

FitzRoy Support

Linden Cottage

Inspection report

Linden Chase
Uckfield
East Sussex
TN22 1EE

Tel: 01825768395
Website: www.efitzroy.org.uk

Date of inspection visit:
03 April 2019
04 April 2019

Date of publication:
07 May 2019

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:

Linden Cottage is a residential care home for six younger adults who have learning/ physical and/or sensory adaptive needs. At the time of this inspection four people were living in the service. All the people had special communication needs and used sign-assisted language.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

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

People's experience of using the service:

- People received safe support from support staff who had the knowledge and skills they needed.
- People were safeguarded from the risk of abuse and received person-centred support that promoted their dignity.
- People were supported to safely take medicines and to have enough to eat and drink.
- People and their relatives were consulted about the support provided and their consent had been obtained.
- People were supported to pursue their hobbies and interests and there were robust arrangements to manage complaints.
- Quality checks had been completed, good team work was promoted and regulatory requirements had been met.
- People and their relatives were positive about the service. A relative said, "Linden Cottage is very good and is a home from home for my family member."

Rating at last inspection:

The service was rated as 'Good' at the inspection on 28 September 2016. At this inspection in April 2019 the overall rating of the service has been maintained as 'Good'.

Why we inspected:

This was a planned inspection based on the rating we gave the service at the inspection in September 2016.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 ●

Linden Cottage

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 registered persons are 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.

We visited the service on 3 April 2019. We contacted by telephone a relative on 4 April 2019.

Inspection team: One inspector.

Service and service type:

Linden Cottage is a care home that provides accommodation and support for six younger adults with learning, physical and or sensory adaptive needs.

There was 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.

Notice of inspection:

This inspection was announced. We gave the registered persons 48 hours' notice. This was because the people living in the service had complex needs for support and benefited from knowing in advance that we would be calling to their home.

What we did:

- We used information the registered persons sent us in the Provider Information Return. This is information we require registered persons 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.
- Reviewed other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that

the registered persons are required to tell us about.

- Invited feedback from the commissioning bodies who contributed to purchasing some of the support provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes. This information helps support our inspections.
- Spent time with all the people living in the service.
- Spoke by telephone with a relative.
- Spoke with four support staff and the registered manager.
- Reviewed documents and records that described how support had been provided.
- Reviewed documents and records relating to how the service was run including health and safety, the management of medicines, learning lessons when things had gone wrong, obtaining consent and the delivery of training.
- Reviewed the systems and processes used by the registered persons to assess, monitor and evaluate the service.

Is the service safe?

Our findings

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

Safe: People received safe care and treatment.

Supporting staff to keep people safe from harm and abuse, systems and processes:

- People were safeguarded from situations in which they may experience abuse. Support staff had received training and guidance. They knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. A person who lived in the service smiled and waved to a nearby member of support staff when we used sign assisted language to ask them if they felt safe in the company of support staff.
- The registered persons had an electronic audit tool that was used to list any concerns raised with them. They used the tool to ensure there was a detailed account of the action they had taken including notifying the local safeguarding authority and CQC.

Staffing and recruitment:

- The registered manager had calculated how many support staff needed to be on duty. When doing this they had considered the support needs of the people living in the service.
- Records showed that sufficient support staff had been deployed to provide people with the support they needed. We saw people promptly being assisted to do a range of everyday activities including using the bathroom, going to and from their bedroom and enjoying the garden. A relative said, "There always seem to be enough staff around to care for the residents."
- Some people had extra funding so that they could have additional one to one support from support staff. The registered manager had identified that more one to one provision was needed for two people. This was so they could be supported to access the community without having to wait to go out in a small group. The registered manager was negotiating with commissioners for the necessary funding.
- Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs they had done. References from past employers had been obtained as had disclosures from the Disclosure and Barring Service. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct.

Assessing risk, safety monitoring and management:

- Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected.
- Before people had moved into the service the registered manager had completed an assessment to make sure the service could provide the support they needed. The assessments had considered if people needed to use special equipment such as hoists and easy-access baths. They also noted if a person had a healthcare condition requiring items such as special dressings.
- When risks to a person's health and safety had been identified steps had been taken to reduce them. An example of this was people who used wheelchairs being provided with lap-belts so they could sit in a comfortable and safe position

- People received safe support. This included people who needed extra help due to having reduced mobility. We saw two support staff using a hoist in the correct way to help a person change position. Support staff supported people in the right way to keep their skin healthy. This included making sure people did not develop sore areas and quickly seeking medical advice if they did. Support staff also assisted people in the right way to promote their continence including correctly using aids prescribed by their doctor.
- People had been helped to avoid preventable accidents. Hot water was temperature-controlled and radiators were fitted with guards to reduce the risk of scalds and burns. The service was equipped with a modern fire safety system that was designed to enable a fire to be quickly detected and contained so that people could be moved to safety.

