

FitzRoy Support

FitzRoy Support at Home - Hampshire

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:

Fitzroy Support at Home provides care and support to people living in four 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection there were eight people using the supported living side of the service who received personal care.

This service is also a domiciliary care agency (DCA). It provides personal care to people living in their own houses and flats in the community. It provides a service to adults with learning disabilities, sensory impairment and physical disabilities and/or autistic spectrum disorder in and around Basingstoke. At the time of our inspection there were 14 people using the DCA side of the service who received personal care.

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

People's experience of using this service:

People told us they felt safe, and appropriate systems were in place to protect people from the risk of abuse.

There were enough staff to meet people's needs. The provider had effective systems in place to ensure safe recruitment practices.

People's needs were met in a personalised way by staff who were competent, kind and caring. Staff respected people's privacy and protected their dignity.

Individual and environmental risks were managed appropriately.

People's rights and freedoms were upheld. When appropriate staff acted in the best interests of the people they supported.

People were empowered to make their own choices and decisions. They were involved in the development of their personalised care plans.

People felt listened to and knew how to raise concerns.

Management processes were in place to monitor and improve the quality of the service. There was a positive, open and empowering culture.

Rating at last inspection:

The service was rated as requires improvement at the last comprehensive inspection, the report was published on 13 April 2018. We identified four breaches of the regulations. After the last inspection the provider sent us an action plan to tell us how they would address the areas we raised on inspection. At this inspection we found the provider had taken action and the service was no longer in breach of the regulations.

Why we inspected:

This was a planned, announced comprehensive inspection as part of our inspection schedule methodology for services.

Follow up:

We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated as Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

FitzRoy Support at Home - Hampshire

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was conducted by one adult social care inspector.

Service and service type:

Fitzroy Support at Home – Hampshire provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. Care Quality Commission (CQC) does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This service also provides personal care to people living in their own houses and flats in the community. Not everyone using Fitzroy Support at Home received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had two registered managers, one with responsibility for the supported living aspect of the service and the other responsible for the care provided to people in their own homes in the community. A registered manager is a person who has registered with the CQC 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.

Notice of inspection:

We gave the service 5 days' notice of the inspection site visits because some of the people using the service were living with autism and would need time to prepare for a visit to be arranged. We also needed to be sure the managers and staff would be available to talk with us.

Inspection activity took place between 12 April 2019 and 24 April 2019. We visited the office location on both the 12 April 2019 and 18 April 2019 to see the registered managers and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection, we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we gathered information from:

- Four people who we visited in their own homes
- Four relatives of people who used the service
- Seven people's care records
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- The two registered managers
- A deputy manager
- Seven support staff
- A co-ordinator

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to protect people from the risk of abuse; Learning lessons when things go wrong

- People said they felt safe. One person told us, "I am very happy here they keep me safe." A family member said their relative was, "definitely safe."
- Appropriate systems were in place to protect people from the risk of abuse. Staff had received safeguarding training and could recognise abuse and knew how to protect people from the risk of harm. One member of staff was able to give an example of where they had raised a safeguarding concern in respect of a person they supported. They told us the management team had listened to their concerns and had taken action to keep the person safe.
- Accidents, incidents and safeguarding concerns were recorded on the provider's computerised system, which allowed the provider to have oversight through their quality assurance manager and their health and safety manager. A quarterly report was provided to the registered managers identifying any trends and lessons learnt.

Assessing risk, safety monitoring and management

- At the last inspection in December 2017, we found that risks were not always identified so that safety measures could be put in place.
- At this inspection we found improvements had been made and assessments were undertaken to identify any risks to people and to the staff who supported them. These included environmental risks and risks that related to the health and support needs of the person. Where a risk was assessed as being high, a specific person-centred risk assessment was created.
- However, where paraffin-based creams had been prescribed to some people, known additional risks, in respect to their use and storage away from sources of ignition had not been identified and action had not been taken to mitigate those risks.
- We raised this with both registered managers and they took action to ensure these risk assessments were completed.
- Where other risk assessments had been completed they included information about how to keep people safe, were detailed and person centred. One person told us, "I can do what I like. I can go out on my own." We saw there was a risk assessment in place to help support the person and mitigate any risks to their safety.
- Staff were provided with clear and detailed information about how to support people safely.

