

## FitzRoy Support

# Dalvington/The Oaks

### Inspection report

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

The inspection was unannounced and took place 30 January 2017.

Dalvington/The Oaks provides accommodation and personal care for a maximum of 15 people who have a learning disability, some of whom also have physical disabilities. The home consists of two separate bungalows, one called Dalvington with accommodation for seven people, and one called The Oaks with accommodation for six people. There were 13 people who lived at the home when we visited.

At the last inspection on 16 and 17 December 2014 the service was rated as good. Since the last inspection a new registered manager had been appointed. 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 were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met. People were supported by staff to have their medicines when they needed them and staff recorded when they had received them. Staff had received medication training and there were arrangements in place for managing people's medication safely.

Staff were available to meet people's needs promptly and they demonstrated good knowledge about people living at the home. Staff we spoke with felt they had the right skills to support people living at the home and attended regular training to ensure they kept their knowledge updated.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). Staff sought the consent of people before providing care and people could choose the support they received.

People were involved in choosing their meals and staff were seen to assist people to eat and drink where needed. People were supported to access professional healthcare outside of the home, for example, they had regular visits with their GP. Where appointments were needed at hospital these were supported by staff and any changes to care needs recorded and implemented.

People were comfortable around staff providing care and relatives told us people had developed good relationships with staff. Staff showed us that they knew the interests, likes and dislikes of people and people were supported to enjoy various activities. We saw that staff ensured that they were respectful of people's choices and decisions.

Relatives said communication was good and staff and the registered manager were available to them. They said staff listened to them and they felt confident they could raise any issues should the need arise.

People, relatives and staff were all complimentary about the service provided. The registered manager demonstrated clear leadership and staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes. The management team ensured regular checks were completed to monitor the quality of the care that people received and action had been taken where areas were identified for improvement.

## 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.

People received support from staff to help them stay safe. Staff knew how to recognise risks to people and report any concerns.

People were supported by sufficient staff to meet their needs and provide support in a timely way.

People were supported by staff to have their medicines when they needed them and staff recorded when they had received them.

### Is the service effective?

Good ●

The service was effective.

People received care from staff who were trained in their needs and were supported by the management team.

People liked the food they received and were supported to access health professionals to ensure health needs were managed effectively.

### Is the service caring?

Good ●

The service was caring.

People's needs were met by staff who were caring in their roles and respected people's dignity and privacy.

Staff valued people's independence and knew what mattered to them.

People were given choices and involved in decisions about how they spent their time.

### Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's care needs, their

interests and preferences in order to provide a personalised service.

People had their care and support needs kept under review and enjoyed a range of activities.

People and their relatives were supported by staff to raise any comments or concerns about the service.

**Is the service well-led?**

**Good** ●

The service was well-led.

People and relatives were positive about the service and the way it was managed and people were cared for by staff that felt supported by the management team.

There were procedures in place to monitor and review the quality of the service.

# Dalvington/The Oaks

## **Detailed findings**

### Background to this inspection

This was an unannounced inspection which took place on 30 January 2017. The inspection team consisted of one inspector.

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.

As part of the inspection we reviewed information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We used this information to focus our inspection.

During our inspection we spoke with two people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with three relatives of people living at the home by telephone following the inspection visit.

We spoke to the registered manager, a senior support worker, three support workers and a volunteer worker. We looked at records relating to the management of the service such as, care plans for three people, the incident and accident records, medicine management and two staff recruitment files and handover records.

# Is the service safe?

## Our findings

People showed us that they felt safe living at the home, they were relaxed and smiled in response to staff supporting them, which indicated they felt comfortable with staff. One person told us, "Staff look after me." Relatives we spoke with said staff kept people safe and one relative said, "[Family member] is very settled and always happy to return to the home because they feel safe with the staff."

All staff we spoke to confirmed they had attended safeguarding training and had a good understanding of the different types of abuse. Staff were confident people were treated with kindness and stated that they had not had reason to raise concerns but would do so with the registered manager if they needed to. They said they were assured that action would be taken as a result. All staff were also aware of external agencies they could report concerns to if needed and assured us they would call external agencies directly if they needed to.

