

FitzRoy Support

# FitzRoy Supported Living - Uckfield

## Inspection report

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20 October 2016

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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

The inspection of FitzRoy Supported Living - Uckfield took place on 19 and 20 October 2016 and was announced. We gave the provider 48 hours' notice because the location provides personal care to people living in their own home and we needed to be sure that someone would be available for the inspection. We also wanted the registered manager to ask people who used the service if we could visit them in their home. At our last inspection on 5 February 2014 the service was meeting all of the regulations that we assessed.

FitzRoy Supported Living – Uckfield provides 'supported living' accommodation for people with learning disabilities in four flats and two bungalows to live independently in their own rented properties.

The service provides personal care seven days a week on a 24 hour basis to six adults with learning disabilities, mental health issues, physical disabilities and associated issues. Support is provided to people living in their own homes with tenancy agreements provided by Town and Country Housing Association. At the time of our inspection there were five people living at the service.

People had a choice about who provided the care in their homes. Two people in two of the other bungalows on the site no longer use the service as they chose to have support from a different provider. The service worked with them and social workers to select an appropriate alternative.

Staff promoted people's independence by giving them choices and encouraging them to do as much as they could manage for themselves. People had sufficient opportunities to take part in person centred activities.

The service had 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 felt safe receiving the care and support provided by the service. Staff understood and could recognise the signs of potential abuse and knew what to do if they needed to raise a safeguarding concern. Training schedules confirmed staff had received training in safeguarding adults at risk.

Robust recruitment and selection procedures were in place and appropriate checks had been made before

staff began work at the service. People took an active role in the recruitment of potential new staff. There were sufficient levels of staff to protect people's health, safety and welfare consistently and reliably.

People said staff were caring and kind and their individual needs were met. One person told us, "I love all the staff here." Another person said, "All of the carers look after me. They are very good." Staff knew people well and had a good understanding of their needs and choices.

People were supported by staff to write their own shopping lists and to shop for and prepare the food they chose. They were also supported to access a range of healthcare professionals in order to maintain holistic health.

Large print and easy read care plans and risk assessments reflected people's assessed level of care needs and enabled people's involvement in planning their care. People were encouraged to be as independent as possible. One person told us, "I do as I want here."

Staff felt supported by management, said they were well trained and understood what was expected of them. Staff were encouraged to provide feedback and report concerns to improve the service. A member of staff told us, "The management support me and listen to me."

There was a comments and complaints policy and information regarding the complaints procedure was available. Complaints were listened to and investigated in a timely manner and used to improve the service.

Regular audits were in place to measure and monitor the quality of care and service provided.

People and staff surveys were positive about the service. One person told us about the support they were given to be independent and said, "What I have is lovely. I would recommend it." A member of staff told us, "I think it is a fantastic place to work."

## 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 ●

FitzRoy Supported Living - Uckfield was safe.

Staff understood how to support people to remain independent in a safe way.

Checks had been completed on staff to ensure they were suitable and safe to work with adults and children.

Staff understood how to keep people safe and what action to take if they were concerned that people were being abused.

There were enough staff to meet people's needs consistently and reliably.

### Is the service effective?

Good ●

FitzRoy Supported Living - Uckfield was effective.

Staff had received training and regular supervisions to carry out their role.

Staff protected people from the risk of poor nutrition and dehydration.

Staff had an understanding of the Mental Capacity Act 2005 so were able to carry out their role effectively with regard to consent.

People had their health needs met and were referred to healthcare professionals promptly when needed.

### Is the service caring?

Good ●

FitzRoy Supported Living - Uckfield was caring.

Staff knew people very well and had a good understanding of people as individuals.

Staff had built rapport with people and treated them with kindness and respect.

People were consistently positive about the caring attitude of staff.

People were proactively supported to express their views.

### **Is the service responsive?**

**Good** ●

FitzRoy Supported Living - Uckfield was responsive.

People received consistent, personalised care and care plans were reviewed.

Concerns and complaints were responded to appropriately.

People had a choice about who provided their personal care.

People were involved in developing their care.

### **Is the service well-led?**

**Good** ●

FitzRoy Supported Living - Uckfield was well-led.

There were systems in place to monitor the quality of the service.

People and staff told us the service was well managed and the registered manager was supportive and accessible.

People's feedback about the way the service is led described it as consistently good.

Regular audits took place to measure the quality and safety of the service provided.

