

FitzRoy Support

# FitzRoy Supported Living - Trafford

## Inspection report

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

We inspected FitzRoy Supported Living –Trafford on 8, 9 and 15 January 2019. The first day of the inspection was announced. The provider was given 24 hours' notice of the inspection because the location provides a community-based service and we needed to be sure someone would be available.

This service provided care and support to people living in 'supported living' settings. In supported living, people live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; we looked at people's personal care and support. At the time of this inspection the service was providing support to 19 people in four 'supported living' settings for adults over 18 years, people living with learning disabilities, physical disabilities and/or autistic spectrum disorder and people with sensory impairments.

At the last inspection in November 2017, there were three breaches of legal requirements in relation to the Mental Capacity Act 2005 in respect of assessing people's capacity, auditing systems had identified issues with the quality of the service, but these were not always being addressed in an effective way and we found the registered provider had not ensured that there was always enough staff to meet people's needs. At this inspection we found the requirements had been fully met.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in post. 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. The registered manager was also supported by a service development and implementation manager and two deputy managers.

Since our last inspection we found noticeable improvements in developing new systems for audit and quality assurance. A new suite of audit tools had been introduced covering key aspects of service delivery.

Prior to our inspection we were notified in June 2018 by the provider they had made a safeguarding referral and contacted the Police due to finding a significant amount of money missing from people's bank accounts at one of the supported living services. As a result of an internal investigation the provider found significant failures in respect of the registered and deputy managers finance checks of people's monies. At the time of this inspection the Police were still conducting their inquiries in respect of the allegations of theft against a staff member and the provider made a timely referral to the Disclosure and Barring Service (DBS). The provider also reimbursed all monies that were stolen from people and the auditing of people's finances was fully reviewed by the provider, which resulted in thorough checks being completed on all financial

transactions at the service and the other three supported living services.

At the last inspection we found the provider did not have a clear overview of the staffing hours being provided at Highfield Avenue. At this inspection we found the staffing levels were being appropriately deployed across all of the four supported living services. There were enough staff to support people and the provider carried out checks to make sure new staff were suitable to work in the service.

At the last inspection we found staff had limited understanding of the Mental Capacity Act (MCA) and required mental capacity assessment were not always undertaken. At this inspection the provider understood their responsibilities under MCA and refresher training had been provided to staff. During the inspection we saw that people were not deprived of their liberty unlawfully and the appropriate applications to the court of protections had been made.

People told us staff treated them with dignity and respected their privacy. We found staff knew the people living at the home well and they were able to talk in depth to us about people's needs, preferences and social histories. Staff interacted well with people and were quick to act to make sure people were comfy and received the support they needed.

Medicines were managed safely and people were encouraged to be as involved as possible with their medicines. Room temperatures where medicines were being stored were now being consistently recorded to ensure medicines didn't spoil and remained below the recommended temperature.

Support staff completed training the provider considered mandatory. The provider also arranged training specific to the needs of the people using the service. Support staff also told us they found the provider's training helpful. Staff had the supervision and support they needed to work effectively with people using the service.

The provider had an easy read complaints procedure that used pictures to make the process easier for some people using the service to understand. The registered manager had a better oversight of received complaints and we saw they investigated all complaints in line with the provider's procedures.

Activities at the service continued to be limited due to budget constraints. People relied on their personal budgets to support with activities. However, we did see attempts when possible where staff would support people to have meals out and access the local community.

It was clear at this inspection the registered manager demonstrated a renewed commitment and willingness to improving the quality and safety of care provided by FitzRoy Supported Living –Trafford. The registered manager also greatly benefited with the support from the providers service development and implementation manager who also supported with audits at the service.

## 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 who used the service told us they considered it to be a safe place to live.

The provider's calculation for staffing levels had improved and we found a number of new staff had been employed.

Medicines were managed, administered and documented safely. Room temperature recording systems had now been established.

### Is the service effective?

Good ●

The service was effective.

Significant improvements had been made which sought to ensure the service was working within the principles of the MCA.

Training was available in a variety of topics to meet people's needs. Staff were supported through supervision, appraisal and team meetings.

People enjoyed the food provided and their diet was appropriately monitored.

### Is the service caring?

Good ●

The service remained caring.

### Is the service responsive?

Good ●

The service was responsive.

Care records reflected people's needs and how they would like them to be met.

The registered manager had a better oversight in respect of monitoring complaints to identify trends and patterns.

Activities remained limited at the service due to budget

constraints. But the service attempted to support people with activities when possible.

