

FitzRoy Support

FitzRoy Supported Living Suffolk

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

FitzRoy Supported Living Suffolk is a service providing care to people in several supported living settings and to people in their own homes. The service is registered to provide care to autistic people and people with a learning disability. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. There were 15 people receiving personal care across 5 different supported living settings at the time of the inspection.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support:

Staff supported people to maximise their independence. People were supported by staff to access their community, shop, prepare food and maintain housekeeping. In some cases, this reduced the level of support they required from staff. People were encouraged to make their own choices. Best interest decisions were made and, involved others such as relatives and professionals but this needed further development. People's risks in relation to their care was managed, as appropriate. Healthcare professionals such as speech and language therapists and occupational therapists had been consulted. There were enough staff to keep people safe, but not all people were supported by permanent staff who knew them well. The high use of agency staff over an extended time had impacted upon people and staff morale. We were assured that the service was following good infection prevention and control (IPC) procedures to keep people safe.

Right Care:

People and their relatives told us they felt supported by staff in a kind, caring and dignified way. People's differences were respected by staff and they had undertaken relevant training to effectively support people.

Some people's relatives told us that the care and support needed to be more consistent and provided by staff that knew them well. People's right to privacy was respected and staff encouraged people to regularly provide feedback about the care provided. Care plans were personalised and included information on people's healthcare needs, preferences, challenges and hobbies. Some services were located in residential streets, others being quite rural and there were no outward signs to differentiate them from neighbouring properties. The properties were well maintained and reflected choices people made.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The local authority were supporting further development in this area; the policies and systems in the service supported this practice.

Right Culture:

The culture of the service was open, inclusive and empowered people to live independent lives. Some improvements were required regarding the oversight of the service; these were fed back and positively embraced. Management needed to develop effective audits to look at ways of improving the service and identify issues where learning is then embedded. The staffing crisis must be resolved by the provider as in some cases agency staff have been used for over 2 years. People and their relatives felt their ideas and concerns would be listened to by management. People told us they felt that staff had helped them become more confident and independent. Staff were complimentary about the provider and training offered. Not all staff felt valued. They told us they were able to raise concerns with managers, but resolutions were not always forthcoming or communicated.

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

Rating at last inspection

This last report was good and was published on 29 February 2020.

Why we inspected

We undertook this inspection based upon information received from our system partners.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

FitzRoy Supported Living Suffolk

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service provides care and support to people living in a number of 'supported living' settings and in their own homes so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because we wanted to ensure the inspection could be

facilitated.

Inspection activity started on 7 December 2022 and ended on 16 January 2023 with feedback to the registered manager on teams. We visited the location's services and people's homes where a regulated activity was taking place on 12 December 2022 and 11 January 2023.

What we did before the inspection

We reviewed information we held about the service since its registration at the current address. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met and spoke with 7 people in 3 different settings about their experience of the care provided. We reviewed parts of 5 people's care records. We spoke with 6 members of staff on the days of our visits, including the registered manager. We received feedback from a further 2 staff and 7 relatives by email. We reviewed 3 staff recruitment files. We received feedback from 3 health and social care professionals.



Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were insufficient staff employed across all 5 of the supported living settings. There was a huge reliance on agency staff to ensure safe levels of staff were maintained. There had been attempts to recruit permanent staff, but the change of staffing had impacted people with regards to complex communication needs and access to regular community access.
- In one setting the same agency staff had been used for over 2 years. In another setting for the previous month 1122 hours were used on agency. Deputy managers were working excessive hours to keep people safe. One staff member said, "Our service has never been fully staffed. The service relies on agency staff, and clients don't like changing. These agencies are coming and going so they never get to know our clients well." Staff morale was low due to the impact of extended agency staff usage.
- Relatives were aware of the high usage of agency and understood the impact currently on social care recruitment and a global pandemic, therefore were to a degree understanding. One relative said staff were, "Working on their day off or changing their shift pattern to contend with staffing shortages due to COVID. In respect of whether there are enough staff, we feel there could be more staff." Another relative said there were not enough staff, but the company tried to recruit.
- Staff recruitment and induction training processes promoted safety.

