

FitzRoy Support

FitzRoy Support at Home - Nottinghamshire

Inspection report

17 Northgate Business Centre
38-40 North Gate
Newark
Nottinghamshire
NG24 1EZ

Tel: 01157841840
Website: www.fitzroy.org

Date of inspection visit:
13 November 2019
14 November 2019

Date of publication:
11 December 2019

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 Support at Home – Nottinghamshire, is part of a national charity. It provides care and support to people living in their own homes and in supported living tenancies. It supports people with a wide range of needs, including people with a learning disability, autism, complex physical needs and mental health needs. It also provides an outreach service.

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

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

People were complimentary about the service and its staff. People who used the service and relatives told us staff were caring and kind. We saw that staff had developed close relationships with the people they supported. People's dignity and privacy were respected and staff helped people set goals and encouraged them to increase or maintain their independence.

There was a positive workplace culture. Staff told us they enjoyed their job and were proud to work for the organisation. They said they felt listened to and supported by the management team.

Staff and management were well trained and had the support and supervision they needed to carry out their roles to a high standard.

Staff were aware of how to report any concerns about neglect or abuse and were confident they would be addressed. There were systems in place to ensure only staff who were suitable to work with vulnerable people were recruited.

People were supported safely and risks regarding their care were assessed and met. Staff took measures to prevent and control the spread of infection. There were systems in place for the safe management of medicines so that people received their medicines as prescribed.

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.

There were quality assurance processes in place and information from accidents, incidents, complaints, audits and feedback was used to drive improvement.

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

Rating at last inspection

The rating at the last inspection of this service was good (report published March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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?

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 Support at Home - Nottinghamshire

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.

Service and service type

This service provides care and support to people living in eight supported living settings so that they can live as independently as possible. The main office is based in Newark but the service supports people in Mansfield, Newark and Nottingham. 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. Fitzroy Support at Home also provides an outreach service.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 3 days' notice of our inspection. This was to ensure there would be people and staff available in the supported living tenancies to speak with us. Inspection activity started on 13 November 2019 and ended on 25 November 2019. We visited the office location on 13 November 2019 and visited people in their homes on 13 and 14 November 2019. We spoke with relatives on the telephone on 25 November 2019.

What we did before the inspection

We reviewed information we held about the service. This included the previous inspection reports and notifications. Notifications contain information about events the manager must tell us about. For example, safeguarding concerns, serious injuries and deaths, that have occurred at the service. We gathered feedback from organisations that were involved 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 visited the office and reviewed a range of records. These included three staff recruitment files and supervision and training records. We reviewed a variety of records relating to the management of the service. We spoke with one of the registered managers, the service manager and three support workers. We spoke with two people who received support from the service. We spoke on the telephone with six relatives.

We visited four supported living settings where we looked at people's care records and health and safety checks and observed staff interactions with the people who lived there.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The two people we spoke with during our inspection were happy with the support they received. Some people were unable to communicate with us to tell us if they felt safe and happy. However, we saw they responded to staff in a positive way and appeared relaxed and comfortable with them.
- Relatives were very happy with the way their loved ones were treated by staff. One relative told us, "He feels safe and secure". Another said, "I know she is in good hands."
- The service was committed to protecting people from the risk of abuse. Staff understood their responsibilities to report any safeguarding concerns. They were provided with training and had a good understanding of the safeguarding and whistleblowing procedure.
- Staff received training in positive behavioural support. This is a person-centred approach to people with a learning disability who may be at risk of displaying challenging behaviours. If physical intervention was used it was only as a last resort and done in the least restrictive way possible. Any use of physical intervention was documented and closely monitored to ensure it was used appropriately.

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

- Risks to people's health and well-being had been assessed and risk management plans were in place to guide staff on how to reduce the level of risk, while helping people to maintain their independence.
- Risks posed by the environment had been assessed. For example, one person smoked, so action had been taken to minimise the risk to staff from passive smoking of second-hand smoke.
- Health and safety checks, such as of fridge temperatures, emergency lighting and firefighting equipment were regularly completed in each supported living tenancy. These ensured the buildings and equipment were safe.
- Everyone who used the service had a personal emergency evacuation plan which gave instructions on how to evacuate them safely from their property. Regular fire drills were held at each property.