Staffing and recruitment

- Staffing levels ensured people received the support they needed safely and at the times they needed.
- People living in the 'supported living' environment told us there were always staff available when they needed them. One person said, "They [staff] are there if I need them." People and their families who received care from the team supporting them in their own homes told us the consistency of staffing had improved

recently. One person told us, "I have a rota of carers on my door. Sometimes they [support staff] are late but they always turn up." A family member said they had complained and "now [my relative] has a team of five or six regular carers."

- Recruitment processes protected people from being cared for by staff that were unsuitable to work in their home. A range of recruitment checks took place before staff started working at the service.

Using medicines safely

- At the last inspection in December 2017, inspectors found people did not always receive their medicines as prescribed. Staff were administering prescribed medicines to people that were not recorded on their Medicines Administration Records (MAR).

- At this inspection we found improvements had been made and people received their medicines safely. There was a new quality assurance process in place to audit records and follow up upon any gaps or mistakes in records.

- Staff completed training in administering medicines and had their competency checked before supporting people. One member of staff said, "I have had lots of medication training and the office have come out two or three times to observe my competency."

- People and their families told us when they needed support with their medicines staff were there to assist them. One family member said, "Staff know how to support [my relative] they give him his medicines before breakfast and in the evenings."

Preventing and controlling infection

- People were protected from the risk of infection. Staff had received infection control training and were provided with personal protective equipment (PPE), such as disposable gloves and aprons to use. One person told us, "They [staff] help me keep my house clean. They wear gloves and things in case they have bugs." A family member said, "They [staff] have got aprons and gloves, they leave a box here."

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

People's outcomes were consistently good, and people's feedback confirmed 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.

- At the last inspection in December 2017, we found records did not always contain the documents needed to demonstrate the service was working within the principles of the MCA.
- At this inspection we found improvements had been made. Where appropriate mental capacity assessments had taken place and the service used a recognised tool kit to record their assessments and any best interest decisions. For example, we saw there was a mental capacity assessment and best interest decision for a person living in supported living accommodation, in respect of them moving their bedroom to the ground floor.
- Staff were aware of the principles of the MCA and could explain how to apply them in respect of the people they supported.
- During the visits to the supported living accommodation and people's homes, we heard staff seeking verbal consent from people, in an appropriate way, before providing support. One person said, "I give my permission for them [staff] to help me." Another person told us, "If they want me to do something they ask me."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started to receive support from the service. The information gathered included people's preferences, backgrounds and personal histories. This provided staff with the information necessary to allow them to understand the people they were supporting.
- People and their families, if appropriate were involved in assessment process. One person said, "The office come out to see me and have a chat." A family member told us, "They [management team] came out to see me and talk about [my relative's] care."

Staff support: induction, training, skills and experience

- People and their families felt staff were competent to give them the care they needed, and that staff were flexible with the support they provided.
- One person said, "I am happy with my carers. They know how to look after me. They know what I like." A family member told us, "They [staff] are well trained. They know how to support [my relative]."
- People were supported by staff that had ongoing training that was relevant to their role. Staff had

additional training around people's specific conditions if needed, for example, supporting people who lived with epilepsy. One member of staff told us, "I am up to date with my training. I have just done my medication training and first aid. We can look at the care academy [the provider's on-line training forum], so we can access training through the laptop. I have recently done epilepsy training and you can always talk to [a registered manager] if you wanted some different training." Another member of staff providing feedback told us, 'I have been able to complete all my online training and have found it extremely useful in my day to day job roles and feel completely adequate and capable of fulfilling my role within the company.'

