FitzRoy Support

The Coppice

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

The inspection was carried out on 15 March 2016 and was unannounced.

The Coppice is a small service providing accommodation and support with personal care to a maximum of seven people with a learning disability. At the time of our inspection, six people were living at the service.

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 felt safe and were supported by the care staff and registered manager. However, not all safety checks had been completed, meaning people could have been at risk from harm.

Staff sought consent from people before providing care or support. The ability of people to make decisions was assessed in line with legal requirements to ensure their liberty was not restricted unlawfully. Decisions were taken in the best interests of people when necessary. However, we had not been informed where two people had a Deprivation of Liberty Safeguarding authorisation in place.

Risk assessments were not always up to date. Care plans were written with the person whenever possible and people were supported to be involved in identifying their support needs. Care plans included people's likes and preferences and reflected any changes to the person's needs.

Medicines were mostly administered as prescribed; when errors occurred, appropriate actions had been taken. All medicines were stored safely.

People were well cared for and there were enough staff to support them effectively. The staff were knowledgeable about the complex needs of the people and knew how to spot signs of abuse. There were robust recruitment checks in place prior to staff commencing work.

Staff had completed training appropriate to their role. Staff were observed as being kind and caring, and treated people with dignity and respect. They spoke to people with respect. There was an open, trusting relationship between the people and staff, which showed that staff and managers knew people well.

People were supported to be part of the local community and were able to attend activities both within the home, as well as in the local community. They made choices about how they spent their time and where they went each day.

We saw where people and their relatives had been asked for feedback about the service they received and any concerns were addressed promptly. Staff worked well as a team and said the manager provided support

and guidance as they needed it. There was an open and transparent culture which was promoted amongst the staff team.

Staff felt the service was well-led and they were supported in their roles. Procedures were in place to learn from any incidents and there were clear actions recorded.

We identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have taken at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Not all risk assessments had been reviewed and updated. However, risk assessments were personalised.

Fire safety drills and fire alarm tests had not been completed since last year July 2015. All other environmental checks were up to date.

Medicines management was done properly.

People told us they felt safe and staff knew how to keep people safe.

Staffing levels were based on the level of support needed and sufficient to meet the needs of the people and there was a suitable recruitment process in place.

Is the service effective?

Good

The service was effective.

Staff felt supported and received training appropriate to their role. New staff were supported to complete an induction.

Staff followed legislation designed to protect people's rights. They always sought consent before providing any care or support.

People's nutritional needs were met and referrals made to healthcare professionals as required.

Is the service caring?

Good

The service was caring.

People and staff had a positive relationship. People's privacy was protected, their dignity respected and they were supported to maintain their independence.

People experienced care that was caring and compassionate.

Staff treated people as individuals and ensured that confidential information was kept securely.

Is the service responsive?

Good

The service was responsive.

People were treated as individuals and supported to engage in activities they were interested in.

People's needs were reviewed regularly. Care plans reflected the individual's needs and how these should be met.

People told us they knew how to complain and there was a pictorial version of the complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality audits were in place to monitor and ensure the on-going quality and safety of the service, but these were not robust enough as they had not identified safety checks which had not been completed for a significant amount of time.

The provider had notified CQC of safeguarding incidents, but had not notified us of the authorisation of people's DoLS authorisations. This had not impacted on the people. All significant events.

Staff reported that the service was well run and was open about the decisions and actions taken. There was a registered manager in post.

The Coppice

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 15 March 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we reviewed the information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with two people, the registered manager, the deputy manager and two care staff. We observed the way people were supported in communal areas and looked at records relating to the service. Including three care records, four staff recruitment files, daily record notes, medication administration records (MAR), maintenance records, audits on health and safety, accidents and incidents, policies and procedures and quality assurance records. Due to the limited verbal communication of some of the people living at the service, and the nature of their learning disability, they responded to most of the questions we asked with a nod of their head and a "yes" or a shake of the head and a "no".