Learning lessons when things go wrong

- Staff clearly recorded accidents and incidents. These were reviewed by the management team who carried out an investigation and took action to minimise the risk of recurrence. Additional oversight was provided by the service head office.
- There was a process in place for dealing with medicines errors. This included an investigation and subsequent action, such as further supervision or training.

Staffing and recruitment

- The provider followed safe staff recruitment procedures. Disclosure and barring service (DBS) checks were completed, references obtained from previous employers and any gaps in employment explored. This

helped ensure only people of good character were employed.

- Some people who used the service had been involved in interviewing prospective staff. This had given them the opportunity to influence who the service recruited.
- People were supported by small teams of staff who knew them well and there was good continuity of care. Gaps in the staff rotas, due to sickness or staff holidays were filled by members of the staff teams, by a 'floating team 'or by regular agency staff.

Using medicines safely

- The service operated safe systems for the management of medicines.
- People who received support with medicines had risk assessments and care plans in place. Care plans described how people liked to take their medicines. For example, one person liked to have their medicines placed on top of their food. Another person liked to help themselves to their medicines off a plate.
- Staff had been trained to give medicines. Some people required specialist medicines, for example medicines to help control epilepsy. Staff who supported these people had received additional medicines training.

Preventing and controlling infection

- Personal protective equipment, such as disposable gloves and aprons was available for staff to use to help prevent the spread of healthcare related infections.
- Staff helped people to maintain good housekeeping standards within their homes. The supported living tenancies we visited were clean.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People had a thorough assessment before moving in to their supported living tenancy. The assessment included the involvement of health and social care professionals to make sure the service could meet people's needs.
- Staff assessed people's needs in a wide range of areas. These included their physical, emotional and behavioural needs. Assessments were used to develop people's individual care plans.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and enthusiastic about working for the service. They told us they were well-supported by the management team.
- All new staff received an induction to the service which prepared them for their employment. This included shadowing more experience staff members. This helped them learn people's routines and preferences. Staff completed a variety of mandatory training including medicines management, autism, positive behaviour support and moving and handling. Staff received additional bespoke training if a person they supported had specific care needs.
- Staff were supported with their professional development through regular one to one meetings with a senior member of staff.

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

- Everyone had a health action plan which described how they should be supported with their health and well-being. Staff knew about people's different health needs and medical conditions and what they should do to help them stay well.
- People were helped to maintain good health, attend medical and hospital appointments and access healthcare services, such as dentists and opticians. People were supported to attend for healthcare screening and flu vaccinations where appropriate.
- People had health passports which contained information about their health and support needs, to be given to health professionals if a person needed to be admitted into hospital. This ensured essential information was shared to help support people effectively.

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

- People had information in their care files about their food preferences and how staff should support them with their meals. People were able to choose their own meals.
- Some people were able to shop for food and prepare meals for themselves. Others needed a greater level of support, which was provided. In some properties people planned and ate meals together and staff helped

make these sociable occasions.

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 and found that staff were working within the principles of the MCA.

- During our inspection we saw staff supported people to make their own decisions whenever possible.
- People's care files contained mental capacity assessments for different decisions. Where people did not have the capacity to make a particular decision, the best interest process had been followed. For example, this process had been followed for people who could not consent to the use of bed rails.
- Where people had restrictions on their liberty, the service had been to the Court of Protection to ensure this was legally authorised.

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

- All the supported living properties were owned and maintained by housing associations. The properties we visited were generally well-maintained.
- People had been helped to personalise their bedrooms as they wished. We met one person who had recently had their room redecorated and had chosen the colours and furniture.

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 were very complimentary about the standard of care provided. People spoke highly of the staff. One person told us, "Fitzroy have been a god send."
- Some people were unable to tell us how they were treated by staff. However, during our inspection we saw and heard many caring, kind and friendly interactions between staff and the people they supported, and it was obvious staff had developed caring relationships with them.
- Care was really personalised. One relative told us that staff had painted a mural of a football scene on their loved one's bedroom wall. They had included pictures of the person's family and things that were important to him.
- Comments from relatives included, "Staff have given [name] a quality of life he didn't have before"; "I'm thrilled with the service" and "I am 100% happy with the way my sister is looked after."