People were supported to participate in the activities of their choosing. This included activities outside of the home. Staff we spoke to were able to identify the level of risk and what support was needed. The registered manager told us how they supported people with activities that they were interested in. Where these posed a risk, they assessed this with the person to ensure that they could continue to enjoy these activities safely.

On the day of the inspection there were sufficient staff on duty to meet people's needs in a timely way. One person told us that staff were available when they needed them and commented, "Staff are around." We saw staff spent time individually with people and they responded promptly to people's choices and care needs.

The registered manager told us and staff confirmed that if there was an increase in the amount of support needed then the staffing would be changed to respond to this. One member of staff said, "Staffing is increased to support activities." The registered manager told us some of the people living at the home attended a weekly disco club and staffing levels on these days were increased to support this.

We checked the recruitment records of two staff and found that staff were only employed after essential checks to ensure that they were suitable to carry out their roles. Staff had a Disclosure and Barring Service (DBS) check in place. A DBS check identifies if a person has any criminal convictions or has been banned from working with people in a care setting. These checks helped the provider make sure people living at the home were not placed at risk through their recruitment process.

We saw that people received help to take their medicines as prescribed. We saw the member of staff ask if the person if they were ready for their medicine, before giving the medicine and recording that it had been taken. The member of staff confirmed they received medication training and senior staff had observed their practice to ensure guidelines were followed.

There were appropriate facilities for the storage of medicines for example, the storage of medicines that required refrigeration. We saw there was written guidance for staff on 'as required' medicines. The

management team looked at people's medicine records monthly and where any concerns had been noted staff were supported with supervision and training.



# Is the service effective?

## Our findings

Relatives we spoke with told us staff had the knowledge to support people with their needs. They commented staff were well trained and said, "Staff are trained. They speak with confidence about [family member's name]." The conversations we had with staff showed that they had a good understanding of the people they supported. For example, knowing the things that were important to people and following routines that were important to them.

Staff told us they felt training helped them meet the specific needs of the people they supported. For example, one member of staff told us about the autism training they received to supporting people living at the home. They told us the training had given them a greater confidence in understanding people and supporting them.

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.

Staff understood the importance of obtaining people's consent when supporting them. People were provided with choice and decisions which care staff were seen to act on. For example, we saw when one person declined the invitation to join in an activity this was respected by staff. We talked to staff and they told us that they were aware of a person's right to choose or refuse care. We saw that staff knew the best way to communicate with people so they could indicate their choices. For example, where people were unable to give verbal consent they looked for facial expressions and hand gestures to gain consent and enable people to communicate choices.

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. 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 saw the registered manager had submitted applications to the relevant local authority where they had assessed that people were potentially receiving care that restricted their liberty. Staff were also able to tell us about best interests meetings that had taken place and about one person who has an independent advocate to support them to make important decisions.

We saw people enjoy a lunchtime meal together. Where people were not able to eat independently, they were supported in a way that met their needs with staff assisting them. Where one person didn't like the meal prepared they were given a choice of alternatives and chose to have a sandwich, which we saw they enjoyed. Relatives we spoke with told us their family members enjoyed the food. One relative told us, "Its family type food, I know [family member] enjoys the roast dinner on a Sunday."

Staff were responsible for the preparation of meals. Staff told us what people liked and disliked and that where people didn't like a food they were offered an alternative. Staff told us how they supported people with their dietary requirements. For example, one member of staff told us one person required a softened diet. People told us and we saw that drinks were available and offered throughout the day.

Relatives told us people were supported to access healthcare professionals and attend a range of medical appointments including GP, dentist, optician and hospital appointments. One relative told us, "[Staff] arrange doctor's appointments, they are very proactive in supporting [family member's name]." Another relative told us how their family member had been well supported when they were unwell. They commented, "[Person's name] is better now; the staff looked after them really well." We saw that people's health care was reviewed and advice sought where required. For example, advice had been sought from the Speech and language team (SALT) for one person. People also had annual health reviews to assess their on-going health needs.