The last inspection took place in September 2013 and no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

People, we observed, were smiling and looking relaxed when staff spoke with them. One person said, "I feel safe" and another person who had limited verbal communication indicated "yes", when asked if they felt safe.

There were plans in place if an emergency such as a fire occurred. However, we found that fire safety drills and fire alarm tests had not been carried out since July 2015. This meant people using the service may not have known what to do in the event of the fire alarm sounding. The registered manager took immediate action to complete a fire safety drill and also appointed a member of staff to be a fire marshal, to ensure these checks were completed in future. Staff we spoke with were clear about the action they should take in an emergency. Each person had emergency details in their file, giving details about the person which could be given to emergency service personnel to help locate people should they go missing from the service. Staff had also undertaken first aid training and were able to deal with emergencies of this kind. The provider had appropriate environmental risk assessments in place in respect of the day to day running of the home. The assessments covered areas such as electrical and gas appliances and water checks These checks were all up to date and ensured that everything was working and safe.

The failure to check that appropriate fire safety checks had been completed is a breach of regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to receive their medicines by staff who had undertaken suitable training and had their competency assessed. We checked medication administration records (MAR) and identified gaps where a person had not received their medicines on one morning. This was brought to the attention of the registered manager and deputy manager, who showed us that this had already been identified by the deputy manager and actions were being taken to prevent this from happening again. All medicines were stored safely and appropriate arrangements were in place for obtaining, recording, administrating and disposing of prescribed medicines. Topical creams were administered by care staff and there were appropriate care plans in place to support this. These gave clear descriptions of which cream was to be used, when and where it should be applied. The creams were labelled with dates to show when they had been opened, and when they needed to be disposed of. There were protocols in place for people who had been prescribed 'as required' medicines (PRN) and clear guidelines for staff to follow when administering medicines. For example, one person required specific medicines to control their medical condition. The records showed possible side effects which may occur from taking this medicine. Medicines were given as prescribed and in line with pharmacy and manufacturer's guidelines. All unused medicines awaiting return to the pharmacy were kept secure until collection this ensured the safety of those using the service as only those people with authority could access the medicines until they were disposed of.

Personalised risk assessments were in place, giving details about potential risks to each person. We found that some of the risk assessments in people's files had not been reviewed for two years. However, staff we spoke with were fully aware of the risks posed to people living at the service and we saw that there were recently added risk assessments detailing where a person's needs had changed. This was brought to the

attention of the registered manager who advised that they would all be reviewed and updated immediately. The registered manager confirmed this had been done the day after our inspection. People were assessed as to their abilities and wishes and were encouraged to be as independent as possible. For example, there was a risk assessment for a person who was known to have seizures. It gave clear guidance to the staff as to how to manage the situation should this person have a seizure, with step by step instructions of what action to take.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. One staff member said, "Depending on who it involved I'd report it to [the registered manager] and know something would be done, or if I couldn't go to them, then I'd report it to you (CQC)". Another staff member said, "I'd report it to [name of registered manager] or [name of deputy manager]. If I didn't see any action being taken, then I'd report it to a senior manager." Staff were aware of how to contact external agencies for support if needed.

The service had suitable policies and procedures in place to safeguard people and their property. For example, one person was at risk of financial abuse as they had no capacity in relation to managing their finances. The service managed this person's finance and staff had clear guidance on how to work with the person and support them to help reduce the likelihood of this occurring. Staff responded appropriately to any allegation of abuse. The registered manager had conducted an investigation into a concern raised recently, which had been thorough and robust this showed they understood the safeguarding process and were able to take actions to maintain people's safety.