Respecting and promoting people's privacy, dignity and independence

- There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. Care files explained whether people had any specific spiritual or cultural needs and how these would be met.
- Staff helped people to be as independent as they could. For example, we saw one person being encouraged to do up their own wheelchair lap belt. Some people set weekly goals to help them progress to full independence with basic tasks, such as making a cup of tea for themselves. One person told us how they had been supported by staff to use the local buses and that this had had a big impact on their well-being.
- Staff talked to us about how they involved people in day to day housekeeping jobs, such as helping with the laundry, cooking meals and tidying their rooms. This involvement helped to give people a sense of belonging and self-worth.

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

- Staff helped people to have control over their lives and fully involved them in making decisions about how they wished to be supported.
- People and those acting on their behalf were provided with opportunities to comment about the care and support provided.
- People could be given information in an accessible format to help them make decisions and choices. For example, one person who was unable to speak, was shown pictures of places to visit and activities so that they could choose what they would like to do.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Fitzroy Support at Home provided people with a personalised service which met their specific support needs, preferences and wishes. One relative said, "They are really good – fantastic in fact."
- Staff worked with people to put together a care plan that was person centred and achieved their desired outcomes. People's care plans were detailed and captured all aspects of their lives. There was an emphasis on finding out what and who was important to each person and planning support appropriately.
- People were encouraged to set goals to improve their independence and help them live full and meaningful lives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had assessed people's ability to communicate and were skilled at helping people to communicate their needs and wishes and understand what was being said to them. This ensured people were included in decisions and helped prevent them from feeling isolated.
- Staff knew people well and were aware of the different ways they communicated. For example, some people used Makaton. This is a sign and symbol language.
- Care records contained information about how people expressed themselves. For example, one person's care record described the body language they used to show if they were in pain. Another person's record described the hand gestures they used to ask for different things.
- Some information was available in easy read versions to help make it more accessible. One person who was hard of hearing had information written on a white board for them to read.

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

- People were supported to take part in a range of social activities and interests of their choice. These included trips out shopping, to restaurants and on holidays. Some people went out together in groups. For example, people had been out together to a wildlife park.
- The service helped people maintain friendships and relationships and stay in touch with people who were

important to them. One relative told us that staff brought their loved one to visit them every week. Another relative told us how staff used FaceTime to help them stay in touch.

Improving care quality in response to complaints or concerns

- Everyone we spoke with was pleased with the service and no one raised any complaints with us during the inspection.
- Relatives told us they were aware of how to complain, if they had to.
- The service had a clear system for recording, investigating and responding to any complaints or concerns.

End of life care and support

- The service had not supported anyone at the end of their life, although the registered manager told us that this would be possible with the support of community nurses if it was felt appropriate.
- Where people were happy to discuss their end of life wishes, these were recorded in their care files.

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 improved to 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 service was well-managed. Staff and relatives were happy with the leadership provided by the management team.
- Staff and relatives told us the service was well led. The management team were visible and approachable and provided positive role models for staff.
- All but one of the social care professionals we asked for feedback from spoke highly about the service.
- The service engaged with people, relatives and staff, through meetings, care reviews, and through an annual survey. There was also a Fitzroy Facebook page.

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

- There were systems in place to monitor the safety and quality of the service. These included monthly audits of areas such as medicines, care plans and health and safety. Further oversight of the service was carried out by the provider's quality management team, regional manager and director of operations.
- At our last inspection we found that where audits had identified concerns, there were not always action plans in place to ensure improvements were made. At this inspection we did not find any problems with the auditing process.
- At one of the supported living settings, the service was trialling a new electronic system for care documentation. The system was under constant review and there were plans to roll it out to other homes in the near future.

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

- There was an open and transparent culture at the service. The registered manager understood their responsibility to apologise and give people an explanation if things went wrong.
- The registered manager had a good understanding of their regulatory requirements, making appropriate notifications to the CQC and external safeguarding bodies.

Working in partnership with others

- The service worked collaboratively with local authorities who commissioned the service and with local learning disability teams, to ensure people received the right level of support.

- The service was in the process of working with a local church group to try to establish a drop-in centre for families and friends.