Safe use of medicines:

- People had been helped to manage medicines in line with national guidelines. There were suitable systems for ordering, storing, dispensing and disposing of medicines.
- Support staff had received training and had been assessed by the registered manager to be competent to safely support people to take medicines. There were guidelines for support staff to follow that said what and when each person needed to take medicines. We saw support staff following these guidelines and supporting people to take medicines in the right way. There were additional guidelines for support staff to follow when dispensing variable-dose medicines that a doctor had said could be used when necessary. An example of this was medicines used for pain relief.
- Support staff completed a record of each occasion on which they assisted a person to take medicines. The registered manager regularly audited these records and checked the medicines held in stock to make sure medicines were being managed in the right way.

Preventing and controlling infection:

- Suitable measures were in place to prevent and control infection. There was written guidance for support staff to follow in how to reduce the risk of infection. Support staff had also received training about the importance of good hygiene and knew how to put this into practice. They correctly described to us the importance of preparing certain foods separately, keeping kitchen appliances clean and regular hand washing.
- Support staff had been provided with antibacterial soap and with disposable gloves and aprons. A relative said, "The service is very clean."
- There was an adequate supply of cleaning materials. Fixtures, fittings, furnishing, beds and bed linen were clean. People wore clean and presentable clothes, They had also been supported to maintain a normal standard of personal hygiene.

Learning lessons when things go wrong:

- Accidents and near misses were managed in the right way so that lessons could be learned. The registered manager analysed each incident to establish what had happened and why. They also looked for trends and patterns to see if this contributed to understanding how things could be done better in the future.
- When things had gone wrong suitable action had been taken to reduce the likelihood of the same thing happening again. This included consulting with a person's relatives and requesting assistance from healthcare professionals. An example was the registered manager arranging for an occupational therapist to assess whether a person would be at less risk of falling if provided with a wheelchair.

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.

Good: People experienced positive outcomes from care delivered in line with national guidance.

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

- The registered manager had assessed people's wishes and choices before they moved so that support achieved effective outcomes in line with national guidance. This had been done to ensure that the service could meet the person's expectations.
- The assessment had also established what provision needed to be made to respect people's protected characteristics under the Equality Act 2010. This was so that people could experience support that met their personal preferences. An example of this was respecting a person's choice if they wanted close personal support to only be provided by male or female support staff.

Staff skills, knowledge and experience:

- New support staff had received introductory training before they provided people with support. They had completed the Care Certificate that is a nationally recognised system to ensure that new support staff know how to support for people in the right way.
- New support staff had also completed a number of 'shadow shifts' to observe and learn from a more experienced colleague.
- Support staff had also received refresher training to keep their knowledge and skills up to date. The subjects covered included how to safely assist people who experienced reduced mobility, promoting people's continence and emergency first aid.
- The registered persons had provided each member of support staff with regular supervision so they could review the member of staff's performance and promote their professional development.
- Support staff knew how to support people in the right way. Examples of this was support staff knowing how to correctly use equipment such as medical appliances, lifting belts and the fixtures used to secure wheelchairs in the service's vehicle. A relative said, "The care staff certainly know what they're doing."

Supporting people to eat and drink enough with choice in a balanced diet:

- People were helped to eat and drink enough. Support staff prepared a range of meals that gave people the opportunity to have a balanced diet. People had been consulted about the meals they wanted to have. A person told us of their approval of the catering arrangements by rubbing their stomach and smiling.
- When necessary people who needed help to eat and drink enough were assisted in the right way. We saw a member of support staff sitting beside a person at lunchtime and gently encouraging them to eat and drink. Another person received assistance by support staff assisting them to use cutlery.
- Support staff had identified when a person needed to be referred to a dietitian because they were at risk of not eating and drinking enough. They had also contacted speech and language therapists when a person was at risk of choking. This had been done to establish if a person's food needed to be prepared in a particular way so it was easier to swallow.