**Is the service well-led?**

The service was not always well-led.

Improvements had been made to systems for audit, quality assurance and questioning of practice. However, we found the management team had failed to ensure people were protected from financial abuse. Robust financial audits were now in place.

People spoke positively about the management team and staff worked well as a team.

There was now effective systems for seeking feedback on the quality of the service from people and their relatives. The latest questionnaires were being analysed at the time of our inspection.

**Requires Improvement** 

# FitzRoy Supported Living - Trafford

## **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 inspection took place on 8, 9 and 15 January 2018. The inspection team consisted of one adult social care inspector.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We liaised with Trafford and Stockport local authority contract monitoring teams and adult safeguarding teams to obtain their feedback about the service. We used this information to assist with our inspection planning. We also contacted Healthwatch Trafford. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

To find out how staff supported the people, we visited people in their flats when staff were there (with people's permission). We visited three supported living accommodations which included Orchard Court, Daresbury Close and Highfield Avenue. We spoke with eight of the people using the service and one person's relative, the registered manager, one deputy manager and nine support workers. On the 15 January 2018 we spoke with six people's relatives by telephone.

As part of the inspection we reviewed five people's care files, four staff personnel records, various policies and procedures, staff training records, four people's medicines administration records, audit and monitoring records and other documents relating to the management of the service.

# Is the service safe?

## Our findings

At the last inspection in November 2017 we found a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found the registered provider had not ensured that there was always enough staff to meet people's needs at Highfield Avenue. At this inspection we found the provider had made improvements to the staffing levels at Highfield Avenue and the use of agency staff across all four supported living settings had greatly reduced.

During our inspection we visited Daresbury Close, Orchard Court and Highfield Avenue. We saw staff having time for people and observed positive interactions. The staff rota reflected the amount of staff on duty during the inspection. Additional hours were provided to people for activities, which tended to be privately funded from people's personal budgets. Our observations of the support people received, the feedback from the people and their relatives and the staff at the service, showed that there were sufficient staff employed to meet people's needs at the four supported living services.

Feedback received from people and their relatives was also positive. Comments received from people included, "Always enough staff around and I that like we have the same ones [support workers]" and "I like the staff and I believe we have enough." Comments from people's relatives was also noted to be positive, "[Person's name] has always had regular staff and I have no worries about that", "Noticed a reduction in agency staff lately, which is great" and "Communication has not always been great, but it has improved greatly now they have regular staff."

Staff recruitment procedures were robust. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

As part of the inspection we looked at the systems in place for the receipt, storage and administration of medicines at two of the supported living services Daresbury Close and Highfield Avenue. All of the support staff who administered medicines had received appropriate training, which involved an observation of their competency. We saw that medicines were stored and administered safely. Medication administration records were up to date with no gaps in recording and people were encouraged to countersign their medicine administration records if they wished.

At our last inspection we found the service adopted an inconsistent approach in respect of recording the room temperatures, where medicines were stored. Room temperature monitoring must take place on a daily basis (preferably at the same time each day) and the actual, maximum and minimum temperature should be recorded to ensure the storage of medicines temperature doesn't exceed 25°C and that medicines are not spoilt. At this inspection we found thermometers were stored in the medicines cabinet and daily room temperatures were accurately being recorded.

People were protected from the risk of infection. Staff had appropriate training in respect of infection control and the three supported living services we visited were clean and tidy. People were encouraged to manage their own cleaning with staff support. One person told us, "I like to help out with the cleaning, as much as I can anyway." People's individual infection control risks were considered, and staff understood good infection control practices.

Accidents and incidents had been dealt with effectively and had been reviewed as to any further actions required. For example, where a person had slipped accidentally, this had been discussed with staff and the person's continuous wellbeing observed. We saw that there was a fire risk emergency plan in place and each person had an individual plan in place, which gave staff directions on how best to evacuate the person in the event of an emergency.

Staff knew about types and signs of abuse or neglect to be vigilant of and understood people's individual vulnerabilities. Staff were knowledgeable about signs to look for which may indicate issues, such as unexplained bruising, changes in behaviour or reactions to certain staff. Staff told us they felt confident reporting any concerns or issues and knew how to escalate issues if they needed to.

We found that any risks were managed well and detailed risk assessments were in place. Risk assessments included, but were not limited to, personal care, health, diet and fluids, medicines and mobility. We saw that risk assessments extended to people going out into the community and following leisure interests. Risk assessments were updated as required.

