FitzRoy Support

FitzRoy Supported Living - Hodge Hill

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

Our inspection was announced and took place on 24 March 2016. We gave the provider 48 hours' notice that we would be visiting the service. This was because we wanted to make sure staff were available to answer any questions we had or provide information that we needed. 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 20 November 2013 the service was meeting all of the regulations that we assessed.

The service is registered to provide personal care to people in their own homes. At the time of the inspection the service was providing personal care to 13 people who were living in their own home's within five separate 'supported living' facilities all within close proximity to each other.

There was a registered manager in post and they were present during our inspection. 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 felt safe using the service and they were protected from the risk of abuse because the provider had systems in place to minimise the risk of abuse.

People were supported by staff that were kind, caring and respectful and knew them well. People were treated with dignity and respect. Staff understood people's needs well. Staff received the training and support they needed to carry out their role.

Staff had a good understanding of risks associated with people's care needs and knew how to support them. There were enough staff to support people safely. Recruitment procedures ensured that only staff of a suitable character to care for people were employed.

Medicines were stored and administered safely, and people received their medicines as prescribed. People were supported to have their healthcare needs met.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and supported people in line with these principles. People were supported to make everyday decisions themselves, which helped them to maintain their independence.

People were supported to eat and drink food that met their dietary requirements and that they enjoyed eating.

There were systems in place to ensure that the service was assessed and the quality of care provided to people was monitored.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and avoidable harm because the provider had effective systems in place.

Risks to people were assessed. Staff understood how to keep people safe.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received appropriate training to help them carry out their role.

People were supported to access a variety of healthcare services to maintain their health and wellbeing.

People's human rights were protected because staff were aware of their responsibilities regarding the Mental Capacity Act and Deprivation of Liberty safeguards.

Is the service caring?

Good

The service was caring.

People were supported by staff that knew them well so that they had positive experiences.

People were treated with kindness and respect.

People were supported to maintain their dignity and human rights.

Is the service responsive?

Good

The service was responsive.

Care was delivered in a way that met people's individual needs

and preferences.

People were supported to take part in activities that they enjoyed and were important to them.

Staff understood when people were unhappy so that they could respond appropriately. Systems were in place to ensure that concerns and complaints would be taken seriously.

Is the service well-led?

Good

The service was well led.

There were systems in place to monitor the quality of the service and to strive to improve the service and build on developments already made.

There was a positive culture promoted within the service and people benefitted from an open and inclusive atmosphere.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 March 2016. The inspection was carried out by one inspector. We spent time at the office where the care is organised from. The service provides support to people in their own home at five separate supported living facilities all within the one complex. The inspector spent part of the day visiting people in their home.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authorities that purchase the care on behalf of people, to see what information they held about the service and we used this information to inform our inspection.

The registered manager completed a Provider Information Return (PIR). This is information we asked the provider to tell us about what they are doing well and areas they would like to improve.

We met with ten people who received support from the service. We spoke with three relatives, the registered manager, deputy manager and five support staff.

We looked at records of three people who received support from the service, medication records, staff training records, two staff recruitment files, safeguarding records, complaint records, staff rotas and quality audits.

Good

Is the service safe?

Our findings

One person told us that they felt safe in their home they told us, "I can speak to [Staff member's name] about anything I need to talk about. I can also speak to the manager. I have a telephone with all the different telephone numbers saved that I need". A relative told us, "Yes [person's name] is safe. I cannot fault anything about their care". Most people that used the service had limited verbal communication skills and were unable to tell us if they were concerned about their safety and if they were protected from abuse and harm. We saw that people looked relaxed and comfortable in the presence of staff.

People were cared for by staff who recognised the types of abuse people could be at risk from. Staff told us that they had received training that enabled them to identify the possibility of abuse and take the appropriate actions to keep them safe. All staff spoken with were able to describe different types of abuse. Staff told us that they knew who to report to if they had any concerns that people were at risk of abuse. Staff were aware of how to escalate any concerns if they felt that action had not been taken. Records we held and saw during our visit showed that the provider had reported concerns appropriately to the relevant people and had taken the appropriate actions to ensure people were kept safe.

Staff that we spoke with knew how to minimise risks to people on a daily basis. For example staff knew how to support people in a variety of situation including eating, bathing and accessing community facilities. Records we looked at showed that people had risk assessments in their care files which were specific to their care needs. These included moving and handling and nutritional risks. The risk assessments detailed what actions staff needed to take in order to reduce any potential risks and how to respond when required.

