FitzRoy Support

Fitzroy Supported Living Suffolk

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on the 14 October 2015 and was unannounced.

FitzRoy Supported living service provides varying amounts of care support for people with a learning disability across four locations in Suffolk within a supported living environment. Depending on their needs this support includes support with personal care, shopping, domestic activities and community or social activities. On the day of our visit there were 16 people using the domiciliary service across all four supported living locations.

There was a registered manager in post at the time of the inspection who had just returned from maternity leave. During their absence the provider appointed an acting manager to manage the day to day service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 told us they felt safe in their own home. Staff understood the need to protect people from harm and what steps they would take if they suspected abuse. The provider had a whistle blowing policy and procedures to guide staff in how to report and report concerns appropriately.

People's likelihood of harm was reduced because risks to people' health, welfare and safety had been assessed and risk assessments produced to guide staff in how to mitigate these risks and keep people safe from harm.

The provider's recruitment procedures demonstrated that they operated a safe and effective recruitment system.

Staffing levels had been assessed and were flexible according to people's individual assessed needs. However, there was a high use of agency staff due to staff vacancies and staff absences.

Not everyone's care and support plans clearly identified the assessment of people's capacity to manage their finances and plans in place to support them which protected their human rights.

People received the support they needed to access healthcare professionals and specialist advice was sought when required which supported people to maintain their health and wellbeing.

People were at ease and comfortable when staff were present. Staff supported people in a kind, caring and dignified way. People's privacy and dignity was maintained in supporting people with their personal care. People were actively involved in planning their own care. This included what activities they chose to be involved in. Support plans contained specific guidance for staff in how best to deliver care in a respectful and dignified manner.

People were supported to access the community and take part in activities according to their individual assessed needs and choices.

Staff understood their roles and were supported by the management team through regular supervision, appraisals and meetings.

The provider carried out regular quality and safety monitoring of the service. Where shortfalls had been identified action plans had been produced which evidenced planning towards continuous improvement of the service.

Summary of findings

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 because staff were provided with training and understood how to identify people at risk of abuse. The provider had a whistleblowing policy and procedures to guide staff in how to report and report concerns appropriately.

People's likelihood of harm was reduced because risks to people' health, welfare and safety had been assessed and risk assessments produced to guide staff in how to mitigate these risks and keep people safe from harm.

The provider's recruitment procedures demonstrated that they operated a safe and effective recruitment system.

Is the service effective?

Requires improvement

The service was not consistently effective as it was not always clear how people's capacity to make decisions about how their finances were managed and their capacity assessed. There was a lack of robust planning in identifying the support required.

People received the support they needed to access healthcare professionals and specialist advice sought when required. This supported people to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring. People were supported by staff who were kind, caring, respected their dignity and promoted their rights to choice and independence.

People's views were listened to and acted upon.

Is the service responsive?

Good

The service was responsive because people's needs had been assessed and care and support plans guided staff as to people's current needs, wishes and preferences.

People were supported to access the community and take part in activities according to their individual assessed needs and choices.

Is the service well-led?

Good

The service was well led because staff understood their roles and were supported by the management team through regular supervision, appraisals and meetings.

The provider carried out regular quality and safety monitoring of the service. Where shortfalls had been identified action plans had been produced which evidenced planning towards continuous improvement of the service.

Fitzroy Supported Living Suffolk

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 the 14 October 2015 and was unannounced.

The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included any statutory notification that had been sent to us. A notification is information about important events which the service is required to send us by law. Before the inspection, we asked the provider to complete a Provider Information Return (PIR) which they completed and sent back to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two people who used the service. We spoke with two relatives, three staff and the acting manager.

We reviewed three care and support plans, medication administration records, three recruitment files, staffing rotas and records relating to the quality and safety monitoring of the service.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them. One person said, "I am safe. I like some [staff] more than others but I am safe." Another told us, "I like living here and it is safe, yes." One relative told us, ""We are absolutely thrilled with the care [relative] receives. They are safe and we are confident in the staff to care for [relative] well."