- Staff told us, and records confirmed staff were supported in their roles and had regular supervision and one to one meetings with their manager to discuss their care practices and development opportunities. One member of staff said, "I feel very supported. You can go to [my registered manager] with anything and she will sit and talk to you." Another member of staff told us, "I get support from my managers and loads of supervisions; and the do observations as well."

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

- Where it was part of a persons' support package, staff provided support with meals and drinks. People and their families confirmed they were satisfied with the support they received in this area, including the choice and presentation of meals. One person said, "I make my own sandwiches; staff cook my tea for me." Another person told us staff, "do my food for me. I choose the food and they cook it."

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

- People were supported to access healthcare services when needed. Care records confirmed people were regularly supported to be seen by doctors and district nurses when necessary.

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

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 were supported to explore their personal preferences, including those people with protected characteristics under the equalities act. The service was able to provide clear examples of where it had supported a person in this way, respecting their privacy and dignity, whilst providing appropriate care and support.
- People across the service felt staff treated them with kindness and were caring. One person who was living in supported accommodation said, "I am very happy here. They [staff] are all nice." Another person who was supported in the community told us, "They treat me nicely."
- The family members we spoke with told us they did not have any concerns regarding the support staff who supported their relatives. One family member said, "I can't fault the carers at all."
- Staff could describe the needs of the people they supported and during our visits to people we saw people were treated with kindness and compassion. One member of staff told us, "I love doing my job and enjoy working with [the people I support]."

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

- People and family members confirmed they were involved in discussions about their care. One person who felt their needs had changed said, "I am going to have a meeting with my care manager to see if I can get more help." A family member said, "Yes we have meetings and discuss things."
- Staff ensured family members and others who were important to people were kept updated with any changes to the person's care. A family member told us, "Any little problems they make a note and make sure I am aware." Another family member said, "They phone me if there are any concerns." They then gave a recent example.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do as much as they could for themselves. For example, one person told us they did their own washing, they said, "I take my washing down and put it in the machine with the tablet and then push the button." Another person told us, "I had a bath this morning. [Staff name] did my hair and back and I did the rest."
- One person said of the staff, "They treat me with respect. They knock [on the door] and I press the button and let them in. Doing personal care, they [staff] close the curtains and keep me private." One family member said, "They treat [my relative] with dignity and respect." Another family member told us, "They treat [my relative] with dignity. I think they are really caring."
- Staff described how they protected people's privacy and dignity. This included listening to people, respecting their choices and closing doors and curtains when providing personal care. One member of staff who provided feedback told us they supported people's privacy and dignity by, "Respecting our clients in all

areas from personal care to sharing information and respecting their needs; maybe be their religious needs dietary needs ability needs; and will always support them in being independent."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- At the last inspection in December 2017, we found the service did not respond effectively to complaints or seek feedback from people to provide an opportunity for them to raise concerns.
- At this inspection we found improvements had been made. People felt able to raise concerns if they wished. One person described how they had raised a complaint about some of the staff supporting them. They said, "When I complained to [one of the deputy managers] he sorted it out for me." A family member told us, "I have not had to complain. If I did I would ring [one of the deputy managers] and he would sort it out." Another family member said, "If I have a problem I phone the office; they are very good at sorting things out."
- The service had received no formal complaints since our last inspection. One of the registered managers told us small issues were dealt with straight away, so they did not become complaints. They said these were recorded on the provider's computerised care system and formed part of the quality assurance process.
- The registered managers were aware of their responsibilities under the Duty of Candour which must be met by all providers. It sets out the actions that they should follow when things go wrong, including making an apology and being open and transparent.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received a person-centred service that was responsive to their individual needs and preferences. Care plans had been developed for each person, which provided sufficient information to enable staff to provide support in a personalised way. Staff described how they adapted their approach based on people's wishes and preferences. For example, staff supported one person to attend a club where they played a sport. He asked staff if they would record the results of the games in their daily records to assist him to remember the scores. We saw this practice had been adopted and the scores recorded.
- People's care plans contained information about their personal history, likes and dislikes and information about how they liked to communicate. The registered manager and staff understood the Accessible Information Standard [AIS]. The standard sets out a specific approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. We saw support plans were written in a way that met the needs of the person.
- People were empowered to make their own decisions and were supported to take part in activities of their choice. One person who was living in supported living accommodation told us, "I can go out when I like. They [staff] call [a taxi service] for me. I go out to football; I am the captain so go out on a Saturday". Another person in supported living accommodation told us staff were supporting him to attend a convention based on his favourite film. A person being supported in the community told us they liked to go shopping and said, "[named member of staff] is coming today to take me shopping."

