

# FitzRoy Support Northfields

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Northfields is a residential care home providing personal care to up to seven people with learning disabilities; the home was full at the time of the inspection.

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

The service was a large home, bigger than most domestic style properties. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The provider had made service-wide improvements since our last inspection and were no longer in breach of regulations. Most of the concerns we found previously had been due to there being only one staff member on duty in the service at night. This had resulted in people receiving care that was not safe, dignified or person-centred. Following that inspection, the provider introduced a second staff member on each night, and we found, at this inspection, that this had mitigated several risks. We found people were receiving care and support that was safe, timely and individualised to meet their needs.

The governance system the provider had in place, together with the senior management team's oversight, had driven improvements. However, the system needed to continue to be embedded and developed to ensure all areas of the service were covered and that they were effective in promptly identifying and rectifying issues. For example, some issues we identified on this inspection had not been identified by the provider's governance system. This included poor record keeping in relation to pressure care for one person and safety checks on lifting equipment.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported by staff who had the necessary skills and abilities to meet their needs, had been trained and received ongoing and effective support; they had been safely recruited. People told us staff were kind, caring and respectful.

The service worked well with others to ensure people received the care they needed and that it was person-centred; their health, social and nutritional needs were met. People received their medicines safely and they were protected from the risks associated with abuse and infections due to the procedures in place. End of life care was planned for considering people's wishes.

All the people we spoke with told us the service had improved since our last inspection and were happy with the quality of care delivered. No concerns were raised, and people told us that if they did have concerns, they would feel comfortable raising them within the service. They told us staff and the management team were effective, supportive and approachable and had worked hard at making the necessary improvements; our inspection confirmed this.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (report published 5 September 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve; this was discussed with the provider. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 5 September 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Northfields

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection site visit was completed over two days. The first day was completed by two inspectors with one inspector returning for a second day.

#### Service and service type

Northfields is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We briefly spoke with five people who used the service as people were unable to fully tell us their experience

of using the service. We therefore observed the care and support people received. During our inspection site visit, we spoke with one relative and five staff members including the service development and implementation manager, deputy manager and three support workers. The registered manager was on leave at the time of the inspection.

We reviewed a range of records. This included six people's care records and the medication records for three people. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including accidents and incidents, maintenance records, staff rotas and quality assurance records, were also viewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and additional information was submitted as requested and within the specified timescale. We looked at training data and additional quality assurance records. We spoke with three relatives and three more staff, all of whom were support workers.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- While continued improvements were required, the provider had acted on the findings from the last inspection and people were better protected against risks. Lessons had been learnt in order to improve the service.
- At our last inspection, we found only one staff member on shift at night; at this inspection, two waking staff were now in place, and had been for some months, which mitigated several risks highlighted at our last inspection. Two staff were now better able to provide the care and support people needed to mitigate risks associated with falls, seizures and pressure care.
- The provider had acted on the environmental risks found at our last inspection. Hot pipes had been covered, the building assessed for window restrictors and checks to manage the risks associated with legionella disease were now in place. A health and safety audit had been completed by the provider which had highlighted some additional concerns, and these were being addressed.
- Personal emergency evacuation plans (PEEPS) were in place for each person who used the service, and these were accurate. Fire drills had taken place and other mitigating actions were in place such as regular checks of the fire protection system.
- An emergency plan was in place to account for adverse events such as utility failure, severe weather and staffing shortages. This helped to ensure continuity of the service.
- The risks associated with people's health and medical conditions had been identified, assessed and mitigated. However, for one person we found repositioning records had not been consistently completed and although we saw staff reposition the person and their skin was intact, robust records were required to demonstrate appropriate action had been taken.
- We found that two of the four pieces of lifting equipment had not been serviced within the specified time period to ensure safety. The provider arranged for an engineer to attend the next working day after our inspection visit to undergo the safety tests; we received confirmation that this had been completed and that all equipment was safe to use.