Most people who were supported by the service needed support throughout the day and night. The registered manager told us that staffing levels were determined by the needs and dependency levels of the people. Some people required staff support at certain times of the day and to support specific activities. One person told us that they received the staff support they needed to do the things that they wanted to do. They told us that they had been to an event that they wanted to go to and staff had supported them to do this. Staff spoken with told us that there were enough staff to meet people's needs.

Staff spoken with confirmed that prior to commencing employment the required employment checks had been completed. We looked at two staff files and spoke with the registered manager about the recruitment process. We saw that the provider had a robust recruitment procedure in place. This meant that systems were in place to reduce the risk of unsuitable staff being employed by the service.

People were kept safe in emergencies. All staff spoken with knew what to do in the event of an emergency and knew how to protect people from risks associated with their health conditions for example, epilepsy. Staff also knew how to report accident or incidents so these could be managed effectively. Records showed that staff had completed fire safety training and first aid training. This showed that staff had the knowledge and skills needed to ensure people would be supported safely in an emergency situation.

People were supported by trained staff to take their medication. Each person kept their medication in their

own room, complete with their medication administration records. Protocols were in place to ensure staff were provided with the information they needed so medicines were administered safely to people. Staff that we spoke with demonstrated a good knowledge of people's medicines. We saw that records were maintained to ensure that people had received their medicines.

Good

Is the service effective?

Our findings

People spoke positively about the staff who supported them. One person told us, "The staff are very nice I can talk to any of them". A relative told us," The staff are wonderful".

We spoke with staff about how they delivered effective care to people with differing and changing needs. Staff were able to describe to us how they provided care to people and they demonstrated that they knew people's needs and preferences well. A staff member explained that the training provided to them ensured that they felt confident in their role. A staff member told us, "I have done lots of training. The training is good. I did epilepsy training and I thought it was really good. We get very good support and I can ask the deputy or manager if we are not sure about anything". The registered manager explained to us that there was a training plan in place and that in addition to this specific training was planned where needed so staff had the skills and knowledge to meet people's needs. For example, a person's nutrition needs had recently changed and the district nurse had provided staff with the training and support they needed so they knew how to support the person effectively.

A staff member told us that they had completed induction and that this had involved working alongside experienced colleagues so they understood what was expected of them in their role. When we inspected induction training was taking place for new starters. The registered manager told us that staff received an induction to the service over five days and a further four days training specific to their role. We asked the registered manager about the Care Certificate for new staff. This is a framework for good practice for the induction of staff and sets out what they should know before they can care for people supervised. She confirmed that arrangements were in place to ensure that staff's induction complied with the Care Certificate. Staff told us that they received regular supervision and that this included face to face discussions with the registered manager or deputy. We saw that records were kept of the training that had been provided to staff. We also saw that supervisions were planned and scheduled in advance to ensure that this was delivered effectively to all staff.

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. We checked whether the service was working within the principles of the MCA. We saw that staff listened to what people wanted to do and respected the decisions they made. Staff told us they had received training in MCA and could give an explanation of how they applied these principles within their role. Care records we looked at gave specific information for staff to follow to ensure that staff offered day to day choices to people and we saw that staff listened to what people wanted to do and respected the decisions people made.

Deprivation of Liberty Safeguards (DoLS) requires providers to identify people in their care who may lack the mental capacity to consent to care and treatment. They are also required to submit an application to a 'supervisory body' for the authority to deprive a person of their liberty within their best interests in order to keep them safe. The registered manager was knowledgeable about their understanding of DoLS and was aware of their responsibilities. We saw that where DoLS applications had been submitted, copies of the

forms were in place. The registered manager told us and information we hold about the service showed that one application had been authorised to date. This ensured that any decisions made on behalf of people were made in their best interest and was done so lawfully.

We saw one person had been out shopping with a staff member and they told us that they had bought things that they like to eat. They told us that staff would prepare their food for them and they told us that they also enjoyed having a Chinese take away. Another person showed us the meal they had prepared with support from staff. They told us that they planned their own menu and they showed us their own collection of recipes that they had put together of the food that they liked to eat. Staff explained how menus were planned and we saw that each person had their own menu in place. Staff told us that most people required support to help them make a choice about what they wanted to eat. Staff were able to tell us about people's nutritional needs and knew people's likes and dislikes. We saw that nutritional assessments and care plans were in place for people. These detailed people's specific needs and risks in relation to people's eating and drinking requirements. We saw that where people were at high risk associated with their diet or fluids they were referred to the appropriate medical professionals such as Speech and Language Therapists (SALT).

