R Beeharry

Fitzroy Lodge

Inspection report

2-4 Windsor Road
Worthing
BN11 2LX
Tel: 01903 233798

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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

Overall summary

This inspection took place on the 24 February 2015 and was unannounced. The home was previously inspected on 18 February 2014 and no concerns were identified.

The home provides accommodation and care for up to 24 adults. The home specialises in the care of people living with dementia and people who have mental health needs. There were 21 people living at the home at the time of our visit. The home is located in a residential area of Worthing close to the seafront.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they liked living at the home and no one had any negative comments about it. One person told us, "It's a nice place to live" and another person said, "I can't think of anything I'd change". The home had a lively atmosphere and people's relatives and friends visited them during our visit.

There were sufficient staff to keep people safe. People were supported by kind and considerate staff who

Summary of findings

responded to their needs quickly. People were treated with dignity and respect and were involved in making decisions in relation to how their care was provided. Staff received training to meet the needs of the people in the home. Staff understood and followed the requirements of the Mental Capacity Act (MCA) 2005. Staff observed the key principles of the MCA in their day to day work checking with people they were happy for them to undertake care tasks before they proceeded.

Staff were positive about their roles and the support they received from management. Staff knew the people they supported well and the choices they made about their care and their lives. The needs and choices of people had been clearly documented in their care records. People were supported to maintain independence and control over their lives and to undertake activities in line with their interests.

People felt safe living at the home. There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. When the provider employed new staff at the home they followed safe recruitment practices.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get the medicine they needed when they needed it. People were supported to maintain good health and had access to health care services when needed. People had sufficient to eat and drink throughout the day.

The provider sought feedback on the care and support provided and took steps to ensure that care and treatment was provided in a safe and effective way, and where necessary improvements were made. People were involved in developing the service as were their relatives. Regular meetings were held and satisfaction surveys sent out and action taken in response to feedback received.

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. There were sufficient staff to meet people's needs.

People were supported by staff who understood their responsibilities in relation to keeping people safe. The provider followed safe recruitment practices.

Medicines were managed, stored and administered safely.Findings here.

Is the service effective?

Good

The service was effective. Staff received training to meet the needs of the people living at the home. Staff had effective support through induction and supervision.

People were supported to have sufficient to eat and drink and maintain a healthy diet. They had access to healthcare professionals and were supported to maintain good health.

Staff had an understanding and acted in line with the principles of the Mental Capacity Act 2005. This ensured people's rights were protected in relation to making decisions about their care and treatment.

Is the service caring?

Good

The service was caring. People were supported by kind and friendly staff who responded to people's needs quickly.

Staff were knowledgeable about the care people required. Staff presented people with choices and gave people time to express their wishes and respected the decisions they made.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive. People's needs and preferences were clearly documented in care records. People were involved in activities according to their interests and choices.

People were supported to maintain relationships that were important to them.

People and relatives knew how to raise complaints if they were unhappy with the service and action was taken to resolve them.

Is the service well-led?

Good

The service was well-led. People and their relatives were involved in developing the service and they had been asked for their feedback through regular meetings and questionnaires.

Staff felt supported by the management and able to raise any concerns they had.

There were systems in place to measure and evaluate the quality of the service provided and action taken as required.

Fitzroy Lodge

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 24 February and was unannounced.

Two inspectors undertook this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the home. A notification is information about important events which the service is required to send us by law. We contacted local commissioners of the service to obtain their views about it. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people, relatives and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spent time looking at records including four care records of people, three staff records, medication administration records (MAR), staff training plans, complaints and other records relating to the management of the service.

On the day of the inspection, we spoke with 11 people who used the service and three relatives and friends of people. We spoke with three care staff, the cook, the registered manager and the provider.

Good

Is the service safe?

Our findings

People told us there were "always" sufficient staff to meet their needs and keep them safe. One person told us, "They come straight away if you need help". People explained they used their call bell when they needed help from staff. One person told us, "They come quickly". Another said, "You don't have to wait". Relatives and friends told there always appeared to be sufficient staff when they visited.

People told us they felt living at the home. One person told us the manager was, "A lovely man, he looks out for me". Staff were aware of their responsibilities in relation to keeping people safe. They told us the different types of abuse that people might be at risk of and the signs that might indicate that abuse was taking place. Staff were able to identify the correct safeguarding procedures they should follow should they suspect abuse. The provider completed the required notifications to the CQC and informed the local authority of any concerns or incidents that related to keeping people safe. Staff told us they had training on safeguarding adults and this was confirmed in training records.

The provider followed safe recruitment practices and ensured that people were cared for by staff that were fit to do so. The required statutory checks had been carried out to ensure that prospective new staff were suitable to deliver safe care and were not barred from working with vulnerable people. Staff records held the required documentation including two references and proof of identity.