# Is the service caring?

## Our findings

People were relaxed around the staff supporting them. We saw staffing joking with people who responded by laughing and smiling. We heard and saw positive communication throughout our inspection. One person said, "They [staff] look after me." All three relatives we spoke with told us staff enjoyed good relationships with people. One relative said "[Family member] is very outgoing and gets on with staff. They have a good relationship; they laugh with staff and enjoy a joke."

Relatives told us that in their view staff were caring. One relative said, "They [staff] care, they do those extra bits that mean so much. They have [family member's] best interests at heart." One relative we spoke with told us how staff had supported them to arrange a celebratory party for their family member. They told us, "Staff have been very good in helping us arrange the party. They've sorted it all for us. We are all looking forward to it...family, staff and residents all together."

Staff spoke warmly about the people they supported and provided care for and said they enjoyed working at the home. One member of staff said, "I look forward to coming to work." Another member of staff said, "It's nice to see people smile and enjoying themselves."

Staff were knowledgeable about the care and support people required and gave choices in a way that people could understand. We saw that staff understood the different ways that people expressed how they felt. For example, one person made a gesture when they wanted to go out and staff supported them outside.

People's relatives visited when they chose and relatives we spoke with said they felt welcomed at all times. Staff told us that being a small home benefited the support provided as they were able to get to know people living at the home and their families well. One member of staff said, "As a small service we [staff] know all the residents well but we also get to know all the families well too. We build up good relationships with the families."

We saw that when one person became anxious throughout the day, each member of staff took time to talk to them and offer reassurance. We saw one member of staff gave reassurance by sitting with the person, talking calmly and the person became more relaxed and settled.

The privacy and dignity of people was supported by the approach of staff, we saw staff asking before entering a person's room and supporting people in a discreet way. We saw that staff were respectful when they were talking with people or to other members of staff about people's care needs. Relatives told us staff were mindful of people's privacy. One relative said when discussing an issue with staff, "We spoke privately and they [staff] were very supportive."

Staff supported people to retain their own levels of independence, for example, we saw one person make their own drink with a member of staff guiding them through each step. This was done with gentle prompting and encouragement. We saw two other people involved in making a shopping list. Staff made

this into a fun event with lots of chatter and staff involving people in the choices being made.

## Is the service responsive?

### Our findings

All relatives we spoke with were positive about the care people received. One relative told us how their family member received personalised care and said, "They [staff] are responsive. It's an excellent service. They [staff] don't try and put [family member] in a predetermined box, [family member] has the care that they need."

Staff understood people's individual needs and they responded when requested or when a person required support. Staff were able to tell us about the level of support people required, for example people's health needs and number of staff required to support them. We saw staff shared information as people's needs changed, so that people would continue to receive the right care. This included information shared when staff changed shifts and recorded on the staff handover sheet. For example, we saw that where one person had taken medicine for pain relief and this information was shared with staff coming onto shift.

Relatives we spoke with told us that people enjoyed a range of activities. One relative told us of the various activities their family member enjoyed and said, "[Family members] social calendar is very full." Another relative told us how people enjoyed both group and individual activities. We saw that one person enjoyed sport and this was reflected in how they had chosen to decorate their bedroom through to their daily activities. We saw they accessed sports games via a computer tablet and also spoke to staff about the sports team they sported.

We spoke to a volunteer worker who visited the home several times each week to support people living at the home in accessing computer activities. The volunteer said there was a range of activities and told us, "We do what they want to do." The computer was based in a separate area and the volunteer told us this gave people some quiet, one on one time. We saw one person enjoying a session listening to music. The volunteer said, "They really enjoy it, it relaxes them." This was confirmed by staff, one of whom commented, "As soon as [volunteer's name] walks in, [Person's name] lights up. They love it."