Staff meeting minutes showed us that safeguarding people from the risk of harm was discussed at staff meetings. Staff had received training in recognising abuse and were aware of the provider's whistleblowing policy and procedures to follow if they had concerns about people's safety and wellbeing. Staff demonstrated their understanding of types of abuse and told us they would not hesitate to report safeguarding concerns. One member of staff told us how they reported concerns to their manager and understood how to escalate concerns to local safeguarding authorities should they have been required to do so.

The provider had taken the responsibility for safeguarding some people's finances for everyday expenses. We saw that processes were in place to safeguard these people from financial abuse.

People were supported to take informed risks and staff understood what measures were in place to mitigate any risks to people's health, welfare and safety. Risk assessments had been produced for a range of situations. For example, the management of people's medicines, accessing the community, safe moving and handling and when supporting people who may present with a distressed reaction to situations or others. Risk assessments provided staff with guidance as to potential triggers which may resulted in distressed behaviour and how best to support the person in an appropriate manner to keep the individual and others safe from harm. One person's care plan contained an assessment of risk as they liked to go sailing and take part in archery classes.

The provider had procedures in place to guide staff in the event of emergencies. Accidents and incidents were recorded and analysed by the provider.

People told us that there were variations in the availability of staff to support them according to their plan of care across the four locations. One person told us, "It has rarely happened that no one turns up but there are occasions when they are late now and then."

Staff told us that staffing levels were flexible according to the assessed needs of individuals. For example, we saw that some people were provided with one to one support from staff when required. Where risks to people's safety had been assessed, to protect people from harm two staff were provided to support people to access the local community.

We observed some people living at the service required high staffing levels due to their complex support needs. The manager told us that the service had experienced difficulties for some time in recruiting and retaining staff. This meant there was a reliant on a consistent high use of agency staff.

We reviewed rotas for the last four weeks. We saw that there was a high number of staffing hours vacant and staff absences. Vacant staffing hours for the last four weeks totalled 132 hours per week. This had resulted in a high use of agency staff to support people. Although some agency staff were used on a regular basis and were known to people who used the service, this had the potential to impact on people receiving consistency of care. A particular concern expressed by staff was the impact of a high use of agency staff was more frequent incidents of distressed behaviours when people were supported by staff not familiar to them. However, one relative told us, "[relative] needs one to one support and they seem to provide consistent staff for [relative] and avoid allocating them agency staff, so it is not a problem as far as we can see." Another relative told us, "They use agency staff but they have never missed a call." The acting manager told us that they were in the process of recruiting new staff to the service.

The provider's recruitment procedures demonstrated that they operated a safe and effective recruitment system. This included completion of an application form, a formal interview, previous employer references obtained, identification and criminal records checks. This meant that people could be assured action had been taken to check that newly appointed staff had the necessary skills and had been assessed as safe to provide their care and support.

The provider had obtained a profile of each person from the supplying agency. This included a confirmation that agency staff employed had been assessed as safe and suitable for the work they were employed to perform.

People's medicines were managed safely. Staff who handled medicines had been provided with training and

Good

Is the service safe?

regular competency assessment. People we spoke with were satisfied with staff handling their medicines and told us they received their medicines in a timely manner. Staff maintained appropriate records of administration and regular management audits had been carried out. This assured us that steps were in place to identify and respond to medicines administration errors.

Requires improvement

Is the service effective?

Our findings

People who used the service and their relatives said that staff had the right skills and knowledge needed to meet people's needs. People told us they had a keyworkers. These were members of staff assigned to each person, who coordinated their care, liaised with family members and updated care plans to ensure they reflected the current care needs of people. One relative told us, "[relative] has a keyworker who is magnificent. They are very good at communicating with us and keep us updated with any changes."

People received their care from staff who had been appropriately supported. Newly appointed staff had been provided with induction training and opportunities to shadow others staff. Staff were provided with training appropriate for the roles they were employed to perform. Staff were supported with refresher training as part of the provider's ongoing development of staff programme. The manager told us that the provider had a system which flagged up when staff were due to attend refresher training and this was monitored.

