

# FitzRoy Support

# Pelham Road

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Pelham Road is registered to provide personal care to people in their own homes. At the time of the inspection they provided a supported living service to six people, living with a learning disability, who lived together in a shared house. People shared a kitchen, lounge and garden. Supported living is where people live in their own home and receive care and support in order to promote their independence.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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.

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

People continued to be supported to stay safe and told us they felt safe with the staff who supported them in their home. Staff understood how to report and safety concerns and knew how to minimise risks to people's health and welfare. People continued to be supported by enough staff who had been safely recruited and were trained and knowledgeable about people's needs. People continued to have their medicines safely and on time. People were supported to keep their home clean and tidy by staff who understood how to protect people from the risks of infection.

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. Their needs and choices were assessed, and they were supported to access health care professionals when needed. People told us staff attended medical appointments with them and explained things to them in a way they could understand.

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 told us staff were very kind and they all got on like a family. Staff showed genuine concern for people's welfare and were compassionate. People said they made decisions about their care and support and that staff helped them when they needed it. Staff had time to spend with people supporting them to do the things they wanted to do. People's independence continued to be promoted and their independent living skills were developed. Staff respected people's privacy. Records were stored securely to protect people's confidentiality.

People continued to be involved in the planning, management and reviewing of their support. Each person had a care and support plan, written with them, which reflected their physical, mental health, social and emotional needs. People spent much of their day out in the local community doing the things they wanted and with people whose company they enjoyed. They were supported to develop and maintain relationships with those who mattered to them. People told us they did not have any complaints but would speak to the registered manager or staff if they were not happy about something.

The registered manager set high standards and led by example. The staff team felt supported by the registered manager and the organisation. Staff promoted a culture of inclusiveness and people were valued for their individuality. Effective checks and audits were completed to make sure people received a good quality of support. Staff worked with people's health care professionals to ensure care was joined-up.

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

The last rating for this service was Good (Report published 23 February 2017).

#### 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?

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?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Pelham Road

## Detailed findings

### Background to this 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 was completed by one inspector.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate the premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with CQC. 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 announced. We gave 24 hours' notice of the inspection. This was because people are often out, and we wanted to be sure there would be people at home to speak with us. We also needed to be sure the registered manager would be available to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 spoke with the six people who shared their home about their experience of the care and support provided. We spoke with two staff and the registered manager. We reviewed a range of records. This included two people's care and support records and multiple medication records. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from abuse and discrimination by staff who were trained and knowledgeable about the signs of abuse. Staff knew how to report concerns and had confidence in the registered manager to take the right action.
- People told us they felt safe and trusted the staff who supported them. They said, "I feel very safe. I make sure people sign the [visitors' book] when they come in". The most recent survey people completed noted that everyone felt comfortable and safe living in their home.
- People were supported to understand what staying safe meant. For example, staff made sure people had their mobile phone with them when they went out. People told us they would ring their support staff if they had any concerns.
- The provider had effective safeguarding systems and the registered manager and staff understood their responsibility to raise concerns with the local authority and the Care Quality Commission in line with guidance.
- People were empowered to manage their finances by staff who were aware of the signs of financial abuse. When there had been any concerns, these had been raised with the relevant authorities to protect people.

Assessing risk, safety monitoring and management

- People continued to be empowered to take positive risks and measures were in place to minimise risks. For example, some people used mobility scooters to go out. Staff supported people to make sure the equipment was in good working order. People were shown the best places to cross roads and reminded to look out for potholes.
- Risks were assessed, identified, monitored and reviewed to make sure people stayed safe.
- Risk assessments provided staff with guidance on how to keep people as safe as possible whilst keeping restrictions on people's freedom at a minimum.
- People told us their support staff explained risks to them and they knew how to reduce risks. For example, one person told us, "I am unsteady on my feet. I know I need to use my walker when I go out. Sometime [staff] have to remind me. I always take it when I go out". During the inspection the person used their walking aid when they went to the shops.
- Another person told us about their health conditions and said, "I wear this [pointed to their SOS Talisman necklace]. It lets people know about me and my diabetes". (This is a recognised piece of jewellery which instantly provides vital information about the wearer in case of an accident, illness or emergency).
- Staff were knowledgeable about risks to each of the people they supported and knew how to keep them safe. They explained about safety in a way people could understand.

### Staffing and recruitment

- People continued to be supported by staff who had been recruited safely. Robust checks including references from the person's last employer and Disclosure and Barring Service checks were completed to make sure new staff were suitable to work with people. People were involved in the interview process to help decide if the new staff would fit in with people and staff.
- People told us there were enough staff. One person said, "There is always someone here. Day and night".
- People were supported by an established staff team who had worked at the service for a long time. The registered manager arranged staffing levels around people's support needs.
- Staff worked flexibly to cover holidays and sickness to make sure people always had the support they needed 24 hours' a day.

