staff respected people's privacy and dignity. Staff told us about the importance of treating people with dignity and respect and making sure people were seen as individuals and had their needs met in a person centred way. One member of staff told us, "We are polite to people at all times. We don't just walk into people's rooms without knocking." Another member of staff told us, "I use [person's name] and make sure they know it's me." We observed staff went into people's rooms after knocking and when invited in. Staff understood how to respect people's privacy. People could go to their room and rest when they wanted to. Staff told us people and their relatives could meet in private if they wished. Relatives told us staff always made them to feel welcome at the service.

Staff told us they encouraged people to do as much for themselves as possible. Staff supported people to carry out aspects of their personal care which they were able to do for themselves. This was to ensure that a person retained the skills they had and that they did not become de-skilled. One member of staff told us, "We encourage [people] to do as much as they can for themselves without putting them at risk." Care records showed what tasks people were able to complete without assistance and noted if a person needed prompting or some support to complete tasks. We observed a staff member encourage a person to maintain their personal care before going out for the day.

Staff supported people to maintain the relationships that were important to them. Staff supported a person

to visit their relative regularly. The registered manager ensured there were sufficient staff at the service to enable people going out to visit their friends and family. Staff supported people to remain in touch with their friends and relatives and assisted them in planning the visits when needed. Records and a relative confirmed they enjoyed the visits from their relative.

Staff kept information about people's health and support needs secure and confidential. Staff told us they understood the requirements placed on them under data protection and confidentiality. Records showed staff shared information appropriately with healthcare professionals involved in people's care. We saw staff had handover sessions away from people. Staff kept people's personal records including support plans and medicine administration records stored securely to maintain confidentiality.

Is the service responsive?

Our findings

People received support which met their individual needs. Staff knew people well and understood their needs and the support they required. One member of staff told us, "It helps to know people well. We get to support them better." One relative told us, "[Staff] do know what drives [people] and what keeps them going."

Staff involved people and their relatives in planning people's care and support to meet their individual needs. The registered manager carried out assessments of each person's needs. Relatives told us they had met with staff for the assessment of people's needs. One relative told us, "Staff ask and listen to what we have to say. They do consider our input." Relatives confirmed they were fully involved in care planning and had discussed their input with the registered manager. The service received input from health care professionals who had worked with people in identifying people's individual needs and how these should be met. Care plans were detailed and tailored to the individual and included information about people's background, health, preferences and specific needs. This enabled staff to plan and deliver people's support effectively in order for them to be as independent as possible.

People received appropriate support in response to their changing needs. Staff undertook regular review of people's needs and worked with healthcare professionals involved in their care. Care plans were updated to reflect the changes identified at the reviews and when required to ensure that the care to be delivered was agreed and met people's needs.

Staff encouraged people to be as independent as possible in relation to the management of their health conditions. For example, a member of staff told us they used equipment in relation to a person's support during the night, "Person had a call bell next to them and a mat which will indicate if the person has come off their bed." Staff told us that this was an effective way of working with the person and helped to ensure that their routine was not disturbed. Staff knew the routine of each person they were supporting. One member of staff, "It's important to know how [people] like their things done and to keep their routines." Care plans included each person's likes, dislikes, and details such as when they wanted staff to wake them up, how the person wanted their personal care delivered and how to appropriately prompt them.

People were supported to follow their interests and take part in activities they enjoyed. There was a mixture of group and individual activities plan in place including staff supporting people in the community including going swimming, sensory stimulation sessions, shopping and independent skills developing. The service supported a person to increase their confidence and ensured there was a competent swimmer among the members of staff available to support the person at a local swimming pool. Staff encouraged people to socialise at the service and in the community.

People accessed local amenities and staff encouraged people to undertake activities to reduce social isolation. We observed staff asking a person if they wanted to go out with a volunteer and giving them appropriate support to do so by ensuring they had suitable footwear. We saw people were able to follow their hobbies at the service such as watching programmes of their choice and listening to music. Plans were

in place to help people undertake activities of their choice.

People and staff were aware of the complaints procedure which was available at the service. There was an easy read version available at the service. One relative told us, "I have no complaints. If I had any problems, I would call the manager." There were no complaints made in the last year. We viewed the record of compliments kept at the service. One relative commented, "People are respected and valued for the individuals they are. I was greeted by the managers in a delightful yet positive manner." A healthcare professional wrote, "Can I just say how impressed we were with the care that [person's name] is clearly getting. He looked amazing compared to how I remember [person's name] in December and it is a credit to all of you."

Is the service well-led?

Our findings

Staff and relatives said the registered manager was available and approachable. They said she promoted an open and inclusive environment. One member of staff said, "The manager listens and acts on concerns we might have." Staff told us they felt well supported by the registered manager. One member of staff told us, "[The registered manager] is all about us providing the best care to [people]. She encourages us to develop our skills and improve on our knowledge." Another member of staff said, "We can talk about any ideas on how to improve the quality of the service." One relative told us, "This place is good and well run I think."

Staff told us they were a small staff team and knew each other well. Records showed staff had regular team meetings with the registered manager. One member of staff told us, "We can raise any concerns or ideas we have in the staff meetings. They are very helpful". Minutes of the meetings showed they discussed the operations of the service and the support and care they provided to people." Staff understood and shared the provider's vision and values and which were available to people, their relatives and staff. This explained how the service aimed to ensure people 'are treated as equals regardless of any disability'. Staff told us they promoted the values by being supportive, inclusive and responsive to people and their needs.

The service adhered to the requirements of their registration with Care Quality Commission (CQC) and met the conditions of their registration. There was a registered manager in post. The service had notified CQC of all significant events in line with their obligation.

The registered manager carried out regular checks on the support people received to ensure staff met their needs. The service effectively used the systems in place to monitor the quality of the service. For example, each month the registered manager looked at care records to ensure they were accurate and up to date. Staff training was reviewed to ensure it was up to date and when staff needed to attend refresher training.

The registered manager undertook checks on staff record-keeping on the support people had received and took action to improve the service. The registered manager carried out checks on medication administration records (MAR) charts and ensured staff had followed correct procedures. The registered manager had supported a member of staff to improve their performance on medicines management through a one to one supervision and a further competency assessment. Supervision records showed that staff were able to identify and request training to improve their practice. We saw the registered manager provided training where a member of staff identified training that would improve how they provided people's support.

The premises were well maintained to ensure the safety of people who used the service and staff. There were regular maintenance checks on the safety of the building and equipment. Faults and repairs faults were addressed promptly.

The registered manager developed the service through close partnerships with other organisations and the use of local resources. There was joint working with the local authority and other health care professionals involved in relation to the care and support for people with learning disabilities. The deputy manager told us

that they worked closely together to ensure staff developed their skills in meeting the needs of people.