- Support staff had received training from a nurse so that they could safely assist a person who took nutrition, hydration and medicines through a tube that went directly into their stomach. We reviewed records of the support this person had received. The records showed the support was being provided in the right way.

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

- Support staff supported people to receive coordinated support when they used or moved between different services. An example of this was support staff liaising with hospital staff when a person had been admitted to hospital. They had passed on important information about the person's learning and sensory adaptive needs so that their treatment could be provided in an effective way.
- Support staff had also promptly arranged for people to see their doctor if they became unwell.

Ensuring consent to care and treatment in line with law and guidance:

- The Mental Capacity Act 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- People had been supported to make everyday decisions for themselves whenever possible. Examples of this were people being asked about what drinks they wanted to have and when they wanted to be assisted to rest in their bedroom.
- The registered persons had ensured that decisions were made in the person's best interests. This included consulting with relatives and healthcare professionals when a significant decision needed to be made about the support provided. An example of this was the registered manager liaising with a person's relatives and care manager because some of the person's money needed to be used to purchase an item of equipment for them. A relative said, "The manager does keep in touch with me. We both want what's best for my family member."
- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in hospitals and care homes are called the Deprivation of Liberty Safeguards (DoLS). For each person the registered manager had contacted the appropriate supervisory body to obtain the authorisation necessary to ensure that people only received support that respected their legal rights.

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

- The accommodation was designed, adapted and decorated to meet people's needs and expectations. There was a passenger lift that gave step-free access to all parts of the accommodation.
- There was enough communal space and each person occupied a large bedroom that they had been supported to arrange and decorate as they wished.
- Most areas of the accommodation were well presented. However, in one of the bedrooms a double glazed window was misted up inside and looked unsightly. Also, the woodwork and blinds in the conservatory were stained and damaged. The registered manager told us that all these defects were due to be repaired in the

near future.

- During the inspection the central heating was on and the accommodation was comfortably warm throughout.

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People were positive about the support they received. A person smiled and held the hand of a member of support staff when we used sign assisted language to ask them about their support. Another person took the hand of our inspector, laughed and led him around the lounge. A relative said, "The care staff are very caring."

Respecting and promoting people's privacy, dignity and independence:

- People's privacy, dignity and independence were respected and promoted. Support staff recognised the importance of not intruding into people's private space. People could use their bedroom in private whenever they wished. When providing close personal support staff closed the door and covered up people as much as possible.
- People had been assisted to wear clean casual clothes of their own choice. Support staff assisted people to use everyday objects in the right way. An example of this was an occasion on which a person attempted to use a magazine as a hat. A member of support staff gently suggested that the person enjoy looking through the magazine and then assisted them to do so.
- Support staff were consistently courteous, polite and helpful. They addressed people using their chosen names and always gave people the time they needed to reply.
- Communal bathrooms and toilets had a working lock on the door.
- Support staff only discussed people's individual support needs in a discreet way that was unlikely to be overheard by anyone else.

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

- People had been supported to express their views and be actively involved in making decisions about their support as far as possible. An example of this was a member of support staff showing a person a picture of two different pairs of shoes so they could indicate which ones they wanted to buy.
- Most people had family, friends or solicitors who could support them to express their preferences. For other people the registered manager had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to weigh up information, make decisions and communicate their wishes.
- Private information was kept confidential. Support staff had been provided with training and guidance about the importance of managing confidential information in the right way. They asked to see our inspector's identification badge before disclosing sensitive information to us. Written records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff. Support staff knew about the importance of not using public social media platforms when speaking about their work.

Is the service responsive?

Our findings

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

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

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

Personalised care:

- Support staff had consulted with each person, their relatives and healthcare professionals about the support to be provided and had recorded the results in an individual support plan. The support plans were being regularly reviewed by support staff so they accurately reflected people's changing needs and wishes. In addition to this, more detailed reviews were held annually when a person's relatives and care manager were invited to make a contribution. A relative said, "I do feel that I'm involved in decisions made about my family member's care."
- People told us that the support staff provided them with all the practical assistance they needed as described in their support plan. A person pointed to their shoes and to their head to show us how they had been assisted to get dressed and to combe their hair.
- People received personalised support that was responsive to their needs including their right to have information presented to them in an accessible manner. Support staff used pictures, drawings and photographs to describe parts of the support that each person had received. Also, we saw support staff quietly sitting with people asking them about the support they wanted to receive. An example of this was a support worker asking a person about when they wanted to be assisted to get up in the morning by pointing to a clock and then yawning and stretching their arms as if they were just waking up.
- People were supported to lead the everyday lives they had chosen for themselves including pursuing their hobbies and interests. People were free to relax at home whenever they wished. Also, they were supported to go out into the community to enjoy activities such as shopping and visiting places of interest. Some support staff felt that people should be offered more opportunities to be out and about in the community. The registered manager told us that this concern was being addressed through the request that had been made for more funding for the people concerned to have more one to one support.
- Support staff recognised the need to provide support that promoted equality and diversity. Support staff had received training and guidance in respecting the choices people made about their lifestyles. This included people who were lesbian, gay, bisexual, transgender and intersex.