Although the provider was not the landlord, each of the households continued to be well maintained and staff kept a record of repairs and safety issues which they supported people to report onto the relevant housing association. Staff assisted people to regularly test smoke alarms, check firefighting equipment and monitor water temperatures. Staff maintained logs of other health and safety checks and ensured generic premises risk assessments were completed and reviewed.



## Is the service effective?

### Our findings

The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At the last inspection in March 2018, the service was in breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Need for consent. This was because the principles of the MCA concerning consent were not being followed consistently. For example, we found the provider's approach to assessing people's mental capacity was inconsistent. We found formal capacity assessments had not been completed for some of the people to assess if they could make a specific decision. Furthermore, we noted the principles of the MCA concerning consent were not being followed consistently. For example, where a person lacked mental capacity to consent to care, we found 'consent' documents had been signed by the people or at times their relatives who were not legally authorised to do so.

However, at this inspection, we found significant improvements had been made in the whole service approach to the MCA; this meant the service was no longer in breach of Regulation 11(1). Examples of the improvements we found included: the service was now completing mental capacity assessments fully when people were considered to lack a mental capacity to make a certain decision. We were shown evidence by the registered manager of a number of Deprivation of Liberty Safeguards (DoLS) applications that had been applied for. Improvements had also been made in respect of consent forms and we found these forms were only being signed when people were deemed to have capacity and whether their representative was the Last Power of Attorney (LPOA) for care and welfare. This meant records were fully up-to-date and only those legally authorised to do so provided consent. Support workers had also received refresher training in the MCA, with one staff member telling us, "I feel much more confident about the MCA and DoLS, the training did help."

Before people moved into the supported living flats/home the service completed a comprehensive assessment of their needs and preferences in collaboration with the person, their family and relevant healthcare professionals. Records showed the assessments considered people's needs and risks in relation to relationships, medicines, communications, personal care needs, domestic tasks, accessing the community, financial support and emotional and behaviour needs. During the inspection we spoke with one person who was new to the service and they spoke highly of how well they had been supported. They told us, "I love my new home, I feel so much happier being here and I like the people I live with."

Staff had the skills and knowledge to support people. New staff completed the provider's induction programme which included training, observations and reviewing care plans. All new care staff were undertaking the Care Certificate. The Care Certificate is the standard which all health and social support workers who are new to care need to complete during their induction to ensure they are meeting the fundamental standards of care. Staff told us they felt well supported by the management team. The provider had identified areas for further training for staff they planned to implement, such as training for managing

people's finances. We observed staff providing care to people. The staff team knew people well and understood how they liked to receive their care and support. Staff were able to describe how they supported people, and the triggers that could cause someone to become anxious.

We reviewed the frequency of supervision sessions and looked at a sample of supervision records. We found supervision sessions were broadly being completed in line with the providers policy. All staff we spoke with said they felt supported by the registered manager and wider management team and that supervision sessions were meaningful. Supervision provides an opportunity for line managers to meet with staff, feedback on their performance, identify any concerns, and offer support, assurances and learning opportunities to help them develop.

People were supported to live healthier lives and receive on-going healthcare support. People had regular appointments with healthcare professionals including the GP, podiatrist and dentist. At the last inspection we were told by some of the people's relatives that health appointments have not always been well managed by the service with some health appointments being missed. At this inspection we were told this area had improved greatly. Comments from relatives included, "Much improved, the appointments are better organised, and I now have confidence they will happen" and "The appointments are now clearly communicated."

People's needs had been met by the adaptation and design of the service. People's bedrooms were personalised with photographs and personal items. The three supported living services we visited were well maintained. Lounge and dining areas were suitable for people to take part in social, therapeutic, cultural and daily living activities.

The provider continued to flexibly support people with their dietary requirements. Depending on the supported living service some people were involved in weekly meetings where a menu plan was developed. While others received support in their own flats with their meal preparation.

# Is the service caring?

## Our findings

People we spoke with told us that the staff were kind, caring and treated them well. Comments included, "I like the staff, especially [support workers name]", "All the care staff are nice and treat me well" and "The carers are superb."

During the inspection we saw that staff were attentive and treated people with dignity, respect and were aware of the need for privacy. It was clear from discussions that staff knew people well. When speaking with people who were seated staff ensured they were at their eye level and when people needed support this was provided discreetly.