# FitzRoy Supported Living - Uckfield

## **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 19 and 20 October 2016. This was an announced inspection. The provider was given 48 hours' notice, because we wanted to make sure the manager and other appropriate staff were available and to let the people at Vernon Close know we were coming. One inspector completed the inspection.

Before the inspection we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed on 10 August 2016. 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 also reviewed information we received since the last inspection on 5 February 2014.

During our inspection we spoke to two people using the service, the registered manager, the deputy manager and three staff. We reviewed the care records of four people. We looked at five staff files, supervision and training records and systems for monitoring the quality and safety of the service.

After the inspection, we spoke with three people's relatives by telephone. We also made phone calls to four healthcare professionals who work with the service including a social worker, occupational therapist, an independent mental capacity advocate and the local GP.

We considered information which had been shared with us by the local authority, members of the public,

relatives and healthcare professionals. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us by law.



## Our findings

People told us they felt safe receiving care and support at FitzRoy Supported Living - Uckfield. One person said, "I feel safe here. It's my home." Another person told us, "I would talk to the manager if I didn't feel safe." A member of staff told us, "A big part of our role is to protect people's health, safety and rights."

There were enough staff to provide consistent and reliable care to people. Staffing levels matched what was planned on the staff rota system. There were four care staff in the mornings and three care staff in the afternoons. At night there was one 'waking night' staff and one 'sleep in' member of staff. Waking night care is where the member of care staff is on duty throughout the night and a 'sleep in' is where the member of staff sleeps at the property and can be alerted to provide support during the night. In addition to this the deputy manager provided administration support three days a week and worked two days on a shift. The deputy manager told us, "We always try to maintain these levels of staff so if staff need to support someone to see a show or need two to one support out in the community we will bring in additional staff to make sure the service is safe." A staff member told us, "There are definitely enough staff." All of the people at the service had a personal pendant and a red emergency pull cord in their homes which immediately alerted the office in the main building if they required assistance or support at any time. One person told us, "This is my home and I do what I want to do but it makes me feel secure to know that I can press the button on my pendant if I need help with something." The registered manager told us, "We have sufficient staff based on people's funded hours and their safety. I will cover holiday or staff absences with agency staff but try to ensure it's the same agency staff to provide the people here with continuity of care."

Safeguarding policies were in place which highlighted to staff the importance of reporting different types of abuse and exploitation such as physical and financial abuse. Training records showed that all staff had attended safeguarding training annually. People were protected from the risk of abuse because staff understood the different types of abuse and how to identify and protect them from the risk of abuse or harm. Staff told us all concerns would be reported to the deputy manager. If concerns related to the manager they would report them to the appropriate local safeguarding authority or the CQC. A staff member said, "Safeguarding is about protecting people. They trust us to keep them safe. We have to make sure the people here are not abused. Not giving people choices and ignoring their interests and privacy is abuse so I would report it to the manager straight away."

Staff files included relevant checks on staff suitability. This meant people were protected, as far as possible, by a safe recruitment practice. The deputy manager told us that new staff completed a literacy and numeracy test followed by an interview with the management team and the people who use the service to



check their suitability to the role. Successful candidates were contacted by the people who use the service.

Care plans showed that each person had been assessed before care and support started. The registered manager said, "We ensure that the social worker has all of the necessary information about our service. They will complete a care needs assessment and we decide whether we can meet the person's needs. We encourage the person to visit the service to see if it meets their needs and promotes their independence." People's care documentation contained personal risk profiles which included risk assessments for mobility, going out of their home, health and ability risks, mental health, communication and medicines. The risk assessments were person centred. For example one person had a risk assessment for swimming and for holidays. People had their own car and were accompanied by staff when they went out on trips to ensure they were safely supported in their wheelchairs. Additional checks and risk assessments were completed on specific individualised risks relating to the person's health condition. For example dietary needs, eating behaviours, behavioural support and capacity. The care plans were reviewed annually or earlier if there were any changes in the person's care needs.

People's medicine administration records (MAR) were accurate and clear. Staff told us they had attended training in medicines, they were aware of the provider's policies on the management of medicines and that they should follow these. Training records confirmed that all staff received medication training and staff had a good understanding of why people needed their medicines and how to give them to people safely. One member of staff told us, "I am happy about filling in the MAR chart. I like it as it explains exactly what I need to do." The registered manager told us, "Any medication errors are recorded on an Occurrence form, submitted to our head office and reported to the East Sussex County Council safeguarding team." At the time of our inspection no one received covert medicine. Covert is a term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink. There was clear guidance in the MAR charts on as required (PRN) medicines. PRN medicines are only given when people require them and not given routinely for example for pain relief or anxiety. Town and Country Housing Association employed cleaning contractors to clean all of the communal areas every week and the care workers supported people to clean their homes on a daily basis. Staff told us they understood the importance of good infection control practice and had access to all the personal protective equipment that they needed to carry out their role safely.