We saw that there were sufficient staff to meet people's needs. Staffing levels were gauged upon the needs and abilities of the people using the service. This was done depending on the planned activities people had and those people who required one to one care throughout the day. The registered manager explained how they managed the staff in order to support people to access external activities. This ensured that those who went out to do activities were supported sufficiently, and those who chose to remain at the service, were also supported. Staff took their time when supporting people and did not rush them. The registered manager said there were always two staff members on during the day with extra staff coming in at specific times to provide additional one to one support to people. The registered manager stated that, if required, additional staff could be rostered to support people as required. We saw evidence of this when a staff member who had been due to take a person out on a one to one visit, suddenly had to leave. Immediately the registered manager arranged cover and another member of staff came in to cover the shift. This meant the planned activity could still go ahead albeit with a minor delay. There was an on call duty system, which detailed the planned cover for the home. Short term absences were managed through the use of bank staff or agency staff; the service used the same agency and tried to use the same care staff to ensure continuity of care. The registered manager and deputy manager were also available to provide support when appropriate to ensure there were always sufficient staff to support people.

We saw that recruitment processes were robust; they ensured staff were suitable to work with people who lived at the home. Staff had undergone a check with the Disclosure and Baring Service (DBS) and had references from previous employers. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Application forms showed staff had previous experience within a caring role as well as a full employment history.

Good

Is the service effective?

Our findings

People who used the service appeared happy with the care and support they received. One person said, "I am happy here". Staff were observed asking for people's consent prior to supporting them. They encouraged people to make decisions and supported people's choices.

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's consent to aspects of their care had been recorded in their care plans. Where people were unable to give consent, there was a record that the person's best interests had been considered. We saw that before people received any care or support, staff asked for their consent and acted in accordance with their wishes. Staff had a good understanding in relation to obtaining the persons consent; one staff member told us, "We generally just ask people, if we don't feel they are able to answer then we need to consider what is in the person's best interest." Staff had an understanding of the Mental Capacity Act 2005 (MCA) and how this impacted upon the work they did. Staff were observed asking the people for their consent before carrying out any task. The registered manager and staff understood their responsibilities in relation to the MCA and when they needed to consider making a best interest decision. For example, where one person was unable to make decisions about their general health needs, there were clear guidelines to follow as to when to make referrals to health professionals.

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 Mental Capacity Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that two people living at The Coppice were subject to DoLS authorisations and that applications had been submitted for all persons living at The Coppice, this showed that the registered manager was aware of when they needed to deprive someone of their liberty in order to keep them safe.

All staff had undertaken essential training in areas such as safeguarding, Mental Capacity Act, and medicines, as well as further training in specific areas. New staff completed an induction period where they spent time shadowing more senior staff and completing essential training. Once their induction was complete, they worked as part of a team. All care staff were undertaking the Care Certificate through the Care Academy. The Care Certificate is the standards which all health and social care workers who are new to care need to complete during their induction to ensure they are meeting the fundamental standards of care. The Coppice were ensuring that all their staff met these standards, by getting them to undertake this training.

Staff received supervision and an annual appraisal. Staff said these were regular and they felt they were able

to approach the registered manager outside of the scheduled supervision if they needed to discuss anything. Supervision provides an opportunity for management to meet with staff to feedback on their performance, to identify any concerns, or to offer support, assurances and learning opportunities to help them develop. Records of supervisions showed a formal system was used to ensure all relevant topics were discussed. Where actions were identified the process ensured these were reviewed at the subsequent supervision meetings to make sure that these actions were being met.

Staff were allocated to be one person's specific keyworker. This role meant they were responsible for keeping the person's care files and risk assessments up to date, ensuring any changes were documented and meant the person had one specific person they could go to if they had a problem. This meant people were able to build trusting relationships with a specific staff member. We saw high levels of interaction and engagement between people and staff.

Staff showed a good understanding of the needs of people who lived with a learning disability. They knew how to adapt the care provided to meet people's different needs. Staff were seen making visual contact with the person first, before speaking to them. One person had a hearing impairment and we saw the deputy manager make visual contact, follow this by touching the person on the arm and getting down to the persons level, before signing to them to make introductions.

Records showed that people were referred to healthcare professionals as required. We saw a referral had been made to the speech and language therapist (SaLT) when staff noticed a change in a person's ability to swallow. We also saw referrals to the community mental health team for support when a person's behaviour became more challenging, this showed the service had recognised the changes and were ensuring the person received support to manage the change in needs.