Staff received support through one to one supervision support meetings and annual appraisals. These provided opportunities to monitor staff performance and support planning for staff development and identify training needs.

There were systems in place to ensure important information about people's health, welfare and safety needs were shared with the staff team. This included daily handover and monthly staff meetings.

We checked staff and the acting manager's understanding of the Mental Capacity Act 2005 (MCA). The MCA sets out what action providers must take to protect people's human rights where they may lack capacity to make decision about their everyday lives.

We found that the service was in the main complying with the principles of the MCA. There were records of where decisions had been made in people's best interests. For example, when under constant supervision of staff and in managing people's finances. However, we found for one person this was not clear. Staff told us they had purchased a large domestic item on the day of our visit. It was not evident from our discussions with staff that this person had been part of the decision making process to agree to this substantial spend. It was not evident from discussions with the staff and the acting manager that this person had been consulted and their capacity in relation to handling their finances had been fully assessed. We looked at this person's care and support plan. There was no evidence of any assessment to determine their capacity with regards to the handling and management of their finances. We were therefore not assured that sufficient assessment of their needs had been carried out. We discussed this with the acting manager who agreed this was not clear and assured us a full assessment and review of this person's care and support would be carried out in response to our concerns.

People were supported with their healthcare needs. Care and support plans included details of planning to support people to maintain their health and wellbeing. For example, people diagnosed with epilepsy had clear support plans to guide staff in how to respond and monitor people to keep them safe and access professional health support when needed. Records were maintained of when people had been supported to access healthcare professionals and attend appointments. For example, with their GP, dentist, psychiatrist and referrals to dieticians. Daily notes recorded the outcome of any recommended treatment or when follow up was required. Health action plans had been produced. These documented people's healthcare needs and important personal information to guide staff in supporting people appropriately and should the person be admitted to hospital. Relative's told us they were kept informed of any changes in the person's health and wellbeing. One person said, "They call me if there are any problems."

People were supported to eat and drink according to their dietary needs, choices, wishes and preferences. People lived within their own flat and were supported to maintain as much independence as possible in food preparation and cooking. Food was provided according to people's assessed need. We observed people who were supported to go out for a meal in accordance with their choice. They told us how much they had enjoyed a roast dinner at a place they enjoyed visiting. Dietary requirements were noted within people's care and support plans. One person's care plan stated the foods the person was allergic to and provided a clear description of foods to avoid. People were referred for specialist dietary advice when this was necessary.

Good

Is the service caring?

Our findings

We received positive feedback about the service. People who used the service and their relatives said they were happy with the support the service provided. They told us staff treated people with dignity and respect and that they were kind and caring. One person told us, "They are all kind to me. They respect me I can choose where I go and what I want to do."

We observed people to be at ease and comfortable when staff were present. Throughout our visit we observed staff to support people in a kind, caring and dignified way. People when anxious were put at ease and staff demonstrated they knew people well. People's privacy and dignity was maintained in supporting people with their personal care.

Support plans contained specific guidance for staff in how best to deliver care in a respectful and dignified manner.

People were involved in planning their own care. This included what activities they chose to be involved in. For example, how they chose to spend their time where they ate, went on holiday and what time they got up and went to bed. One relative told us, "The staff treat [relative] with respect and as adults with wants and needs. They ask people what they want and are flexible to their needs."

People had access to advocacy services when they needed them. Advocates are people independent of the service who help people make decisions about their care and promoted their rights.

People told us the support they received helped them to be as independent as possible. One person told us, "I go out to work. It is voluntary and staff support me to do this." People also told us they were supported, where necessary with daily living tasks and were encouraged to do as much as possible for themselves in supporting them to be independent and become more confident in their abilities.

People's personal histories and life stories were documented within their care and support plans. People were supported and encouraged to maintain links with their family, friends and the local community.