Systems were in place to identify risks and protect people from harm. Assessments of risk had been undertaken for each person and were reviewed monthly and updated. There were clear instructions for staff on the risk to the person and what action to take in order to mitigate the risk. These covered risks associated with moving and handling and falls. For example, one person's records identified they were at risk of falling. The goal was to prevent falls and the action to be taken was to ensure that correct foot wear was provided. During our visit we observed that staff provided equipment people required to walk safely such as frames and that staff positioned themselves alongside or behind the person to prevent them from falling.

Staff used the Waterlow pressure ulcer risk assessment/ prevention policy tool in order to determine people's risk of developing pressure ulcers. Where people were identified at risk action was taken for example, supporting them to reposition regularly. Repositioning charts recorded that one person was repositioned every two hours. The charts were signed by staff to confirm they had been carried out. We reviewed the charts and saw they were complete.

People's medicines were managed so that they received them safely. People told us they got the medicines they needed when they needed them. One person told us, "If I need some cream they get it for me". Another person explained that sometimes they had difficulty sleeping at night and when that happened staff helped them to have a cup of tea and take any tablets they needed. People told us they were given pain relief medicine if they required. One person required pain relied medication on a regular basis. Their care records contained a pain scale chart to help staff determine when the medicine was required.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicine. We observed medicines being given in line with policy and procedures. We reviewed medication administration record (MAR) charts and saw these were completed correctly. There were systems in place for reviewing the charts. Staff received training in medicines administration every six months and a senior care staff confirmed they had attended refresher training prior to our visit. Training in medicines, advice and routine audits of medicine practice was provided by the pharmacy and included competency checks of staff to make sure that they were safe to administer independently. There were two medicine trolleys which were kept in locked place and the keys held by senior carer. There was a fridge to ensure that medicines that required it were stored at the correct temperature. Staff recorded when medicines stored in the fridge had been opened in order to ensure that they were still effective. The temperature of the fridge was recorded in order to ensure that the correct temperature was maintained.

Contingency plans were in place to respond to emergencies and ensure the safety and well-being of people in the event of unforeseen circumstances. For example, staff had received fire safety training and knew the evacuation arrangements in the event of an emergency.

Good

Is the service effective?

Our findings

People were very complimentary about staff and people told us their needs were met. One person told us, "Staff are very good, I couldn't say a bad word about them". Another said, "They look after you".

Staff communicated well with people and we observed them holding hands with people and guiding them gently at their pace. Staff told us they felt supported and confident to deliver the care people needed. A staff member told us, "Life experience and training all help". Staff told us they had one to one meetings once a month and could raise any concerns they had or give feedback. They also had regular team meetings where any issues could be discussed with the manager or provider. Staff received essential training on fire evacuation, moving and handling, safeguarding, mental capacity act, infection control and food hygiene. They received specialist training to meet the needs of people including dementia awareness. Records showed that training was refreshed as required. Staff were supported to study for a Diploma at Level 2 or 3 in Health and Social Care. Staff told us when they went first joined the service they received an induction in order to learn how to support people living at the home. The induction comprised of shadowing senior staff and essential training. Training records indicated when staff had completed their induction. People received care from staff who had the knowledge, skills and support they needed to carry out their roles and responsibilities effectively.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People told us that the food was good and they were given choices. One person told us, "They say, we've got this, that and the other and I say, I'll have my usual". The person explained their usual breakfast was brown toast and their favourite flavour of jam. They told us staff understood this and gave them the toast the way they liked it. Another person told us, "They let you have what you want" and another said, "It's very nice, good food".

We observed lunch and saw that food was presented nicely and served hot. Tables were nicely set with floral placements, tablecloth, fabric serviettes, cutlery and salt and pepper so people could flavour the food the way they liked. Calm music played throughout the meal which people seemed to enjoy. One person was tapping their hands and humming along.

People were offered gravy with their cottage pie. Staff were observant of how much people ate. When staff noticed that one person did not eat very much of the meal they suggested they might like gravy. The staff member got permission to add the gravy from the person who said, "That's better" and ate their meal. People could have an alternative if they wished and one person had a ploughmen's lunch as they did not want the hot meal. One person who did not eat much of their meal was offered an alternative which they declined. Staff offered them desert which they ate. People could have more if they wanted and we observed when the person had finished their desert they chose to have a different desert as well. We saw in one person's care records that they were identified at risk of poor appetite and weight loss. We observed that staff encouraged them to eat and drink and they ate and drank well. Hot and cold drinks were offered at lunch and throughout the day. Staff told us of the importance of people being hydrated and the risks if they did not have enough to drink. Staff knew people's food preferences well and told us one person, "Loves custard creams".