We saw that people looked well cared for. Relatives spoken with told us that they felt their family members were well cared for and that healthcare matters were well managed and they were kept informed about the things they needed to know about. Staff were able to tell us about the healthcare needs of the people they supported. They spoke about how they supported people to maintain good health, and also how they supported people with their changing healthcare needs and the challenges this brought. Staff described to us how some individual had been supported with health problems in recent months and how they had responded to these changing needs. Hospital passports had been prepared to ensure that if a person needed to stay in hospital information would be available to healthcare professionals about the person's individual care needs and how these should be met. People had Health Action Plans (HAP) in place. HAP tells you about what you can do to stay healthy and the help you can get. Records looked at showed that people were supported to access a range of medical and social care professionals and that any health care concerns were followed up in a timely manner with referrals to the relevant services.

Good

Is the service caring?

Our findings

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. Everyone we spoke with were complimentary about the staff team. A relative told us, "All the staff are really good and understand their needs". Another relative told us, "They are a wonderful team of staff. They truly care. [Person's name] is so well cared for."

One person was keen to talk about the things they enjoyed doing and their plans for the future which included a holiday and pursuing their interest in music. The member of staff chatted with them about their plans, taking an interest in what they had to say. We saw they took into consideration the things the person wanted to do and explained to them how they could support them to achieve those things. Staff we spoke with told us that they encouraged people to remain as independent as possible and how they involved people in doing as much as they could for themselves. Records we looked at confirmed that people and their relatives (where required) had been involved in the planning of their care and were encouraged to make decisions about the support they received.

Staff that we spoke with had a good understanding of people's needs and were able to tell us how they cared for people in a dignified way. They were able to describe to us how they would respect people's privacy and dignity when providing personal care. We saw that staff knocked on people's doors before entering and offered care to people promptly and in a way that respected people's privacy and dignity. Staff that we spoke with told us that they knew when people were unwell or becoming anxious. They told us that they would see a change in people's body language or behaviour if they were unhappy, unwell or anxious about something. We saw that there were guidelines in place for staff to follow to ensure that people's information and correspondence was handled in a way that protected people's confidentiality.

We saw that people looked well cared for. People were well presented and dressed in individual styles that reflected their gender and personal taste. This showed that staff understood the importance of looking clean and well groomed. Staff showed high regard for people's individuality and spoke enthusiastically about the people they supported and what the person liked to do and how they would support them to achieve what they wanted to do. A staff member told us, "I love supporting [Person's name] to do the things they enjoying doing. I just love seeing the look on their face and I know they are happy". Staff had taken time to get to know people and to find out what was important to them. We saw that staff took account of people's diversity. For example, staff had supported people so that their bedrooms were personalised and reflected their individual needs, preferences and cultural background. The registered manager had ensured that equipment and adaptations were provided for the people that needed this support so people were as comfortable as possible when for example using a wheelchair or a specialist chair.

We saw that staff engaged with people in a way that demonstrated that they knew people's preferred method of communication. Staff were patient and kind and unhurried. One person had returned from an activity and staff offered to help them remove their coat. The person indicated that they were happy to keep their coat on for a while and staff acknowledged and respected this. We saw that staff were attentive to

people and showed they could interpret people's gestures and facial expressions. Some people had returned from a day centre and we saw that staff responded to people's communication needs and were able to interpret what people wanted. This included providing drinks, snack and supporting people with their personal needs all in a timely and calm manner.

Good

Is the service responsive?

Our findings

People told us that staff were available to help them to do the things that they liked to do. One person told us about all the things they enjoyed doing. This included taking part in social events linked to the football club they supported and taking part in a wide range of leisure and social activities. They told us about how staff had supported them with their interest in gardening from watching television programmes about this to helping them grow a range of their own vegetables in raised beds in the garden. They were so pleased and excited about what they achieved and how they how they had involved other people who lived at the service to get involved with watering the vegetables and helping out. They told us that they had been involved in the recruitment of new staff to the service. They had been asked to make suggestions about suitable questions to ask staff during the interview and had enjoyed their involvement in the process.