Meals were chosen by people living at The Coppice and there was always another choice if they did not like what was on offer. A menu was written on a Monday with the input of those people who were able, detailing people's choices for the week. People then went with staff to buy the food. One person said, "I go with staff to buy the food, but I don't help to cook." Staff confirmed this and said that they had tried to encourage this person to cook, but they always declined. People often chose to go out to eat and were supported to do this. One person required a specialised diet and there were clear guidelines in this person's care plan. Staff were aware of foods that were no longer recommended for the person, and alternatives which could be offered instead this showed an understanding about the person's new needs and what foods may cause harm.

Good

Is the service caring?

Our findings

People appeared happy with the care and support they received. When asked if they were happy with the care and support, one person said, "Staff are good." We observed positive caring interactions between people and the staff. People were treated with dignity and respect at all times. Staff were observed laughing and joking with people as well as speaking in a kind and caring manner. One staff member described the service as being like "one big family".

We observed caring interactions between the people and care staff. Staff had time to sit with people and talk to them and knew the people they were caring for well. This was shown by how they responded when people became upset and anxious. Staff explained how they would support and calm people by offering other activities or asking if they would like to move to another room. Staff were able to do this using their understanding of the people through the information shared in their care plans and of how their learning disability may be affecting them.

People and their relatives were involved in developing their care plans whenever possible. This was shown in the information gathered. The care plans contained information about the person's abilities, what they could do for themselves and what support they needed. We saw that people's care plans were evaluated by staff in their daily records. Each person had their own diary where these records were kept. We viewed some of these and saw that for some people the daily records were very detailed, whilst others only provided the minimum amount of information. This had already been identified by the deputy manager and was on the agenda to be discussed at the staff meeting which was to be held during the inspection. Care plans were kept securely, so they could only be viewed by those authorised to see them.

People had their own bedrooms and use of a shared lounge and a kitchen/dining area. This gave them private places to go where they could spend time alone if required. Staff said that none of the people living at the home would enter someone else's bedroom without being invited. People's bedrooms were personalised with pictures and personal items. One person said, "I Like it here, I got to choose how my bedroom is." Another person showed us their room and confirmed they had been involved in choosing how they had it. This demonstrated the service listened to the person and treated them as individuals.

Staff appeared to be proud of the service and were passionate about the care and support they offered to people. They treated everyone with dignity and ensured doors were closed when personal care was being provided. One staff member told us, "We always close their doors when providing any personal support. People whose rooms are on the ground floor have their curtains closed as well." We observed that interactions between staff and people were consistently respectful. Staff would always knock on bedroom doors before entering and got down to the person's level to communicate with them. We saw staff speaking to people in a compassionate and respectful way.

The service had an end of life pathway which meant that the person could remain in the home during their final days. The manager explained how they had supported someone in their final days, ensuring this person could be cared for at home, rather than in a different environment which they didn't know.

Good

Is the service responsive?

Our findings

We saw that people had individualised care which met their needs. Wherever possible, people had been involved in writing their care and support plans. By involving the people, the service had been able to build a picture about the person, their needs and how they wished to be supported. Records of the care and support delivered were maintained and the care plans were updated regularly to ensure that the information was accurate and reflected the person's current needs. They provided clear guidance to staff about the person, and provided instructions on how to manage specific situations. We saw staff encouraged people to make their own decisions and supported the person's choices. For example, we saw a staff member get down to a person's level and ask them if they wanted a drink. They waited for this person to respond and did not make the decision for them.

Staff we spoke with knew what person-centred care meant and could describe how they provided it. They knew people's likes and dislikes and were knowledgeable about people's individual needs and how to ensure these needs were met. Staff explained that people were given the opportunity to make choices about their care enabling them to be involved in decision making. For example; some people living at the home were wheelchair users and required the support of two staff members. Their care plans gave details in relation as to how they liked their support to be provided, and also about their preference as to who they would prefer to provide it.