At the last inspection in November 2017 we made a recommendation the provider reviews their approach to organising care plan reviews, due to some relatives telling us they were not always involved in care plan reviews. At this inspection we found the provider had a clear overview of when care plan reviews were due to be scheduled. We found this area was still a work in progress as some people were still awaiting an annual care review. We were provided with assurances the provider would complete all annual reviews in the forthcoming months, now the service has recruited a new deputy manager.

Staff knew how to best communicate with people and supported them to be involved in making decisions about their care and support wherever possible. Staff adapted their approach and worked to remove barriers to communication. The service used communication passports that were used to assist the person where possible. However, during the inspection we were told that one person was unable to communicate verbally and would point or show staff what they wanted. We found no input from the Speech and Language Team (SaLT) had been sought for a number of years and we discussed the benefits of a referral to the SaLT to look at alternative communication aids for this person. The registered manager agreed and made a referral while we were on inspection. Since the inspection the registered manager contacted us to say the provider has appointed an Assistive Technologist who the service has requested to work with this person. We will review the progress on this at our next inspection.

People's aims and goals were documented in their files, with descriptions of how these would be achieved broken down in to small achievable steps. Goals were individual to the person, and staff were proud to share people's achievements with us.

There was equality of opportunity at FitzRoy Supported Living –Trafford and people were treated equally regardless of age, gender, disability, religion/belief or race. People's protected characteristics (such as age, gender, religion and disabilities) were established from the outset and appropriate support measures were in place.

People were supported to be as independent as possible. Staff told us people had choice over every aspect of their life, including if they wanted a shower or bath, or if they wanted to shave with support from staff. People chose what they ate, and how they spent their time. During the inspection, we observed people making clear choices, including when they wanted support from staff, and how staff respected their

personal space. People were encouraged to take part in activities, such as household chores which enabled them to maintain some independence while accessing the local community.

We saw that friends and relatives visited throughout the inspection and all those we spoke with told us they could visit at any time and were made welcome. This helped people to maintain relationships that were important to people to prevent isolation.

# Is the service responsive?

## Our findings

We reviewed five care files which contained comprehensive information about each person. Care plans demonstrated a good understanding of each person and gave support workers clear instructions about how to assist the person in a way that was individual to them. Carers recorded the care and support they had provided in a daily record, which was kept in the care file in the person's home.

Care files also contained life histories, detailed assessments of need, a list of their likes and dislikes and a document called 'my wish list' which included information about their goals and aspirations. We saw that this information was used to personalise people's support plans.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the provider was meeting this requirement by identifying, recording and sharing the information and communication needs of people who used the service with staff. This meant staff understood how to best communicate with people. People could receive information in formats they could understand, such as in large print and the service could provide information in an audio format or braille if needed. We saw an easy read tenancy document had been produced for a person to make their tenancy agreement with their housing provider accessible to them. This helped the person understand their responsibilities for their home.

The service was not currently supporting anyone at the end of their life. However, they had worked in conjunction with other health care professionals and family members to provide this support in the past. We saw that all care files contained a section to record people's final wishes. This allowed the person to express what they wanted to happen in their final days.

At the last inspection in November 2017, the service was in breach of Regulation 16(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Receiving and acting on complaints. This was because the provider did not have effective systems in place to respond to complaints. At this inspection we found the provider had a much better overview of the complaints received and the outcomes from them.

The provider had an easy read complaints procedure that used pictures to make the process easier for some people using the service to understand. We saw they displayed the procedure on the noticeboard of the three services we visited. Managers and staff in the service recorded complaints and compliments they received and we saw they investigated all complaints in line with the provider's procedures. At the last inspection we found family members of people using the service had different opinions about the effectiveness of the provider's complaints procedure. However, at this inspection we found the registered manager had a clearer overview of the complaints received and we were satisfied these complaints had been responded to per the providers policy.

Comments received from people's family members were positive in respect of the provider responding to their concerns or complaints. Comments included, "I haven't needed to complain for a long time now, the

communication is much better" and "I have complained in the past, but I have found improvements as a result of my complaint." The provider also received the following compliments from a family member recently, "Can I take this opportunity to thank you for all that you do for [person's name] and the support you give me."

Activities at the service remained limited due to the continued constraints in the delivery of support hours. We found people used their personal budgets for support with activities and social outings. Some people attended local day services or completed voluntary work. We found support hours were predominately provided for personal care, household tasks, meal preparation, support with finances and support with health appointments. However, we did see attempts when possible where staff would support people to have meals out and access the local community and we noted some in house activities did take place, such as movie night and arts and crafts.

