

FitzRoy Support

Allen Meale Way

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

This inspection took place on 1 November 2016 and was announced.

The service is registered to provide personal care to people in their own homes. It provides a supported living service to 14 people who live in shared houses on three separate sites. The service provides care and support to people with learning disabilities.

There was a registered manager in post. 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 and relatives felt people receiving the service were safe. Risks to people were identified and responded to. Incidents and accidents were reported, analysed, and responded to. Staff demonstrated an awareness of adult safeguarding and knew how to report concerns

There was sufficient staff to keep people safe and meet their needs. People were supported by a stable and consistent staff group. Staff had been recruited following safe recruitment practices. Staff had the knowledge and support to meet people's needs effectively. They received regular training and staff felt supported by their colleagues and the registered manager to provide effective care.

Most areas of medicine administration were managed safely. There was guidance in place so staff knew how to administer medicines. Regular audits were taken on medicines to check and ensure they were managed safely.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. Staff and the management team understood the MCA and how this impacted on the support they provided.

People were supported with their dietary needs and encouraged to eat healthily. Staff ensured people were supported to access health care professionals and manage on-going health conditions.

People were supported by staff who cared for them and treated them respectfully. Staff supported people to discuss their views on the support provided. Some people using the service had complex communication needs. Staff understood people's individual gestures and how they communicated so people were able to express themselves. Relatives felt involved and consulted, where appropriate. People were supported to be as independent as possible; staff were proud of the achievements people had made.

Staff ensured they knew people's individual preferences and needs. Support was provided in a way that met

these. Where staff were responsible for supporting people to access activities, these were provided in a way that met people's individual interests and likes.

People and relatives felt able to raise concerns. They felt confident that action would be taken to resolve any concerns they raised.

People, relatives, and staff were positive about the support and leadership of the registered manager. Staff told us they felt supported, listened to, and involved in the running of the service. There were quality monitoring processes in place to help monitor and identify issues that might affect the quality of the service provided.

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.

Staff understood their responsibilities regarding adult safeguarding and knew how to recognise and report concerns. Action was taken to manage risks to people's safety.

Staff were recruited following safe recruitment practices. People were supported by a stable and consistent staff group.

There was guidance in place for the administration of medicines and people received their medicines when required.

Is the service effective?

Good ●

The service was effective.

Staff were provided with the support and training to ensure they provided effective care that met people's individual needs.

The registered manager and staff understood how the MCA impacted on the support they provided.

People were supported to maintain their health, including nutritional needs, and access relevant health care professionals.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and dignity. People were supported to discuss and communicate their views on the support provided.

People were supported to be independent and learn new skills.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care which was responsive to their needs.

Where required, staff supported people to engage in activities that met their individual preferences and interests.

People and relatives felt able to raise any concerns they might have.

Is the service well-led?

Good ●

The service was well led.

Staff felt supported and listened to by the registered manager. They and relatives spoke positively regarding how the service was run.

Quality monitoring systems and audits were in place to help monitor the service.

Allen Meale Way

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 1 November 2016 and was announced. We gave the service 48 hours' notice of the inspection. This was because it is small and we wanted to make sure that staff, the registered manager and the people who used the service would be available for our visit. The inspection was carried out by one inspector.

Before the inspection we reviewed the Provider Information Return (PIR). This is a report that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

Not all the people receiving the service were able to verbally give us their views about the service they received. We observed how care and support was provided. During our inspection we spoke with four support staff, the registered manager, one deputy manager, and a relative. After our inspection visit we spoke with three people receiving the service, four relatives, and two health care professionals.

We looked at two people's care records, two staff recruitment files, and staff training records. We checked the medicines records for two people. We looked at quality monitoring documents and accident and incident records.

Is the service safe?

Our findings

People who used the service told us they felt safe. Two people we spoke with told us how staff made sure they stayed safe through advising them not to invite strangers in to their home. Relatives we spoke with also told us they felt people using the service were safe. One relative told us, "From what I've seen so far no concerns." Another relative told us, "[Name's] happy there." Both healthcare professionals told us staff were able to manage risks to people receiving the service. They said if staff had concerns regarding people's safety they were good at seeking advice and guidance.

The staff we spoke with had a good understanding of how to recognise, prevent, and report harm to ensure that people were protected from the risk of abuse. All the staff we spoke with knew how to report concerns to external agencies if necessary. One staff member told us information on who to report concerns to was included in people's care records so staff would know where to report. The registered manager told us they ensured they reported any concerns to the appropriate authorities. The records we held confirmed this.

The staff we spoke with demonstrated an understanding of individual risks to people and how to manage these. We saw risk assessments were in place and were specific to each person. These covered areas such as medicines, moving and handling, nutrition, and the use of specific pieces of equipment. We saw they provided clear guidance for staff on how to manage identified risks. However, we noted one person was at risk of skin breakdown and no risk assessment had been put in place. It was evident from care records that actions had been taken to respond to and manage the ongoing risk. The registered manager told us they would review people at risk of skin breakdown and ensure formal risk assessments were in place where required.