A business continuity policy was in place which outlined the procedures for staff to take in the event of an emergency such as power cuts and bad weather. The deputy manager told us, "We have clear guidance of what to do in the event of a number of different emergencies and these have been tested and are effective."

Accidents and incidents were recorded and the registered manager was informed if there had been any incidents. Staff told us they understood the process for reporting and dealing with accidents and incidents. If one occurred they would inform the office and an accident form would be completed. We looked at the last three incidents in September 2016. Two of the incidents involved staff transferring people and one had resulted in a minor injury where the person had knocked their leg. The other incident was a behavioural issue which involved staff supporting a person who was not feeling well. These records clearly stated what actions were taken and what preventative measures had been put in place to prevent a re-occurrence and protect the person. There was a report for each person involved in an incident with a body map to show any injuries which were collated on a monthly basis to identify any trends or patterns.

All staff had received fire safety training and there was a fire safety policy and evacuation plan. All staff had read and signed the fire emergency action plan and a fire risk assessment was completed on 25 September 2016. Fire drills and tests of the alarm system were carried out regularly and a full evacuation of the people and staff had been completed. The service supported people in their own homes over three separate

properties and staff we spoke to knew what to do in the event of an emergency. We reviewed people's individual personal evacuation plans (PEEPs). These identified the support people required during an evacuation. The deputy manager had also recently trained staff on the use of the evacuation pad. An evacuation pad is a piece of equipment similar to a thin mattress that is used to safely remove people in an emergency situation.



## Our findings

People were happy with the care and support provided by FitzRoy Supported Living - Uckfield. One person told us, "The staff are lovely." A relative said, "It's the best place my brother's been at." Another relative told us, "The staff do a great job. They are very efficient and very organised."

All new staff completed a three day induction training programme which included person centred approaches, duty of care, health and safety, safeguarding, manual handling, medication, positive behavioural support and mental capacity. This was followed up with a period of shadowing experienced members of staff until they were competent and confident to work on their own. One member of staff told us, "The induction training was good. I had three days of shadowing and reading the care plans and policies."

Staff received essential training and regular refreshers of subjects including fire safety, manual handling, infection prevention and control, safeguarding, fluids and nutrition and medication. A member of staff told us, "This is a good company for training. I have completed on-line and face to face training. The manual handling training was very good." Additional training was also completed on subjects including epilepsy, dementia and positive behaviour support. All of the people at the service had their own car available to go shopping and go on holiday if they wished. Staff were therefore required to drive as part of their employment so completed an accredited annual one day driver training course. Training records were held on a computer system which notified the manager if staff required training updates.

Staff received six supervisions each year and annual appraisals to maintain levels of competency and to identify areas for development and improvement. The supervisions or 'observation assessments' included areas such as moving and handling, support around mealtimes, medicines administration, personal care and hygiene and domestic duties. One observation dated August 2016 stated that a member of staff had used a hoist correctly and safely and in accordance with health and safety guidance. Another area covered by the supervision related to support and development of staff. This gave staff the opportunity to reflect on their strengths and areas for development and discuss with the manager what further support they needed to improve. This demonstrated that the service had a proactive approach to staff members' learning and development. It also highlighted areas where additional training may be needed to make improvements.

Staff had received training in the Mental Capacity Act 2005 (MCA). 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. Staff confirmed to us that they always assumed that people could make their own choices. Staff listened to what people wanted to do and respected the decisions they made. A staff member told us, "The Mental Capacity Act is about people having the capacity to make choices and decisions for themselves." Another member of staff said, "Not everyone has capacity to say what they like and don't like. We give people options so that they can make decisions for themselves." Staff had a good understanding of mental capacity and put this into practice to ensure people's rights were respected. The deputy manager told us, "If there was any doubt with capacity would we make a referral and seek guidance from healthcare professionals." The registered manager informed us that they had made applications to the Court of Protection for two people living at the service. The Court of Protection make decisions on financial or welfare matters for people who cannot make decisions and may lack capacity. The Provider Information Return (PIR) stated that, 'if the people we support have any big decisions to make about their lives we will ensure that they are supported by advocates or family or whoever they choose to support them.'