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

- There were systems and processes in place to safeguard people from the risk of abuse. People and their relatives indicated they felt safe when being supported by staff. One person told us, they were happy and knew who to speak to if concerned. A relative told us, "The staff certainly care. The communication from FitzRoy/the staff is good and whenever we have had concerns these are always taken seriously and addressed."
- Staff understood what constituted abuse and the steps they would take if they suspected abuse. One member of staff told us they would be confident to speak up. Staff received training for safeguarding and whistleblowing.
- The provider worked well with the local authority and had implemented actions to ensure peoples safety. We saw that lessons had been learnt and changes made on the back of recent safeguarding concerns. The

registered manager was reactive in their approach to reviewing the care within the service, creating action plans and working to improve.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and managed. Some risk assessments had recently been reviewed and updated. This included using professional advice of speech and language therapists, occupational therapists, district nurses and other medical professionals.
- For people who could experience emotional distress, positive behaviour support plans were in place and reviewed to ensure people were supported as effectively as possible. The provider had a well-qualified specialist advising staff. A relative described this, "We are all communicating with each other to work out what [their relatives] needs currently are and then working together to address those needs."
- Areas of the care plans needed expanding to include details of all aspects of care and staff responsibility. For example, the care plans for the management of finances. Not everyone's finances were clear. On occasion staff were using their own money to support people or putting back essentials when food shopping as the person did not have access to their finances. The lack of detail could cause confusion if an incident occurred.

Using medicines safely

- People managed their medication with the assistance of staff. However, records of staff assistance needed more clarity to help ensure the safe management of medication.
- Where people were prescribed 'as required' (PRN) medicines, there were protocols in place for staff to follow. This included the maximum dose, the time intervals between doses and how to spot that the medicine may be required. However, there was inconsistent evidence that this was guided by the prescriber.
- The provider had a system in place to monitor medicines safety. Staff had undertaken training and competency checks to administer medicines.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- The service prevented visitors from catching and spreading infections.
- The service followed government guidance to safely manage the risks of infection.



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.

This key question has been rated good. This meant 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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working in line with the principles of the MCA, however more detail is needed within the care records to ensure capacity is clearly recorded to help guide staff.
- Best interest decisions were being made for people who required this support; however, the service was reliant on the social care team to guide them in this area.

We recommend the provider review best practice guidance in relation to the MCA 2005 and update their practice accordingly.

- Staff empowered people to make their own decisions about their care and support.

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

- People's needs had been assessed and people's choices were known and followed by staff.

- Care plans were person centred and people's goals and aspirations had been recorded, but more detail was needed within these records to help evidence the positive impact the service had on people's lives.
- Staff had policies to help guide them, which included best practice guidance and legislation.

Staff support: induction, training, skills and experience

- Staff were supported in their roles and had the opportunity to enhance their skills.
- A training matrix was in place to monitor staff training needs and appropriate refresher courses were arranged to keep staff up to date with best practice guidance.
- A thorough induction was provided to staff, with the opportunity to shadow more experienced members of the team.

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

- People were supported to eat and drink and to maintain a balanced diet.
- Staff would encourage healthy options when preparing meals and gave people the opportunity to help in the kitchen, promoting independence.
- Staff monitored people during mealtimes who were at risk of choking. Any incidents were recorded, and additional support was requested from more specialised professionals when needed.

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

- People were supported to live healthier lives and have access to healthcare services.
- Staff supported people to their health appointments, working with them to minimise their anxiety. A positive example was that staff had role played with people to allow understanding of vaccinations and blood tests.
- Staff worked well with other agencies, acting on their advice which helped provide effective care.



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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant that whilst service management was consistent, systems did not always support the delivery of a high-quality service. The service offered person-centred care.

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

- Quality systems had been developed for the service; however, these were not robust enough to highlight the concerns raised at the inspection. Audits appeared to be linked to targets being met, rather than measuring people's experience and outcome of the support on offer.
- Staff understood that people deserve to live meaningful lives every day. However, were frustrated by the high use of agency staff and lack of permanent staff that knew people well. Not all staff felt supported and valued by management.
- Concerns raised at one of the supported living settings had a direct link to staff shortages as staff were 'coping' with issues rather than these being noticed promptly and resolved. Action has been taken to resolve matters. However, continuous learning and improvement must be in place. The high vacancy rate has yet to be addressed in the long term.
- Where people's needs had increased or deteriorated due to health and aging there was a 'coping' staff culture and additional professionals have not always been accessed. This is particularly relevant where people with a learning disability develop dementia.
- Staff had 'coped' with one person's finances not being clear.

The failure to assess, monitor and improve the quality and safety of the service is a breach of regulation 17(1)(2)(a)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager struggled to ensure a positive culture, that was person-centred and open due to the use of temporary staff who are not familiar with people's needs or supporting them towards their long

term goals. Additionally best interest decisions needed further work and understanding.

- Management were visible in the service and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- The registered manager and staff understood the duties of candour, apologising to people when things went wrong. Relatives feedback was consistent; that the registered manager was approachable and responsive to them.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- Systems were in place to listen to people and staff. There were regular staff meetings and one to one supervision for staff.
- People and their representatives were involved in the care planning process and felt able to contact the service if they needed to discuss their care.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to monitor and improve the quality and safety of the service.