We reviewed the satisfaction surveys from the provider's last survey of relatives views carried out in 2013. Three responses had been received. One comment received stated, "We are very satisfied with the care [our relative] receives. They always appear happy when we visit." Relatives we spoke with told us they were regularly consulted and updated with any changes in the health and wellbeing of their relative. One relative told us, "They always let me know if they are unwell or if anything has changed. They are marvellous. We couldn't ask for better care."

Good

Is the service responsive?

Our findings

People who used the service and where appropriate, their relatives had been involved in the development and review of their care plans. Care plans set out people's choices and preferences and provided a clear picture of how each person wished to receive their care and support. One person had a pictorial support plan which contained pictures of the activities that person had been involved in and clearly enjoyed. It also contained information to guide staff as to this person's likes, dislikes and what action to take when they became distressed by situations and others.

Care and support plans documented the support people needed and how they wished it to be provided, including their wishes as to the gender of the member of staff providing their personal care. Details such as how people liked to take their medicines were noted. This provided staff with the guidance they needed in accordance with people's wishes.

People told us they liked their keyworkers and spent one to one time with them. People were supported to follow their own interests and hobbies. Staff involved and supported people with developing their independent living skills. For example, with food preparation, choosing their weekly shopping for food and accessing work. People told us staff supported them to access and be involved in the local community. One person told us how they enjoyed meals out and were supported by staff to attend a local church where they had made friends. Another told us they attended archery classes and sailing and had been supported to work in a local charity shop. One relative told us staff supported their relative with trips to London to enjoy musicals and watch American wrestling in accordance with their choice and preferences.

The service had received one complaint within the last year and was currently being investigated by the acting manager. We saw that the provider had policies and procedures in place. Informal issues were dealt with promptly. People and their relatives told us they would complain to the manager if they had any concerns about the service they received. The acting manager told us that group meetings would not be appropriate for the people currently living at the service. However, plans were being considered to implement monthly one to one meetings to enable people to meet with their keyworker to review their plan of care and have the opportunity to express their views about the quality of the service they receive.

One person who used the service told us they represented the views of people as a representative at the provider's National Service User Forum. Minutes from these meetings were produced in an easy read, pictorial format. They also told us they had been invited to be involved in the recent interviews for the appointment of a national director of operations. This they told us helped them, "Feel valued and important. It is a very important job."

Good

Is the service well-led?

Our findings

There was an open culture which was centred on the people who used the service. Staff told us issues were openly discussed and the focus was on the people who used the service. People and their relatives were positive about the management of the service. One relative told us, "The staff are all very good. Whenever I need to ask anything they are responsive and supportive towards you. I have confidence in the management that they will listen and address anything head on that we may be concerned about."

Observations of how staff interacted with each other and the management of the service showed us that there was a positive culture. Staff were clear about their roles and responsibilities as well as the organisational structure and who they would go to for support if needed. Staff told us the management team were supportive and approachable should they have any concerns. There were clear communication systems in place such as handover meetings, communication books. The provider had systems in place to support staff and monitor performance such as, supervision, appraisal and staff meetings. Staff told us they were actively encouraged to question practice and make suggestions for improvements.

Information about the service was available in both written and pictorial format. The provider had a formal complaints policy in place with appropriate time scales for responding to complaints. Relatives told us that they had been able to raise concerns and had confidence in the management to address issues.

Records were well organised and staff were able to easily access information when this was requested. Health and safety audits were carried out to ensure people lived in a safe and secure environment free from hazards.

There was an emphasis on striving towards continuous improvement of the service. The acting manager said that shortfalls had been identified in the management of records and this had improved. The provider monitored the quality and safety of the service to make sure it was safe and meeting people's needs. We reviewed records of the two quality assurance management reports produced since February 2015. Where shortfalls had been identified following these audit visits improvement action plans had been produced which clearly detailed the actions and improvements required. For example, where individual support plans lacked information or required a review to reflect the current needs of people this had been responded to.