People using the service were supported by staff to shop for and prepare their food. Care staff supported people to look in their fridges and freezers prior to making lists of what to buy. Each person had a 'This book is about me' folder which had a section on eating and drinking to provide staff with information about what food they liked and how they needed to be supported to eat. For example one record showed that although one person liked cheese omelette, noodles and macaroni cheese that they sometimes changed their mind on the day. It also stated that they needed reminding of what food is healthy and that staff needed to support them with all aspects of preparation, cooking and eating. Each individual went out every week with a member of staff to buy the food they wanted to eat. Eating and drinking plans outlined food and drink preferences, the equipment needed to support them, what assistance was required and potential risks for staff to be aware of at mealtimes. All staff had completed training on fluids and nutrition. One member of staff told us, "We cook the food and everyone's choices are different. They have whatever they want." One person said, "I do my shopping on Fridays. I don't have a menu so I buy what I like. I like shepherd's pie, cauliflower cheese and quiche lorraine. I also love cakes." Another member of staff told us, "One person doesn't like fruit or vegetables so we try to encourage healthy options if we can." Staff said people chose what they wanted to eat and were assisted to prepare meals and drinks depending on their capabilities. The deputy manager explained to us how they had contacted East Sussex Association of Blind and Partially Sighted People to support a person who had a visual impairment which was impacting on their ability to see food at mealtimes. As a result of seeking guidance and support this person now had the appropriate equipment including a table top lamp, coloured and lipped plates and an angled spoon to enable them to eat more independently.

Staff supported people to access a range of healthcare professionals including social workers, Independent Mental Capacity Advocates (IMCA), the Speech and Language Therapy (SALT) team, the Community Learning and Disability Team (CLDT), occupational therapists and the local GP. Staff followed the guidance provided by healthcare professionals to improve people's lives. A healthcare professional told us, "The staff are very committed to the people. They strive to give them the best quality of care they can." Another healthcare professional said, "The staff are overwhelmingly positive and very caring. They put the people first and always seek help appropriately." Staff said that any changes in a person's behaviour or if someone was ill would be reported to the office immediately to obtain advice and support.

Relatives told us that they felt their family members were well cared for and they were kept informed about things they needed to know about. One relative told us, "Nothing is hidden from me. The managers will tell me what's going on." A healthcare professional told us, "The staff listen to me and implemented everything I said." Staff were able to tell us about the healthcare needs of the people they supported. People had Health Action Plans (HAPs) in place. A HAP which was similar to a 'hospital passport' held all of the information

relating to the person's medical condition, medical history and health. This showed that people were supported to access a range of medical and social care professionals and any health care concern was followed up and referrals made to the relevant services.



## Our findings

People told us they had good relationships with the staff. One person said, "I love all the staff here." A relative told us, "My daughter is superbly well looked after." The registered manager told us, "Staff are passionate and they want the best for people." A member of staff said, "I like looking after the people here. I make them happy. They make me feel good. I am lucky that I can do something good for someone." Another member of staff told us, "I enjoy making their lives easier."

Staff knew people well, they had a good understanding of people's needs, choices, likes and dislikes. Staff were calm, patient and kind when talking with and supporting people. Staff were comfortable in displaying warmth and affection towards people. We saw that people were comfortable and relaxed in the company of the staff who supported them. One member of staff told us, "She knows what's going on. I explain everything and give her two choices as she gets anxious if I don't. She can be direct but I always respect her wishes. Today we went bowling and tomorrow she is going swimming." A relative told us, "My daughter's speech has really come on so much. We are so pleased that she can converse with us. The service have brought that on. She speaks her mind but she is well looked after. It's immense. Her mind has been unlocked." The deputy manager told us, "It's good to see tenants smile that they are happy. Finding out their aspirations and completing them is great."

Staff were given enough time to get to know people and read through their care plans and risk assessments. A member of staff told us, "Care plans do change so we are given the time to read them." Care plans showed that people or their relatives had been involved in their care planning. Reviews were completed regularly and when people's needs or preferences had changed these were reflected in their records. People's comments were listened to and respected. For example one person got tired as their trips out were on consecutive days. This was changed to stop them getting tired.

We saw that people looked well cared for. People were well presented and dressed in individual styles that reflected their personal taste. Staff had supported people so that their homes were personalised and reflected their preferences. Staff encouraged people to be independent. One person had been supported to eat independently as the service had identified that they had a sight impairment so obtained the appropriate equipment to support them. During the inspection staff went out with people to the beach, to supermarkets and to the local day care centre. Staff engaged with people in a way that demonstrated that they knew people's preferred method of communication. Staff were unhurried and attentive to people.