## Staffing and recruitment

At our last inspection the provider had failed to robustly assess staffing levels to ensure people's needs were safely met. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last inspection we found the service had failed to adequately assess and deploy staff meaning people's safety and dignity was compromised and their needs not met. This had been rectified by the provider and we found appropriate staffing levels in place at this inspection.
- Two staff were now deployed at night meaning people's needs were met. Staff told us this. One staff member said, "Extra staff has been a big positive impact especially at night; staff feel safer with two. People (who use the service) could pass out on nights and staff would be on their own."
- Our observations showed that people's needs were met as needed and that staff had time to spend with people. A second staff member said about additional night staff, "It's so much better. It's nice to know that I can be with people (who use the service) on one side (of the building) and there is someone on the other side. I can fully engage with people again knowing I have another member of staff to help me."
- Rotas showed consistent staffing levels were in place as assessed by the provider.
- The provider had processes in place to ensure staff were safely recruited and assessed for suitability to work at Northfields. This included the completion of a criminal record check, gaining references from previous employers, seeking full employment histories and numeracy and literacy assessments.

## Preventing and controlling infection

- The home was visibly clean in most areas with no malodours.
- However, our inspection showed that some improvements were required which had previously been identified by the provider who was acting to address them. For example, the wall in one bathroom had surface marks however the provider had employed a contractor to redecorate the home which was due to commence shortly after our inspection visit.
- A programme of descaling shower heads had been introduced since our last inspection and these were visibly clean although we noted one shower drain to contain limescale. This had been identified by the provider's own audit and was being addressed.

## Systems and processes to safeguard people from the risk of abuse

- Relatives consistently told us they felt their family members were safe living in Northfields and treated well. One relative said, "I have no concerns about [family member] living at Northfields. They ring and tell me of any problems. I am reassured by this."
- The provider had procedures in place to help protect people from the risk of abuse. This included training for staff, incident recording and reporting and making the local authority aware of any concerns that might constitute abuse.
- Staff understood their responsibilities around safeguarding and were able to explain how they would report concerns. We saw that safeguarding information was on display in the home.

## Using medicines safely

- Safe medicines management systems were in place and good practice guidance followed meaning people received their medicines safely and as prescribed.
- Medicines were securely stored at the right temperature and medicine administration records (MARs)



showed people received their medicines consistently with guidance in place for staff. For example, where medicines were prescribed on an 'as required' basis, guidance was in place to explain how these were to be administered.

- People had individualised medicines care plans in place that described what medicines they were prescribed, for what reason and any associated side effects. They contained any additional person-centred information such as what actions to take should a person refuse their medicines.
- Staff had received training in medicines administration and their competency to do so had been assessed.
- The people who used the service had regular reviews to ensure they were not taking excessive medicines or any unnecessarily.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Outcomes for people were good. We heard several examples where people's health and quality of life had improved since living in Northfields.
- One person had been non-weight bearing when they entered the service due to a medical event; we saw that this person was now independently mobile and self-caring in many aspects of their life.
- One relative we spoke with told us, "[Family member] is so happy, they are the happiest I have ever known them... they absolutely love [staff member's name], they gave [family member] a life they never thought they had." A health and social care professional told us, "I have no concerns about the home and feel it has resolved many of the problems my client faced."
- People's needs and preferences were assessed and documented, and care planned around these. Staff used nationally recognised tools to assess and manage risks to people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service had improved their knowledge and understanding of MCA since our last inspection and we found the service compliant with the legislation.
- Where there was doubt over a person's capacity to make a decision, the service had completed decision specific assessments and recorded associated decisions and rationale.
- Best interest meetings had been held as needed and resulting decisions recorded.
- Whilst DoLS authorisations had been in place for some people previously, none were in place at the time of this inspection which was appropriate at this time.

Staff support: induction, training, skills and experience

- People benefitted from receiving care and support from staff who were trained, supervised and supported.
- All the relatives we spoke with told us staff had the skills and abilities to support people well.
- New staff received an induction which included several shifts shadowing a more experienced staff member and observations of practice. One staff member told us of their induction, "It was what was needed, and I was happy to work on my own (after completion)."
- Staff received training which included specialist topics to meet the needs of those people they supported. For example, training in epilepsy, mental health disorders and learning disabilities.
- Regular supervisions and staff meetings helped support staff, impart information and encourage conversations on topics that were important to staff and the service.

