

FitzRoy Support Wensum Way

Inspection report

31 Wensum Way
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Date of inspection visit:
08 December 2021

Date of publication:
27 January 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Wensum Way is a care home providing support for up to eight people with a learning disability. The service is also registered to provide domiciliary care for people living in two supported living settings in the locality. At the time of our inspection seven people lived at the residential care home, and six people received domiciliary support.

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

Care plans were currently undergoing a review, causing some of the information recorded to not be of the standard we would expect. However, this had not caused any identifiable impact to the people supported due to the staff knowing the people's support needs well.

Medicines were stored securely for the safety of the people supported. Medicines were well audited to ensure people received their medicines as directed.

The service we visited was clean and all guidance relating to COVID-19 were being followed to ensure the safety of those supported.

The registered manager sought support from external healthcare professionals as required to support people's wellbeing.

Staff supported people in a caring, respectful way. Families we spoke with confirmed they felt staff were approachable and supporting of their loved ones.

Regular meetings with people supported were not taking place at the time of the inspection. This had been already identified by the registered manager and was something they wanted to introduce to ensure the support is led by the person and they are fully involved.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture .

People were observed to make choices in their day to day life and choose how they spent their time and what they wanted to achieve that day. Staff promoted and encouraged the people supported to express themselves and talk about their own interests. Staff protected people's dignity at all times and supported people in a person-centred manner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 27 June 2018).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Wensum Way

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Wensum Way 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.

This service also provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health and social care professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report .

During the inspection

We spoke with four people who used the service and eight relatives about their experience of the care provided. We spoke with six members of staff including the regional manager, registered manager and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. 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 policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Care documents were being updated at the time of the inspection. Some areas of these documents were clear and gave detailed information to support people to stay safe. Other areas still required development and further expanding to ensure consistent support was maintained.
- Staff spoken with knew the people supported well and were able to describe how they supported them. This showed staff were consistent in their approach in reducing risks to people supported.
- Health and safety checks were completed within the residential service. Areas identified that the provider was not responsible for were highlighted by the provider to ensure action was taken by the owner of the building.
- People told us they felt safe and well supported by the staff.

Using medicines safely

- Medicines were stored securely in people's rooms, within a locked cabinet for the safety of people supported.
- Protocols were in place for medicines that were given to people on an as required basis (PRN). Staff were clear on the times when to give these medicines and how people indicated when they required them.
- Medicine administrations were recorded on medicine administration records (MAR). Counts were completed daily following administrations to ensure a clear running balance was maintained.
- Where a person received a medicated patch a MAR was completed to indicate this had been applied. There was no record to indicate where on the body the patch had been applied, causing a potential risk that this item would not be applied as per manufacturer's instructions. During the inspection a topical application record was introduced to reduce risks..

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and were able to recognise types of abuse and when these needed to be reported.
- Contact details were available to staff to ensure they could report any concerns relating to the people supported. The provider had an internal on-call protocol ensuring staff could speak directly to different layers of the management team.
- Where safeguarding concerns had been identified information relating to these were stored by the registered manager to ensure appropriate actions were taken as required.

Staffing and recruitment

- Safe recruitment practices were in place and we observed there to be enough staff deployed in the care home. This ensured people could be supported in a person-centred timely manner.

- The service was able to demonstrate that all staff had completed a variety of training sessions to enable them to safely meet people's needs. These included manual handling, medication and supporting people with swallowing difficulties. Additional competencies and observations were completed to evidence training had been embedded.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was meeting shielding and social distancing rules.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
 - We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
 - The provider had ensured all staff working at the service and professionals who visited the service had received required vaccinations in line with government guidance to safely support people.
- We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- The registered manager worked proactively when things had not gone as expected. Following concerns raised by a visiting professional in relation to infection prevention and control procedures not being robust, the registered manager introduced an observation document to monitor staff practice in relation to infection prevention and control to monitor and review staff practice.

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 Good. At this inspection this key question has remained 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

- Care plan quality was of a mixed standard due to the files being reviewed. Some documents detailed people's preferences, where others were not sufficient and it was not clear when this detail was captured or last reviewed.
- The registered manager explained they intended to reintroduce keyworker meetings where the person supported would be heavily involved in reviewing their care plan and ensuring their preferences were fully captured.

Staff support: induction, training, skills and experience

- Staff completed a range of training with a mixture of face to face and e-Learning to ensure they had the skills and competencies to safely support people.
- Regular agency staff were used across the services as much as possible to maintain consistency for the people supported. Prior to supporting people, agency staff members training was shared with the provider to ensure they had the appropriate skills and experience to safely support people.
- The registered manager explained they wished to further upskill and expand staff knowledge and understanding. This would be completed via coaching and mentoring sessions in addition to the ongoing observations and competencies already taking place.

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

- Care plans in relation to supporting people at mealtimes remained under review. Speech and language therapists (SALT) had been contacted and assessed people. The registered manager was awaiting a full report from the SALT at the time of inspection to update the care plan. In the interim hand written notes from the SALT were detailed within the care document.
 - People's mealtime preferences were detailed within the care plans. It was not clear when these preferences were last reviewed to ensure people were being supported in line with their current needs.
 - Staff were observed safely supporting people with their fluid and nutrition. Staff supported people with their meals at their own pace. Staff checked people had swallowed, before being supported with additional food and fluids.