People were positive about staff. One person said, "They always treat me with dignity and respect especially

for my personal care." A member of staff told us, "I make sure doors are closed and keep the person covered up when providing aspects of personal care." Another member of staff said, "Dignity is really important. You have to put yourselves in their position. You respect their wishes, tell them what you are doing and make sure that they are given choices every step of the way." People said they felt comfortable with their care workers, and were treated like individuals.

People were provided with a 'Service User Guide' which contained information about the provider, including who to contact with any questions they might have. All of the people we spoke with confirmed they knew who to contact at the service if they had queries or changes to their care needs.

Care records and staff files were stored securely in the office in the main building. Confidential information was kept secure and there were policies and procedures to protect people's confidentiality.



## Our findings

People were involved in decisions about the care and support provided and in reviewing care needs. One relative told us, "I do get involved with the care but I prefer to leave it to my daughter and what she wants. She is in the best possible place so I just approve it."

The service encouraged feedback from people to make improvements. The annual tenant satisfaction survey in February 2016 was based on the REACH standards. The REACH standards aim to make sure that people are receiving good support and are living the lives that they want to. Four out of the six people returned the survey and comments made were acted upon and listened to. For example people wanted an agency member of staff to start work later so this was done. Another example was that feedback about one member of staff was negative and the manager responded appropriately.

Care plans included a detailed assessment of people's needs and included people's preferences and routines and had been completed with each person and their relatives where appropriate. Staff were able to provide examples of how they provided personalised care and support to people which responded to people's needs. One member of staff told us, "We have created a communication chart for one of the people I care for. It was originally just one page but it has now grown to six pages. This is so rewarding. You get to know the individuals. You become friends." At the time of our inspection the care plans were being streamlined into a support plan and a separate Health Action Plan (HAP) which contained all medical and clinical information.

Care plans were person centred and comprehensive and included people's history, how people communicated, what staff needed to know about them including what makes them angry and frustrated, their family and friends, things they liked to talk about and things they liked to do. It also included details about what and how the person wanted to be supported by staff. One care plan stated that the person wanted the member of staff to be 'calm, caring, funny, enjoyable, honest, sensitive and understanding'.

People's views and choices were recognised and taken into account. One person said, "I decide what I want to do. I have choices. Yesterday I went to the shops in the Arndale Centre in Eastbourne and then had a cup of tea and lunch. I am terrible, I watch a lot of telly. I love TV." Another member of staff told us, "We give people options, so that that they can make a decision. The registered manager told us, "All tenants like to do their own things. People do what they want to do." An activities planner showed what each person did every week and included for example attending a local day centre, food shopping, swimming and days out such as a visit to family or a trip to the beach.



Handovers took place three times a day so that staff could share information about the people at the service. This included discussions about what the person had done, their mood and their behaviours. Staff told us that the handovers were a useful way to find out relevant information that would be useful for their shift.

People were given the choice of which care workers they would prefer to provide care for them. One person told us, "I don't like a male for my personal care when washing. I always get a female." The deputy manager told us, "It's about choice. They tell us what they want and we work around them."

People knew how to make a complaint and felt that they were listened to. One person told us, "If I had any problems or concerns I would contact the manager." A relative said, "I can't think of anything negative. They have always dealt with all the issues. I have never had to go further than the deputy manager." The procedure to make a complaint was clearly outlined in the Comments and Complaints policy and the Service User Guide which had been sent out to all the people who used the service. Complaint records showed that complaints and concerns were investigated and addressed in a timely manner including a record of the investigation outcomes. The service had received three complaints in 2016. Two of the complaints were between two people in the service and one of the complaints related to the behaviour of a member of staff. All of the complaints were investigated by the registered manager or the deputy manager and used to improve the service and to prevent similar issues from reoccurring.

People held regular meetings to discuss issues if they wanted to. The July and September 2016 meetings were declined by more than four people so did not go ahead. In the meeting in August 2016 one person said they only wanted to have meetings if it was to pass on good news and another said they would only attend if it was important news. A meeting held in December 2015 included a discussion about flowers at the front of the house, which people were going on holiday and staff changes. One person represented FitzRoy Supported Living – Uckfield at the FitzRoy Nationwide Service User Forum. This forum had provided a major change to the communications policy to stop the use of mobile phones by staff on duty and a recommendation to create service user quality monitors. These quality monitors would visit similar FitzRoy services to ensure that there were high standards of care and safety. This demonstrated that people were actively involved in developing their care and are empowered and included in the process.