In records there was a clear record of nutritional supplements given. There were risk assessments related to weight for example, one person was identified at risk of weight loss. The goal was to avoid weight loss and the action was for staff to offer additional choices if the person did not want to eat what they had chosen for the day. This is in line with what had observed at lunch. The provider used the `Malnutrition Universal Screening Tool' (MUST) to identify people who were at risk of poor nutrition and hydration. Records showed that people's weight was monitored and where risks were identified the GP had been contacted. Where food and fluid charts were required to monitor people's nutrition and hydration these were complete.

Staff followed the requirements of the Mental Capacity Act 2005 (MCA). People's capacity to make decisions had been assessed. The manager was knowledgeable about MCA and had made applications to the Deprivation of Liberty Safeguards (DoLS) Team. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required in order to protect the person from harm.

Staff observed the key principles of the MCA in their day to day work. Staff asked permission before helping people.

Good

Is the service effective?

They sat down at people's eye level to speak with them or to help them eat. Spoke clearly and gently and waited for responses. One person told us, "They (staff) say what they're going to do and ask if it is ok". Staff explained that it was important when working with people living with dementia to go through each step of what they did and check that it was ok to go ahead. One staff member told us, "If I just did it, it would be so confusing. I wouldn't like it. I'd think what are they doing to me?"

People were supported to maintain good health and had access to health professionals, One person told us they saw their GP when they needed to. In care records we saw that staff were encourage to make referrals if required for example, in one person's care records it stated, `Senior staff to ensure that appropriate referral to or relevant advice are sought from health professionals are sought to ensure (name) receives the best care and treatment'. Staff explained how a person was having difficulty swallowing so they had made a referral to the Speech and Language Therapist (SALT) for advice. Each individual care records contained a multidisciplinary record sheet. We saw information recorded such as chiropody visits, paramedics visit in response to a person complaining of chest pain and records of GP and District Nurses visits. Records clearly indicated the reason for the visit, the professional involved and the outcome.

The service is a specialist service for people with dementia. The home had taken steps with the premises to meet the needs of people living with dementia. There was brightly coloured paint on the walls so people could differentiate easily between the walls and the floor and enable them to find the door more easily. People's bedrooms had their name and photograph on it to aid orientation. There were pictorial and written signs on the bathroom. Music was played throughout the home during the day to help people differentiate from night and day, stimulate and encourage them to join in activities. We noted there was a lively atmosphere in the home.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. People gave very complimentary feedback about the caring nature of the staff. One person told us, "I like them, they always look after me. Very helpful". Another person told us, "They're good people" and another said, "I've known them for a long time. They're friendly". One person told us, "The staff are good fun". We observed that staff had a good sense of humour and were fun to be around. People responded with smiles and jokes and there was a positive atmosphere. Relatives and visitors were positive about the caring approach of staff. One told us, "Carers have always been lovely, very sweet". Another relative told us, "My God are they nice". Another said, "Everyone says hello to you. They (staff) all talk to you".

We observed staff acted in a kind and caring way throughout our visit. We observed a staff member who had brought someone a cup of tea. The person clearly had a warm relationship with the staff member. They gave the staff member a kiss to say, `thank you'. Later when they dropped his biscuit on the floor, the staff member replaced it with two biscuits. Staff took action to relieve peoples discomfort and distress. One lady was preoccupied with her wrist cast and was tugging on it. A staff member saw and asked to look at it. They asked her several times if she was in pain and gave her a chance to respond. They asked her, "Are you sure?" The person said they were not in pain.

People's views were listened to and respected and people were involved in making their own decisions. Staff assumed people had the ability to make their own decisions about their daily lives and presented them with choices. One person told us, "They don't fight me" when they made their own choices. Another person explained that they liked to smoke and that staff didn't restrict them in any way. We observed they went out several times to smoke during the course of our visit.

Staff explained how they supported people living with dementia to make day to day choices. They told us that if they gave too many choices people could become confused so when supporting people to get dressed they would hold up items of clothes so people could choose what they wanted to wear. One staff member told us the person that they supported could mouth words but sometimes it was hard to understand so the person wrote it down for them to make sure they had understood correctly and were able to respect her choice. Staff were aware of peoples preferences such as the name they preferred to be called by, what time they liked to get up and go to bed and what activities they liked to do.

People were supported to be as independent as they were able. One person told us, "I can do quite a lot on my own". They told us staff only helped them with the few things they could not manage themselves. Staff explained that another person would do as much as they could but sometimes when the person was not feeling so well they would help her. Staff told us the person always liked to brush their teeth themselves.

People's privacy and dignity was respected. One person told us, "You can retire to your room and no one bothers you". People told us staff treated them with respect. During our visit the hairdresser visited the home which they did every other week. Women were having their hair and nails done which they were enjoying, laughing and smiling with staff. They were well groomed with attention made to their outfits and jewellery to make sure they matched. We saw one staff member helped someone put on their favourite colour of lipstick and they enjoyed this. One person required something to protect their clothes when they ate. The provider had ordered a clothes protector to try. This looked more like a pretty napkin which made wearing it more dignified. Staff knocked on people's doors before entering and asking for permission to enter.