End of life care and support

- The registered managers told us they were not supporting anyone who was receiving end of life care. They explained the action they would take in line with the provider's 'Dignity in Dying Policy.'
- When appropriate people and their families were consulted about their end of life wishes. For example, in a care plan for a person living in supported living accommodation, their end of life plan detailed the arrangements they would like followed and who they would like to be involved.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Fitzroy Support at Home – Hampshire is made up of two distinct services, working out of the same office. Each aspect of the service, supported living and domiciliary care in the community, had a separate management structure led by a registered manager and its own team of support staff.
- The registered manager for the domiciliary care side of the service told us the domiciliary contract was ending in June 2019. The provider was in discussions with people, their families and staff with regards to transferring to a new provider. People and families, we spoke with were aware of the changes and had been kept up to date by the provider.
- The registered managers and staff from each team were clear about their roles and worked well as a team. One member of staff said, "We have a good staff team. We work well together, we work as a team." Another member of staff told us, "Its good being part of a team focused on doing the best for others and in this team in my experience, everyone pulls together colleagues and managers with that aim in mind."
- Both registered managers were aware of their responsibilities in notifying CQC of important events and their duty of candour. The rating from their last inspection was displayed in their office and on their website.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There were effective management systems in place to promote person-centred care. People told us staff knew what they liked and how they wanted to be supported. One person said, "They [staff] know what I like, and I tell them what I don't like, and they listen to me."
- The provider was supported to deliver high quality care by the management team and staff who actively were involved in the service. One member of staff told us, "Managers listen to me when I put things forward or ideas." Another member of staff said, "The management team have improved over the last 12 months. They are very supportive". They added "I would recommend the service to other people."
- There was a positive culture within the staff team, and staff worked in line with the provider's values. One staff member said, "I like the process of getting things done and seeing the people we support benefit from their efforts."

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

- The provider used a range of ways to involve people and staff. This included an annual questionnaire sent out by the provider, regular visits to people using the service by the management team and house meetings for those people living in supported living accommodation.

- Staff had team meetings, supervisions and appraisals to enable them to communicate with the management team. The service and registered managers had an open-door policy for staff to go and raise any concerns they may have. One staff member told us they had raised a concern about the care a person was receiving, and the managers had responded to their concerns positively. Another member of staff said, "[Registered manager] is very assessible, open door and will always answer the phone."

Continuous learning and improving care

- At the last inspection in December 2017, we found the systems in place for assessing the quality and safety of the service were not always effective.
- At this inspection we found improvements had been made. There was an effective quality assurance process. The provider carried out a series of quarterly quality assurance audits, including complaints, accidents and incidents, training and safeguarding. The registered managers carried out their own audits including care plans and medicines management. In addition, the management team regularly visited people as part of their quality assurance process. One person told us, "The office come and see me and have a chat with me and ask if I am happy."
- Where concerns or issues were identified the registered managers would take action to respond to the concern. One of the deputy managers gave an example the medicines audit process. A member of the care team had identified an administrative error during the daily audit. They notified the deputy managed and the deputy manager was able to follow up the issue with the staff member concerned.

Working in partnership with others

- There was a coordinated approach to people's care. Partnership working with people, their relatives and other external healthcare professionals ensured people received care that was effective and appropriate to their needs.