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

- External healthcare professionals were contacted where required to ensure people's health care needs were being met. These included occupational therapists, speech and language therapists and psychologists. The feedback given by these professionals was recorded in people's care plans to ensure

consistent support was maintained.

- Equipment used to support people's posture and skin integrity had been sourced following involvement with occupational therapists. .

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

- Bedrooms were seen to be personalised with people's personal effects clearly on display.
- The registered manager explained there were plans to further adapt the service to enable the people to make meaningful use of all areas of the home . This would include repurposing a lounge for peoples sensory needs.
- The environment had been adapted to cater for peoples varying support needs, this includes wider corridors for wheelchair users and an adapted bath. In addition a vehicle was available with a fitted tail lift. Ensuring those who required a wheelchair to access the community were not restricted on distance.

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 Good. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff were observed supporting people in a kind meaningful manner and engaged positively with them whilst providing support.
- People's families we spoke with were positive about the support from the staff and felt staff were caring in their approach. A family member told us, "The carers are amazing. They know the person's needs and cater for them."

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

- Meetings for people were not currently taking place on a regular basis. This was planned to be reimplemented by the registered manager across the services to ensure all people had a voice, and an opportunity to review the support they were receiving.
- Staff were observed during the inspection respecting people's choices and wishes and being led by the decisions made by the person.
- There was limited evidence seen of effective goal setting for the people being supported to enable them to set targets and aspirations on what they would like to see or how they would achieve these goals. The registered manager confirmed this was an area they wanted to further develop.

Respecting and promoting people's privacy, dignity and independence

- People's confidential, personal information was kept securely to ensure their right to privacy was respected.
- Staff were observed knocking on people's bedroom doors before they entered, and closing people's doors when attending to the support needs of the person; to protect their dignity at all times.
- People and their families we spoke with felt the staff were respectful at all times.

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- Care plans were being reviewed during our inspection. Some areas of these documents gave extensive detail on how to support people in a personalised way. Other areas still required further review.
- Not all care documents reviewed listed people's gender preferences when being supported with personal care. This created a risk that people may not be being supported by those who they would choose.
- The registered manager explained that they would be introducing regular keyworker sessions alongside the person. To ensure their wishes and choices were captured and that their care plans were regularly updated in line with their preferences.

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.

- A person's care plan we reviewed had examples of the person's chosen communication method. This gave visual guides to the staff supporting the person and supported them to communicate effectively in their chosen method .
- Picture formatted complaints procedure was in place, this offered direction to the people supported if they chose to raise a concern.

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

- People were supported with a variety of activities. Including accessing the community to attend day services, shopping and restaurants.
- The registered manager explained that currently no one chose to attend a place of worship. However, if they did the staff team would support them to pursue this area and respect the person's wishes.

Improving care quality in response to complaints or concerns

- Complaints received were made available to a variety of layers of the management structure to ensure action could be taken to address concerns and oversight was maintained at all times.
- Where complaints had been raised by members of the public following incidents, external professionals had been contacted to support the staff team to reduce these incidents from repeating.
- The registered manager explained that following a recent quality monitoring visit from the local authority, they had already begun to make adjustments to the care documents to improve staff accessibility to key

information required to support the person.

End of life care and support

- No one supported was currently receiving end of life support. Care plans were in place in relation to end of life support. These documents varied in detail. The registered manager explained they would be introducing a clearer accessible format to enable the staff to capture people's choices in greater detail.

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 Good. At this inspection this key question has deteriorated 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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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;

- Feedback from families was mixed in relation to communication. Some families had maintained regular communication with the service where others felt this was an area that required development.
- Surveys had been sent to people and their families to gain their feedback during the inspection. Surveys are sent out annually by the organisation and collated. Findings are then shared with the registered manager to make adjustments to the service as highlighted via surveys.
- The registered manager was clear on their regulatory responsibilities and ensured they had completed required notifications to the local authority and CQC in a timely manner when required.

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

- Staff we spoke with told us the registered manager was supportive and approachable.
- The registered manager and regional manager completed a number of quality assurance audits and had identified the same areas for development we have in relation to meetings with people and care plans prior to our inspection.
- The registered manager was clear on areas for development across the care home and supported living services. Progress had been made but due to unforeseen reasons the progress had not been as extensive as the registered manager wanted and changes had not become fully embedded.
- The registered manager had been open to all feedback received as part of this inspection process and made improvements ongoing as areas were identified. This ensured timely action had been taken and people were kept safe and well supported.
- Staff spoken with and observed were clear in the support they were giving. They knew the people they supported well. Plans were in place to expand the staff team's knowledge and understanding further to have a positive impact on people supported.
- Live information was shared from the service to the different layers of senior management. This ensured the provider was clear on actions being taken at the service and track the progress being made.
- The registered manager was aware the service was going through a transition, having already identified areas of improvement themselves. The registered manager spoke positively about making changes to the

service and support given to improve the quality of life of the people supported.

Working in partnership with others

- Healthcare professionals were contacted where required to support people's health and well being.
- The registered manager explained that an occupational therapist had worked alongside the service to implement equipment to maintain a person's skin integrity and posture.
- Following a visit from the local authority an action plan had been created highlighting areas for development. The registered manager has maintained communication with the local authority following this and ensured they have been kept updated on progress.