We saw in one person's care file, where staff had identified when one person's communication needs were not being met, and instigated the need for a new communication device. This was subsequently bought and now the person can communicate effectively with everyone meaning they are no longer isolated and the service had responded to their change in need.

We saw that people's life stories were recorded in their care files. This highlighted key life events and experiences the person had and people who were important to them. One person liked to visit their friend in the community. This was encouraged and supported by staff who ensured the person had transport arranged and there was a plan in place to check when the person arrived and when they left. People were encouraged to have as much contact with friends and family members as they wanted to. We saw records in people's daily notes when they had either visited or been visited by, family or friends.

People told us that they went out to the local day service everyday but there weren't many activities in the home. We saw that every person had their own activities plan which had been written with the persons input. People either went out to day service or went out with a care worker during the day. The service encouraged people to be part of the community; and were supported to attend activities they enjoyed. The registered manager ensured that there were robust arrangements in place to support them to continue to do this.

There was a formal complaints procedure in the home which was available in picture format so it could be explained to people how to complain. The registered manager explained that if people had any complaints, they could tell any of the staff and these would be looked into. No complaints had been received by the

service, but the registered manager was able to explain how they would respond if they were to receive one.

People were encouraged to provide feedback and their views were actively sought before any changes were made to the service. Residents meetings were held regularly and minutes from these meetings showed what actions had been agreed. These included what meals the people wanted and the planning of menus.

Requires Improvement

Is the service well-led?

Our findings

People knew who the registered manager was. When asked if they felt they could go to the registered manager about things if they weren't happy, one person said, "Yes", and another person indicated they were happy with both the registered manager and the deputy manager.

We found that the home's records were organised and accessible to staff. There was a system in place to monitor the quality of the service being provided. We found that these checks were not robust, as they had failed to identify the missed fire safety checks so no action had been taken. Regular audits designed to monitor the quality of the care and identify any areas for improvements had been completed by the deputy manager. Quality assurance checks on areas such as infection control, documentation, medicines and accidents and incidents were completed by an external quality manager who carries out quality assurance checks on a number of sister services to ensure the service is meeting the required standards.

We found that the registered manager did not notify us about all incidents as required. A notification is information about an important event which the service is required to send us by law. The provider had sent us notifications relating to most incidents including serious injuries, safeguarding and deaths. However, they did not tell us about an incident where two people had a Deprivation of Liberty Safeguarding authorisation in place. The registered manager told us they had forgotten to inform us. We saw that in each case, the lack of notification to CQC had not resulted in an impact on the people involved as the local authority were aware of the authorisation. We discussed this with the registered manager; who apologised for this omission and assured us it wouldn't happen again.

People were involved in developing the service, for example, when new staff were recruited. All prospective staff were recruited through a formal interview process which included an interview with the people using the service. This ensured that people had a say in who provided their care and support and also allowed the management to observe how potential staff interacted with people before employing them.

There was a clear management structure in place, including a registered manager and a deputy manager. People we spoke with knew who the registered manager was and felt able to approach them at any time. Staff told us they were aware of the roles and responsibilities of the managers and the lines of accountability. All the staff we spoke with said they felt supported by the registered manager. Staff explained how there had been a 'cliques' amongst the care staff, and how this was recognised by the management and action taken which resulted in a happier and stable working environment. The registered manager understood the impact of this discord of staff may have on those living at the home and took action to prevent this.

There was a clear set of values which staff understood and they described the service as having "an open culture". A staff member told us, "You can go to [the registered manager] or the [name of deputy manager] about anything at any time."

The registered manager told us how they recognised the importance of having motivated and familiar staff

in order to ensure people's care needs were met. People knew the staff well and staff knew them. This meant the staff knew their needs and what support they needed. This was particularly important for those people who had issues with communication. Staff were able to understand people through their body language and actions. Staff told us they felt valued and recognised the importance of their role and the impact this had on the people who lived at the service.

We saw team meetings were held regularly and minutes showed the areas of discussion. The team meetings were used as learning sets and any concerns or actions identified could be addressed.