People chose how they spent their day. One person said, "I go out if I want." Relatives also confirmed this. One relative said, "If [family member] wants to be in the kitchen, that's where [family member] is. [Family member] can be on their own, it's what suits [family member], not what suits the service."

All relatives we spoke with told us they were involved in reviews of their family members care. One relative commented, "Internal and external reviews I am always involved. I am always talking to staff." We saw that a review of each person's care was completed each month by their keyworker. A key worker is a member of staff allocated to a person to offer them support, advice and promote the highest quality of life for people. One relative told us, "The keyworker knows [family member] well." Another relative told us, "Communication is really good, it's open and honest."

We asked people if they could raise concerns about the care if they needed to. One person told us if they had a concern they would, "Tell the staff." One relative told us when they had raised an issue, staff had responded. They said, "Staff are very responsive. We chatted and they responded." The registered manager

advised us that no written complaints had been received over the previous 12 month period. The registered manager said they felt as a smaller service any issues could be picked up and dealt with immediately.

Staff told us that they would talk with the registered manager if they had any concerns and they were confident that action would be taken in response. They told us they had not had reason to raise concerns.

## Is the service well-led?

### Our findings

People told us they liked living at the home and one person said, "I like it." Relatives and staff we spoke with felt that the home was well run for the people that lived there. One relative told us, "I've seen [family member] blossom in their time there – it's been very positive. The fact its working well is down to the staff." All staff told us the home was well managed, one member of staff said, "This is a good home. It's a small friendly service."

The registered manager told us, "I spend time on the floor so I can observe care." They told us they came into the home during different shifts, to see observe the care provided throughout the day. They told us this allowed them to pick up any issues and deal with them immediately. Staff confirmed that the registered manager observed care and would take action on any issues. One member of staff said, "The manager spends time on the floor; they are always talking to staff and offering advice."

We saw there were regular residents meetings covering areas such as, staff appointments, discussion of the redecoration of the home and any planned activities. The registered manager told us these meetings were held the week before staff meetings so any issues raised by people could be fed into the staff meeting for discussion and learning.

The staff we spoke with told us they felt the registered manager was person centred and was approachable for advice. One member of staff said, "I can go the manager with anything; any time I need advice or support I will be listened to." Another member of staff gave an example of when they approached the registered manager for support. They told us, "They [the registered manager] gave me reassurance. They listened, helped and supported me."

Staff we spoke with told us that they had regular supervisions and also attended monthly staff meetings. One member of staff said, "It's the right level of support for me." Staff told us the meetings provided a good opportunity to discuss any issues or changes and they felt involved in the running of the home. One member of staff commented, "At the meetings we share good practice or raise any issues."

The registered manager felt that all staff worked well as a team. Staff confirmed this and one member of staff said, "It's a good team. We support one another." Another member of staff said, "It's a good team, we all pull together."

Staff reported incidents and concerns, ensuring the provider could identify and respond to risks to the safety and welfare of both people and staff. Where there had been incidents learning had taken place and actions taken to reduce the risk of repeat incidents. For example, we saw when a medicine error had occurred. The incident had been reported, investigated and the staff involved were retrained.

The service was regularly audited by the management team. We saw the latest audits that had been carried out by which showed how issues were identified and then actions identified to make improvements. The registered manager spoke of the value of audits and was keen to ensure continuous learning and

improvement. Audits seen reviewed areas such as health and safety, equipment and medicines.

The registered manager had a clear plan for developing the home. Since they were appointed that had worked to unify the two bungalows and this was acknowledged by staff and relatives. One relative said, "It's now run a one big service which is much better." They told us they were looking to develop this further and also review paperwork. They told us, "We have a lot of brilliant information; we need to get it more consistent." The registered manager said they were also looking internet shopping as a way of getting more people involved in choosing their own food and planning meals.

The registered manager told us they felt supported by the provider. They received regular support from their operations manager and could ring other managers for advice and support. They told us they kept their knowledge up-to-date by attended managers meetings and council run training courses and also they got update alerts on policies and procedures via the providers computerised system.