## Our findings

People, relatives and healthcare professionals described the staff of FitzRoy Supported Living - Uckfield as professional and caring. One person told us, "The staff are lovely." A relative said, "They are always on the ball and they understand the needs of the people they care for. They are ultra-patient and up their game to deal with anything." Another relative told us, "My daughter is in the best possible place for her. I am very happy." A healthcare professional said, "The staff are really good. They are very good advocates for the people. There is a very switched on manager."

There was an audit system to assess and monitor the quality of the service. Every year the deputy manager completed an internal health and safety audit which checked all areas of the service relating to cleanliness, fire and equipment and created an action plan from the results. The last review was completed in June 2016. This identified an issue with tumble dryers which had been recalled by the manufacturer, the weeds between pathways in the back garden which were making the path slippery and the need to repair a frayed carpet in a person's flat. There was clear guidance on a coloured flowchart which highlighted what repairs were completed by the housing association and which repairs were the responsibility of the tenant. For example the carpet and garden issues would be completed by the housing association and white goods such as the tumble dryer would be the tenant's responsibility. A monthly 'housekeeping' audit was completed by a member of staff and any action points are raised at the quarterly health and safety meeting which is attended by the registered manager and deputy manager. The service had been audited by the FitzRoy internal quality monitoring manager in October 2016 and an action plan was in progress with recommendations. The recommendations from this last audit identified that the risk profiles of all the people in the service needed to be updated and individual Health Action plans completed to make it easier to find specific information and to simplify the documentation. This demonstrated how the provider's quality assurance drove improvement.

The deputy manager reviewed the MAR on a monthly basis. This was to check that the correct medicines had been given and to identify any shortfalls in recording or documentation. Any incidents were recorded on the FitzRoy website and any issues would be addressed with the individual member of staff directly.

Town and Country Housing Association were responsible for most of the servicing of utilities, equipment and repairs including general maintenance, boiler repairs, hoists, lifts and fire alarms. Regular checks and inspections had been completed including annual Portable Appliance Tests (PAT) and Legionella checks and also monthly water temperature checks. Documentation showed which checks had been completed and the service had clear guidance with contact details of the companies responsible for servicing and

repairs to equipment.

Staff said they liked working at FitzRoy Supported Living - Uckfield because of its friendly and supportive nature. One member of staff told us, "I feel very fortunate to get the job. I feel totally supported and we all pull together. The deputy manager and registered manager are fantastic." Another member of staff said, "If I have any troubles or questions I always go to the deputy manager first. He is a good listener." Staff surveys were completed on-line every year, however these were not service specific. The registered manager told us that the response rate was low so the organisation would be looking at ways of improving the response rate and that she would highlight the issues of not having service specific information to her regional manager.

The registered manager told us, "I am the registered manager for three services. I have three deputies who manage the services on a daily basis. We have regular meetings to share best practices and support each other. I am supported well by my deputies and the regional manager." The deputy manager told us, "I am proud of the team. They confront a problem together. They look at problems and resolve it. If they want something they come to me or the registered manager." A member of staff told us, "The care is good. We have special relationships with the residents. The team is fantastic. Any issues we sort it out."

The registered manager told us that staff meetings were held three or four times a year. We looked at the minutes from the last three meetings in June and August 2016 and found they discussed changes to a person's care needs in detail, the role of shift leaders, the Mental Capacity Act and the staff induction programme. The meetings were minuted and staff who were not able to attend were given the opportunity to see them and sign to say that they had been read and understood. A member of staff said, "The meetings are useful to find out what's going on and to share information." The registered manager told us, "The team are caring and listen to people. It's an open culture. Let's talk about it and get staff to resolve their own problems. They start doing it themselves, empowering the people we support and the team." This demonstrated an open and positive culture and gave staff confidence to question practice and report concerns.

The Provider Information Return (PIR) stated, 'we enable the individuals we support to have a voice.' The deputy manager told us, "I value the values we have. They give tenants a voice. I want to improve the lives of the people that we support by giving staff the tools they need to achieve the goals of the tenants." A member of staff told us, "We support people to be independent and be the best for the people we support." Staff understood the vision and values of the service and we observed during the inspection that the support they provided was underpinned by them.