Many people had difficulty expressing their needs and wishes verbally about what they would like to do. We saw that staff were responsive to people's needs and offered choices to people based on what they knew people liked to do. On the day of our inspection some people were out at a day centre, some people went to a sensory session and one person had been out shopping for food items and one person took part in table top activities with staff. Another person wanted to spend some time alone in their room after returning from a day centre and this was facilitated by staff. Staff told us and records looked at showed that people were supported to engage in a range of hobbies, interests, outings and holidays. Staff spoke positively about a recent visit to a butterfly farm which they reported that the person had really enjoyed. They had arranged a trip to a chocolate factory which had been planned with the persons likening for chocolate in mind. Records we looked at showed that staff completed learning logs after they had supported a person on an outing. The learning logs were used to gain information about what had gone well for the person and how this information and knowledge could be used to inform future planning.

Staff that we spoke with were knowledgeable about people's needs. They were able to describe to us how people liked to be supported and the things that people liked to do. We saw that a calendar with special occasions highlighted was on display in people's flats. This included birthday celebrations, festivals and occasions. Staff supported people to send cards and presents to their friends and relatives on their birthdays, at Christmas and on other significant days of the year such as Mothers and Father's Day. People had been supported to celebrate a wide range of culture events. Staff told us that some people had been to see the St Patricks day parade in Birmingham and when we visited Easter plans were well under way. One of the people had a significant birthday soon and staff spoke enthusiastically about the different events they were planning as part of the celebrations. When we spoke with their relative they confirmed that staff went to great lengths to ensure that birthdays and occasions were celebrated in a way that the person wanted and would enjoy. Staff told us that they recognised the importance of social contact. They supported people to maintain friendships and relationships and staff told us that they helped people to visit family members and supported people to take part in family events. We found that staff were person centred in their approach and all the planning was based around the likes, needs, interests and the knowledge of the people they were supporting.

One person told us that they would speak to staff if they were not happy about something. A relative told us,

"I couldn't fault them. I have never had a moments worry. They are really good and keep me informed and involved with [Person's name] care." All the relatives that we spoke with told us that they would raise their concerns if they needed to but had not needed to raise any concerns. The provider had information about how to make a complaint. This was provided in a written and pictorial procedure. Staff told us that most people would not be able to make a complaint but would be reliant on them or a family member to raise concerns on the person's behalf. They told us that they monitored people closely to observe for any signs that a person was unhappy about something and they would let the registered manager know their concerns. Records showed that there was a system for recording, and investigating complaints and to identify any emerging trends. This information would be passed onto senior managers within the organisation to scrutinize. The service had received no complaints since our previous inspection.

The registered manager told us in the information they provided to us that people are members of a user group forum that is involved with shaping the future of the organisation and advise on policy. One of the people we spoke with told us that they were involved with the group.

Good

Is the service well-led?

Our findings

All of the people we spoke with told us that the service was well run and that the registered manager was approachable. Relatives told us that the service was well run and could speak with any staff member or the registered manager if they needed to.

The service had a history of meeting requirements. The registered manager demonstrated to us that she knew the individual needs of the people that used the service well. She understood her legal obligations including the conditions of her registration. We had correctly been notified of any significant incidents and events that had taken place. This showed that they were aware of their responsibility to notify us so; we could check that appropriate action had been taken.

The registered manager and deputy told us that they attended relevant training and spent time seeking information about best practice in relation to the needs of the people who used the service. We saw that there were systems in place to monitor the service and quality audits were undertaken. Where audits had taken place an action plan had been developed so that the provider could monitor that actions had been taken. We saw that information regarding accidents and incidents was reviewed by the registered manager. The registered manager completed returns for the provider in relation to key areas including incidents and safeguarding. Representatives from other parts of the organisation also visited the service to monitor, check and review the service and to ensure good standards of care were delivered.

Staff told us that communication arrangements were good. Staff told us that they received support to maintain a high quality service. Staff told us that they had opportunities to contribute to the running of the home through regular meetings. They told us that they were confident that any concerns raised would be dealt with by the registered manager. Staff knew about whistle blowing procedures and we saw that information about this was on display for staff to refer to if needed. During our inspection we were invited to join part of the staff meeting. We found that the structure of the meeting promoted an open and positive culture and people that used the service were central to all the discussions that took place. A staff member told us, "I love coming to work. I feel very supported in my role".

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and how they reflected this within their practice.

The registered manager told us that all people had a tenancy agreement in place. People's homes were owned by a landlord separate to the care provider. The registered manager told us that they had regular contact with the landlord and would raise any issues that needed to be addressed with them.