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

- People's nutritional needs were met, they had choice in what they had to eat and drink and staff supported them as required.
- The service had liaised with health professionals, such as dieticians and speech and language therapists, as required and their recommendations followed. This ensured people received the nutritional support they needed.
- People's fluid and food intake was recorded for monitoring purposes as was people's weight. We saw that where concerns were raised regarding one person's weight, a prompt referral had been made to the appropriate health professional.
- Our observations showed people received the specialist diets they required. We saw that staff encouraged regular fluid intake and offered people choice.

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

- Relatives told us that staff were good at meeting their family members health and social needs and that they were always kept informed.
- Records showed people had access to a range of healthcare professionals including GPs for regular medicines reviews and specialist health professionals such as stoma nurses, physiotherapists and speech and language therapists.
- Three social care professionals provided us with positive feedback on the service prior to our inspection. They told us the service had made improvements and communicated effectively with them to benefit those that used the service. One professional said, "I personally really like that if the staff are concerned with anything health related, they would take action immediately and take advice from professionals."

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

- The premises were designed and adapted to meet people's need.
- The home was bright and airy with wide corridors and door frames to accommodate wheelchairs and walking aids. The entrances to bathrooms were generous and designed to ensure maximum space within.
- Fixtures and fittings were suited to those people that lived at Northfields. For example, adapted taps were in place and accessible baths and showers.
- Rooms were generous and personalised to everyone's choice and taste, considering their likes and interests.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- At our last inspection, we found people's dignity and comfort compromised due to the poor staffing levels at night. As a result of increased staffing levels, this had improved at this inspection and we found people were treated with respect and their dignity maintained.
- Staff agreed and told us they had time to meet people's needs in a dignified manner.
- One relative we spoke with told us how they saw that people were always appropriately dressed and that staff were discreet when they provided personal care to people.
- Our observations confirmed people were treated with respect and dignity. For example, people were involved in the support they received, offered choice and listened to. We saw a staff member make a person aware they had food around their mouth and request consent to help them wipe their face.
- People's independence was encouraged; we saw this through our observations of care and by reviewing care records. One relative told us how staff encouraged their family member to become more independently mobile. They said of the staff, "They give [family member] hope."

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives spoke positively about the staff that supported their family member and our observations confirmed people were well treated.
- One relative described their family member's keyworker as, "Absolutely lovely" whilst a second relative said of another staff member, "They treat [family member] like a human being and not a number in a care home." This relative went on to tell us how much thought, consultation and planning the service did around informing their family member of a bereavement. They said, "Staff worked with me on how and when we were going to tell [family member]. It was fantastic and worked well. It was just good they got together on it."
- There was a supportive, relaxed and friendly atmosphere in the home and staff demonstrated they knew people well. Appropriate humour was used, and we saw examples of warm affection that people responded positively to.
- People's diverse needs were respected, and care plans reflected people's cultural and spiritual needs as well as their life histories, interests and aspirations. This helped staff build meaningful relationships with people.

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

- We saw the service had improved in how they involved people and their relatives in decisions about care and support.
- Relatives consistently told us the service was good at involving them in decisions and consulting them.

One relative told us, "I like that they keep me informed... I could ring them and talk to them about anything... They are fantastic... They will listen; they are listening to us."

- Care plans recorded who had been involved in the discussions around care planning and we saw that these were appropriate and always included the person themselves.
- Observations during our inspection confirmed people were consulted at the point of care delivery and involved in associated decisions.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to plan and deliver personalised care. This was a breach of regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Since our last inspection, the provider had increased staffing levels and reassessed people's care needs; this had resulted in people receiving personalised care that now met their needs.
- Relatives agreed staff knew their family member's needs well and that the support they provided met people's needs. One relative told us, "They listen to [family member] and make it happen."
- Health and social care professionals also reiterated how well the service met people's often complex needs. One told us, "Staff go above and beyond for people in their care." Whilst another said, "I found the service very responsive and quite capable of managing my client who has behaviours that challenge."
- People's needs had been reassessed since our last inspection and care plans rewritten. This had resulted in accurate, up to date and personalised plans that covered all aspects of people's lives and gave staff enough information to be able to provide individualised care and support.