### Using medicines safely

- People continued to be supported to have their medicines safely and on time. Staff were trained to support people with their medicines and had their competency checked to make sure they followed best practice.
- People knew what medicines they took and what they were for. They told us, "[Staff] order my medicines when they are needed. We go together to pick them up".
- Medicines continued to be stored, managed and disposed of safely. Medicines records were accurate, and the deputy manager checked them regularly.
- People took medicines with them when they went out for the day. Staff reminded people to make sure they had their medicines with them when they left home. One person commented, "I put [medicines] in my backpack and take them at lunchtime".

### Preventing and controlling infection

- People told us they were supported to keep their home clean and tidy. They said, "I clean my room every Thursday. [Staff] help me to change my bed and put it in the laundry" and, "We all help with cleaning, like mopping the floor and putting things in the dishwasher when we have finished eating".
- People showed us their cleaning rota and told us this helped to make sure everyone kept their home tidy.
- Staff understood their responsibilities in relation to infection control and food hygiene. When supporting people with their personal care they used protective equipment, such as gloves.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed by the registered manager.
- When lessons could be learned, or could have been done differently, this was discussed with people and the staff team.
- The registered manager monitored incidents to check for any patterns. When a trend was identified people were referred to health care professionals. For example, when a person had several falls staff supported them to see their GP to discuss it.



# 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 the same. 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

- People's physical, mental health, emotional and social needs continued to be assessed. monitored and reviewed to achieve effective outcomes.
- People's needs, and preferences were assessed before they moved in to their home to make sure staff were able to provide the right support.
- Assessments included identifying protected characteristics under the Equality Act 2010. This meant people's lifestyle choices and needs in respect of sexuality, disability and religion could be respected.
- People, their relatives and health care professionals were involved in assessments to make sure all the information was acquired. This enabled the registered manager to develop person-centred support plans and risk assessments.

Staff support: induction, training, skills and experience

- People continued to be supported by staff who were skilled, trained and knowledgeable.
- New staff completed an induction and shadowed experienced colleagues. Their competency was assessed before they began to provide people with support.
- Staff told us they felt supported by the registered manager and they met regularly to discuss performance and personal development.
- Training was monitored to make sure staff refreshed their knowledge and kept up with best practice. Training topics were based on people's support needs, for example awareness about diabetes, to make sure staff had the skills to provide people's support effectively.

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

- People told us they often ate together, and they chose what meals they were going to have. They said, "We take turns in choosing dinner. We help with the cooking". Staff told us how they supported people. Staff commented, "Each person has different abilities. People help with preparing meals. They all enjoy helping out".
- People continued to be supported to eat healthily and maintain a balanced diet. Some people told us about the foods they avoided due to their health conditions.
- People were supported to make shopping lists and shop for the house.
- People enjoyed their meals at times that suited them.
- Throughout the day people helped themselves to their foods and snacks.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked as a cohesive team with handovers between each shift to make sure people received consistent, person-centred and co-ordinated care and support.
- Staff worked with people, their relatives and health care professionals to make sure transitions into their new home or to another home were smooth and caused the least anxiety.

Supporting people to live healthier lives, access healthcare services and support

- People continued to be well-supported to stay as healthy as possible.
- People told us they were supported to see their GP and dentist when they needed to.
- Staff supported people to read medical correspondence. During the inspection a person asked staff to help them read a letter from a consultant. Staff explained the letter in a way the person could understand and told them what would be happening next. They told us they understood and thanked the staff for their support.
- People were referred to health care professionals when needed and were fully involved in this.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's rights continued to be protected by staff who sought their consent before providing support.
- People were empowered and supported to make their own decisions and choices.
- Staff told us, "We assume people have capacity. Sometimes we need to explain things in a different way, so they can understand. People are entitled to lead their life as they wish, and we support that".
- People received support, when needed, from health care professionals to assist them to make complex decisions, such as medical treatment.
- The registered manager and staff understood the need to assess people's capacity for specific decisions and, when required make sure decisions were made with the relevant people to act in a person's best interest.

# 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 supported and treated with dignity and respect; and involved as partners in their care.

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

- People continued to be supported in a kind, caring and respectful way. People told us staff listened to them.
- People said, "They [staff] are all kind. I get on well with all of them" and, "They are good people".
- People had strong bonds with each other and were relaxed in the company of each other and the staff who provided their support. One person commented, "We are a big family".
- Throughout the inspection there was a lot of banter, chatter and laughter between people and staff.
- People were supported to maintain relationships with relatives and friends.
- People's care and support plans reflected their individual needs and preferences.