People were supported to fulfil their religious and cultural needs. These were recorded, and information was provided on how staff could assist people to pursue their needs. For one person this was to be supported to buy Christmas and birthdays cards and gifts.

## Is the service well-led?

### Our findings

There was a registered manager in post at the time of this inspection. A registered manager is a person who has registered with CQC 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.

The registered manager was also responsible for another service in the Greater Manchester area. This meant they could only dedicate some of their time to maintaining oversight of the service delivered at the supported living services. We were assured the registered manager was receiving the appropriate support from the provider, as a service development and implementation manager was available to support them. The registered manager also had the support of two deputy managers to assist with team meetings, staff supervisions, drafting rotas and support with quality assurance.

Feedback received from the staff team was positive about the registered manager and two deputy managers. Comments included, "[Registered managers name] is great, always helpful", "I know I can pick the phone up and speak to any of the managers if I have an issue" and "I feel things have improved at the service, I can tell [registered manager] is checking on the service in greater detail."

At the last inspection in November 2017, the service was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance. This was because the provider did not have effective systems and processes to assess, monitor and improve the quality and safety of the service. At this inspection, we found improvements had been made which meant the service was no longer in breach of this regulation.

Since our last inspection the provider had deployed additional support to the service, with the introduction of the service development and implementation manager, who worked a number of days a week supporting the management team in developing systems for audit, quality assurance and questioning of practice. The service development and implementation manager helped to educate and embed audits at the service. For example, audits and quality assurance were much more robust for accidents, finances, medication and for the environment. Spot checks were also completed by the management team on a regular basis with appropriate records maintained. Overarching trend analysis was also completed with a clear audit trail of remedial and preventive actions taken.

Prior to our inspection we were notified in June 2018 by the provider they had made a safeguarding referral and contacted the Police due to finding a significant amount of money missing from people's bank accounts at one of the supported living services. The provider undertook audits of the finances, which identified one staff member appeared to have stolen a vast amount of money over a number of months, which had not been picked up during the monthly finance audits completed by the registered manager and deputy manager. It was agreed by safeguarding for the provider to conduct their own internal investigation and the provider found anomalies in the deputy and registered managers auditing of people's finances. As a result of this the provider served sanctions against the deputy and registered managers due to their

inconsistencies in respect of checking people's finances. The investigation identified that one staff member appeared to have been stealing the monies. This staff member had been dismissed on an unrelated matter. At the time of this inspection the Police were still conducting their inquiries against the staff member and the provider made a timely referral to the DBS about the staff members conduct. A referral is information regarding an individual who is linked to children or vulnerable adults through a regulated activity, and has or may harm these groups. The provider also reimbursed all monies that was stolen from people, as they accepted the managers governance of people's monies at that time was not adequate and did not safeguard people from financial abuse.

During the inspection we reviewed a number of people's finances while we visited the three supported living services and we found the providers approach to auditing people's finances was robust, which meant there was now a thorough audit trail detailing transactions and balances. We were assured by the provider that lessons had been learnt from the past financial discrepancies, but the management team needs to ensure the auditing systems are sustained going forward.

People and relatives were regularly asked to give feedback on the service they received. At the time of this inspection the provider was analysing the questionnaires recently received and were due to produce a report detailing the feedback. We were also provided with a staff engagement report dated 2017. This report provided positive feedback with 90% staff employed by FitzRoy Support providing feedback. The report noted areas for improvement in respect of staff pay increase. The provider confirmed in the report staff received a 2% pay increase in 2018 and increased the sleep-in rate.

Staff meetings took place and discussed issues such as staffing and updates on the service. Meetings for people using the service were sometimes held jointly but were mainly 1-1 sessions with keyworkers where people were asked their views on their wellbeing, if they were happy with the support they received and if there were any changes they wanted. One person told us, "I prefer speaking to the staff on my own, I feel shy sometimes in front of others."

At the last inspection in November 2017, the service was in breach of 18 of the Care Quality Commission (Registration) Regulations 2009. This was because the provider failed to submit specific events that have occurred within the service. The registered provider is required by law to notify the CQC of specific events that have occurred within the service. At this inspection we found notifications were now made in a timely way and that appropriate records were maintained.

It is a legal requirement that providers display the rating they received at their last inspection, within the supported living services and on their website if they have one. The rating of 'Requires Improvement' from our last inspection in November 2017 was displayed on the notice board of all of the three services we visited. Checks completed before the inspection demonstrated the rating was displayed on the provider's website.