Good

Is the service responsive?

Our findings

People were supported to follow their interests and take part in social activities. One person told us they had the paper delivered, enjoyed doing crosswords and to read. They told us, "I don't need too much to keep me going. I'm quite happy". They said the home provided entertainment and they could go out if they wanted to and staff supported them to do so. Another person said they didn't feel bored and liked to watch TV, do quizzes and try to solve the Rubik's cube puzzle.

We observed that staff bought one person a big book of crossword puzzles and that they were happy to receive it. Another person was provided with different puzzles throughout the day and enjoyed them. Their relative confirmed this was a preferred hobby. Relatives were encouraged to bring in old photographs that staff assembled into albums for people. We saw one person looking through their album with staff reminiscing with them about the people in the photographs. Atlas's had also been provided to encourage people to discuss places they had visited.

In the afternoon staff put on a karaoke machine on which played music and displayed the lyrics on a screen. They played music from people's generation which they knew the words to. Staff gave people tambourines to play along with the music. People enjoyed the singing, dancing and tapping along to the music.

Records of residents meeting showed that activities such as the Christmas party were discussed. Records of relatives meeting showed that relatives were pleased that there was an increased amount of activities for people to be involved in.

Staff had a good understanding of person centred care. One staff member told us, "Every person is different and has their own thing they like to do". Staff spoke warmly and confidently about the people they supported their needs and personal histories. They told us about people's preferred daily routines for example that one person liked to stay up late at night watching television. People told us they were involved in decisions in relation to how their care was provided. One person told us that they preferred to spend time in their room but staff would come and help them to come down for meals which was their choice. Another person said, "I choose when go to bed, when to get up and when to have a bath".

People's records contained care plans that had been reviewed and updated on a monthly basis. Care records contained people preferences in relation to how they wished their care to be delivered for example, when they liked to shower. There was a daily life story that contained information on people's preferences in terms of their daily routine. People's needs were discussed at the staff shift handover any updates given to ensure that staff had up to date information about the people they cared for.

People were supported to maintain relationships important to them. One person told us "My son visits me" and that he was encouraged to come any time. We observed people were visited by family and friends. Visitors told us they were made to feel welcome.

People told us they did not have any concerns or complaints but they felt happy to approach the staff of manager if they did. One person told us, "If you want to see him, you can go to him. He's very approachable". The complaints process was on the back of people's doors so they could see it from inside. We checked the compliments and complaints folder and saw people had left positive feedback. Where an issue was raised, the provider had responded to the person and taken action. A relative told us the Management were responsive to any complaints or concerns and felt able to raise any concerns they had with them.

Good

Is the service well-led?

Our findings

There was a homely and lively atmosphere during our visit. We observed people and staff smiling and laughing together. People appeared calm and relaxed with staff company. Some people were visited by relatives and friends in the afternoon. One relative told us, “It’s like a little family”.

People and relatives were complimentary about the management of the home. One person told us, “The manager is great. He brings me my tablets every morning”. A relative said about the manager, “He’s got his finger on it, very organised. He is the man in charge and they (staff) all respect him”. The manager’s office was located in the dining room with a large window and he was able to observe the day to day running of the home easily.

The provider sought feedback in order to improve the service. We saw the provider held residents meetings every six to eight weeks and records of these demonstrated people gave feedback in relation to activities they enjoyed, the care they received and about the food. The provider held relatives meetings and records showed the provider sought feedback about the increased activities available, home improvements and resident’s well-being. Relatives told us they had been asked for feedback on the service provided. One relative told us, “I have been asked and I have filled in a survey”. We reviewed four surveys that had been returned and saw that people were asked about areas such as activities and the approachability of staff. The responses were positive. The provider acted on feedback received. Relatives told us at a recent relatives meeting they suggested putting maps in the dining area in order to stimulate conversation between people about their travels. We observed that this had been implemented.

Staff told us they were encouraged to give feedback through supervision and team meetings. One staff member told us they suggested changing the way that photos were displayed in the communal areas to ensure people were not at risk from the pins used. The provider had displayed the photos within a large frame in response and to ensure people were safe. Staff told us the provider visited the home at least twice a week and was aware of how the home ran on a day to day basis.

The provider and registered manager ensured the correct notifications such as notifications of accidents or emergencies and any statutory notifications were sent to the CQC. Accidents and incidents were recorded and reviewed to identify any causation or trends. Quality assurance systems were in place in relation to areas such as medicines and cleanliness and infection control. Action was taken in response to any issues identified for example, improvements were being undertaken in relation to premises to ensure people were protected from risks associated with cleanliness and infection control.