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

- People told us they made the decisions about the level of support they needed. People said, "If I need help with something I ask [staff]".
- People continued to be involved in writing their care and support plans and took part in the reviewing of these.
- When people needed additional support to make sure they were fully involved this was arranged. For example, one person used a British Sign Language interpreter to support them with their care and support reviews.
- Each person had a keyworker. This is someone who takes the lead in co-ordinating a person's support. Keyworkers provided the registered manager with a monthly report about the people they supported. These reports were being expanded to contain more detail about people's goals and the registered manager was working with the keyworkers to do this.
- People told us they had regular tenants' meetings. People chatted together about what they had been doing and discussed any concerns, worries or areas for improvement.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity continued to be respected and their independence promoted.
- People were empowered to lead as independent a life as possible. People said, "I go and see my girlfriend and she comes here for dinner. I do my own thing and go out when I want to" and, "I go to the shops and get food for everyone and I do my own shopping".
- Most people managed their own personal hygiene. However, staff monitored this as they knew a decline in a person's personal hygiene may indicate a decline in their mental health.

- People chose when they wanted to go out and most people did this independently. When people needed support, staff went with them. People chose when they wanted to spend time in their room and this was respected by staff.
- People told us how they were developing their independent living skills with support from staff. For example, cleaning, shopping and doing their laundry.
- People's records continued to be stored securely to protect their confidentiality.

# 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 remained the same. 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

- People continued to receive care and support that was tailored to and responsive to their needs. People told us they were involved in planning their support to make sure they continued to have as much choice, control and independence as possible.
- People's physical, mental health, social needs and lifestyle choices were reflected in the care plans and provided staff with a detailed insight into people's backgrounds.
- People's care and support plans were regularly reviewed with them and updated when there was a change in people's needs or 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.

- People's rights to have information presented to them in an accessible way, such as with pictures or larger print, was understood by the registered manager and staff.
- Regular 'tenants' meetings' were held, and the discussions had were recorded in a pictorial format to make sure everyone could understand.
- A photo board was used so people could easily see which staff were due to provide their support. Pictorial menus and recipes were used when people needed them.

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 encouraged to maintain relationships with friends and family. People told us how staff supported them with their relationships. A survey completed by people confirmed they were supported to contact loved ones when they wanted to.
- People lived independently and went out when they chose to. People attended day centre, visited friends and family, did voluntary work, went shopping and visited local pubs.
- People enjoyed following their interests. They were well known in the local community. People told us they liked to use public transport. One person said, "I have my bus pass and I like using the bus to go to the shops".
- People enjoyed each other's company and often went out together. Some people chose to go on holiday together and staff supported them with this.

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

- People told us how they would complain and did not have any complaints. People felt comfortable speaking with the registered manager of staff if they were unhappy about something.
- People were supported to raise complaints in regular tenants' meetings and there were easy to read complaint forms which people were supported to complete. People were treated respectfully and compassionately and any concerns they had were listened to and acted on.
- Staff encouraged people to talk about any issues, so they could be resolved quickly.

#### End of life care and support

- At the time of the inspection there was no-one being supported at the end of their life.
- Some people had talked with staff about what they would like in relation to the end of their life. For example, people had discussed readings and hymns they would like and where they would like a memorial bench placed.
- People's religious, spiritual and cultural preferences were discussed to make sure staff could follow people's wishes.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People continued to be supported in an inclusive and empowering environment. People were valued by staff and their individuality was embraced.
- The registered manager and staff team promoted an open and inclusive culture. They shared a good understanding of equality, diversity and human rights.
- Staff showed a genuine interest in people's life and spoke passionately about supporting them to be as independent as possible.
- People's care plans were written in a sensitive and inclusive way, and in a way people could understand.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager was clear about their regulatory responsibilities. The Care Quality Commission (CQC) and the local authority had been notified of important events, such as safeguarding concerns, in line with guidance.
- When there had been reported incidents, action was taken to reduce similar occurrences. Incidents were openly discussed with the relevant people.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings in the supported living service office and on their website.
- The registered manager continued to complete effective audits and checks to monitor the quality of service provided. Additional audits were completed by staff from Head Office.
- Staff understood their roles and responsibilities and were motivated to provide positive outcomes for people.
- Staff told us they felt supported by the registered manager and met regularly to discuss their development.

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

- People continued to be encouraged to give their views about the support they received.

- People told us about their regular tenant meetings. One person said, "We talk about what we have been doing and if there are things we want to do. We talk about holidays and decorating the house".
- People completed a survey each year. The most recent survey was very positive and reflected people were happy with the support they received.
- People were supported to be active in the local community and used local shops, day centres and pubs.
- Staff worked closely as a cohesive team and were encouraged to make suggestions. They told us there were regular staff meetings. The provider had a staff recognition scheme and rewards were given when people went over and above in their duties, demonstrating the provider's values.

Continuous learning and improving care; Working in partnership with others

- The registered manager kept up to date with changes in legislation and best practice from several sources, including Skills for Care, CQC and registered manager forums.
- Effective checks and audits were completed on all aspects of the service. When a shortfall was identified action was taken to reduce the risk of it happening again.
- People continued to receive the support they needed because staff worked with them and their health care professionals to make sure their needs were met.