People's concerns and complaints:

- People and their relatives had been given a copy of the service's complaints procedure. Support staff told us that they had also explained to people their right to raise concerns.
- Support staff recognised that people had communication adaptive needs. They looked out for indirect signs that a person was dissatisfied with their support. These signs included a person declining to accept support or becoming anxious during its delivery. They said that when this occurred they discussed the matter with the registered manager so that any necessary further enquiries could be made.
- The registered persons had a procedure to follow when managing complaints. This required the registered

manager to clarify what had gone wrong and what the complainant wanted to be done about it. The procedure also required the registered manager to inform the regional director about the receipt and proposed resolution of each complaint. The registered manager told us that no complaint would be considered as closed until the complainant was satisfied with the conclusions reached and remedies offered.

- Since our last inspection the registered persons had not received any formal complaints.

End of life care and support:

- People had been supported at the end of their life to have a comfortable, dignified and pain-free death. Support staff had received training and guidance on the contribution they could make when a person was being supported at home at the end of their life.
- Since our last inspection the registered manager and support staff had liaised with doctors, nurses and relatives so that a person's wish could be respected to leave hospital and be supported in the service until the end of their life. The person had received all of the medical attention they needed and died in the familiar surroundings of their bedroom in line with their wishes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture.

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

Continuous learning and improving care:

- The registered persons had made suitable provision to operate, monitor and evaluate the running of the service. The registered manager had completed quality checks to ensure that people reliably received safe support that met their needs and expectations. These checks included the provision already described in this report concerning the management of medicines, learning lessons from incidents and health and safety.
- The registered manager also audited each person's support records to make sure they were consistently receiving the support they needed.

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

- People had received individual support to comment on their experience of living in the service. They had met each month with a member of support staff who was their key worker and who took a special interest in organising their support. At these meetings keyworkers had identified and acted upon suggested improvements such as arranging for a person to buy an item of clothing they wanted to have.
- Relatives and healthcare professionals had also been invited to give feedback and suggest improvements to the service. A relative said, "The service is informal and helpful."

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

- Support staff were supported to understand their responsibilities to meet regulatory requirements. They had been provided with written policies and procedures to help them to deliver safe support. An example of this was a policy document that described the safeguards support staff were expected to follow when managing other people's money. These included obtaining receipts for all items purchased on behalf of people. They also included clarification that support staff were not permitted to receive money, gifts or bequests from people living in the service
- There was a senior member of staff on call during out of office hours to give advice and assistance to support staff.
- Support staff had been invited to attend regular staff meetings to further develop their ability to work together as a team. Records showed that at recent meetings they had discussed important subjects such as the need to keep accurate and comprehensive records of the support they were providing for each person.
- Support staff told us there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. Support staff were confident that they could speak to the registered persons if they had any concerns about people not receiving safe support. They also knew how to contact external bodies

such as the Care Quality Commission.

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

- The registered persons had established a culture in the service that recognised the importance of providing people with person-centred support. A relative said, "The service is homely which is what you want."
- The registered persons understood the duty of candour requirement to be honest with people and their representatives when things had not gone well. They had consulted guidance published by the Care Quality Commission. They had a system to identify incidents to which the duty of candour applied so that people could reliably be given the information they needed.
- It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Working in partnership with others:

- The service worked in partnership with other agencies to enable people to receive 'joined-up' support. The registered manager subscribed to a number of social media platforms to receive up to date information about best-practice initiatives and changes to national guidance. An example of this was the registered manager knowing about important changes being made to strengthen the provision made to ensure people only receive support that is lawful and the least restrictive possible. This had enabled the registered manager to anticipate the changes and ensure that the service was ready to implement them.