Meeting people's communication needs

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

- People had communication plans in place that detailed how staff could best communicate with them.
- For one person who was non-verbal, detailed information was available to staff on how to interpret the person's body language and facial expressions. We observed staff interacting with this person and saw they communicated with them well, understanding their needs.
- Information was available in easy read formats for people including large print and pictorial.

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

- Relatives told us they were made to feel welcome in the home and were encouraged to visit whenever they wished. One told us, "There are no restrictions on when I visit. Staff say, 'Come in whenever you like for as long as you like'."
- Another relative told us how well staff facilitated their relationship with their family member, passing messages and letters on and arranging visits. They said, "Staff are always very welcoming and go out of their way to help us when we're there."
- Care plans recorded relationships that were important to people and how staff could support them to maintain them. Staff were able to tell us about people's family relationships and we saw how warmly relatives were received during our inspection.
- People were supported to attend clubs and activities of interest to them and we heard examples of this from the relatives we spoke with. During our inspection, we saw staff interacting with people in such ways as playing games and painting people's nails.
- Detailed information on people's interests and hobbies were recorded and reflected in the personal belongings they had in their rooms.

#### Improving care quality in response to complaints or concerns

- The service had not received any complaints since our last inspection, but a complaints policy was in place should people feel the need to raise a concern.
- Relatives told us they knew who to contact if they had any concerns and that they found the staff and management team approachable and supportive; they told us they felt listened to.

#### End of life care and support

- We saw that for one person who was being supported palliatively, a detailed end of life care plan was in place for when the person came to the end of their life. All aspects of care were recorded including the people important to them and who they wanted included in their end of life care. Information on funeral arrangements, including personal wishes, were planned for and anticipatory medicines available to support a pain-free death.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to effectively monitor the service and drive improvement. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection, the service had made improvements across the service which were evidenced at this inspection. However, further embedding of systems is required to fully ensure their reliability and effectiveness in continuing to drive and sustain improvement.
- The provider had a service improvement plan in place which brought together all required actions from their quality monitoring audits and recommendations from other stakeholders. This helped ensure the continued development of the service.
- Some audits were in place to assess service quality and identify issues. However, some issues identified on this inspection, such as out of date lifting equipment checks and lack of recording around pressure area care, had not been captured by audits and therefore missed.
- Cleaning schedules had been introduced since our last inspection and the cleanliness of the service demonstrated these had been effective.
- The provider had increased staffing levels at night, and this had rectified several concerns which has been present at our last inspection. This meant people now received dignified and person-centred care at a time they needed it.
- The management team understood their regulatory responsibilities and events had been reported to CQC as required by law.
- Staff had been given lead roles and taken on extra responsibilities; this had helped to ensure accountability amongst staff and encouraged ownership.
- People we spoke with, including staff and health and social care professionals, told us the service had improved since our last inspection which had positively impacted on those that used the service. One professional told us, "They are proactive and appear committed to providing a good service." Another said,



"Northfields has come a long way." A staff member commented, "Management have pulled their finger out since the last bad report and are really trying..."

- The management team were described as supportive and approachable. A relative described the deputy manager as, "Brilliant" whilst another told us, "Anything at all and the deputy manager would ring us. They are approachable, no problems."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy in place that supported the need for transparency when managing incidents, offering an apology as required and learning lessons from events.
- Relatives told us the management team were good at communicating with them and informing them of incidents or events. One relative said of the last inspection, "Northfields made us aware they had been inspected and areas they needed to improve on. At least they were aware and have tried to put things in place."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Since our last inspection, the service had introduced regular meetings for the people who used the service and forward planned meetings for staff to better enable attendance. From minutes, we saw that people's opinion was sought on the service.
- Feedback surveys had been distributed late last year however results had not been analysed at the time of this inspection; this was the provider's responsibility rather than the registered managers.
- The service had worked with other stakeholders to make improvements within the service including the fire service and local authority.