Details of incidents and accidents were captured and recorded. Incidents and accidents were entered on the providers system where they were analysed centrally. The registered manager told us they would be contacted if any patterns or trends were identified. Incident and accident reports showed staff took action to respond to incidents and manage any risk. For example, we saw that one person had been unwell shortly after receiving medicine. We saw staff had contacted the relevant healthcare professional to seek advice and check if this would place the person at risk of harm.

Relatives told us they felt there were enough staff to meet people's needs and people were supported by a stable and consistent staff group. One relative said, "Quite a few staff have been there a while." Another relative told us, "More than enough [staff]."

The registered manager told us they worked out staffing levels depending on people's individual needs and planned activities. They told us, "Staff are aware that it needs to be flexible, we jiggle the staff to [accommodate] what people want to do." They told us they had designated staff for people receiving the service and had worked on building up staffing groups so that people would be supported by a consistent and stable staff group. The staff we spoke with confirmed this. One told us, "We haven't got a high staff turnover which I think helps."

Staff files showed safe recruitment practices were being followed. This included the required character and criminal record checks, such as references and Disclosure and Barring Service (DBS) checks, which helped ensure that the risk of employing unsuitable staff members was

People we spoke with, who received support with their medicines, said staff supported them appropriately. One person told us they self-administered their medicines but staff checked to make sure they hadn't forgotten them. Another person told us staff administered their medicines. They told us staff ensured they got their medicines on time.

Records showed staff had received training in medicines administration. One staff member told us the registered manager carried out observations of staff administering medicines in order to check they were doing this correctly. We saw there were regular medicine audits in place to ensure they were being managed safely.

We looked at two medicine administration records. We saw these records were signed accurately to show people had received their medicines as required. One MAR had handwritten entries these had not been signed by two members of staff. Recommended guidance is that handwritten entries should be signed by another suitably qualified member of staff to ensure these were accurate and mitigate the risk of any errors. There was clear guidance in place for staff on how to administer medicines, this included 'where required' medicines.

Is the service effective?

Our findings

The relatives we spoke with told us they felt staff had the knowledge and skills to provide the support required. One relative told us, "I think they've got a good understanding of [name's] health needs now." Another relative said, "[Name] is beautifully looked after." Whilst a third relative said, "[Staff] seem to look after [name] very well."

The staff we spoke with felt supported by their colleagues and the registered manager, to deliver effective care to people. Staff told us there was effective team work which helped to provide the right support to people. One staff member said, "We share between each other if something works well."

Staff spoke positively of the training they received. One member of staff told us, "[Training] got me in to the right mind set." Another staff member said, "[Training] is regular, it keeps you in that loop in case anything has changed." We reviewed training records for the service and saw required training was up to date. There was a system in place to help the registered manager identify when staff's training needed to be updated. Records showed staff received a range of training which included topics such as moving and handling, medicines, epilepsy, safeguarding, mental health, and learning disabilities. The registered manager said, "If there's a specific need we will try to facilitate that." We saw for example that one person using the service had recently been diagnosed with a specific health condition. Records showed that the registered manager had been liaising with health professionals and the provider to arrange training for staff on that condition. This demonstrated that the registered manager was proactive in ensuring staff had the right information and knowledge to help them provide effective support.

New staff completed the Care Certificate. The Care Certificate is a set of standards that care staff should adhere to and formed part of induction training for new staff. Two staff members told us they found their induction helpful and a positive experience. One staff member said, "The [staff] here were so helpful, I never felt left to my own devices and out of my depth."

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

The registered manager demonstrated they understood their responsibilities and the requirements of the MCA. We saw they had identified and notified the local authority of any situations where an application to the Court of Protection may be needed. Records showed that relevant professionals had been consulted where it was felt people may not be able to make decisions regarding certain areas of their care. The outcomes of these assessments were recorded in people's care records.

The staff we spoke with demonstrated they had an understanding of the MCA. One member of staff said, "It's about being able to make decisions." Another member of staff told us how, "Everyone needs to be involved" if a decision needed to be made in a person's best interests. Staff understood the importance of supporting people to make decisions and practical ways they could help them.

The service offered people support with the planning and cooking of meals. People told us they were involved in planning and choosing what they wanted to eat. One person told us, "We plan our meals and staff write it down." A relative told us how staff had supported their relative to eat healthily and as a result their relative was a healthier weight. The staff we spoke with demonstrated they knew what people's individual dietary needs were and how to meet these.

Some people who used the service required support from a Speech and Language Therapist (SALT) to ensure people were supported appropriately with their eating and drinking. We saw there were relevant risk assessments and SALT assessments in the care records we looked at.

People and relatives we spoke with felt staff supported people with their health care needs. One person said, "If you've got any health problems they sort it out." One relative told us, "[Name's] has a lot of health issues; they've managed that quite well." Another relative said staff, "Make sure [name] gets to their appointments." They went on to tell us how staff had supported their relative to improve a specific health condition they had. A healthcare professional told us they had no concerns regarding how staff supported people to manage their health needs. Another healthcare professional told us staff worked, "Really collaboratively" with professionals to ensure health needs were met. Care records showed staff supported people to access as range of professionals such as community chiropodists and occupational therapists.

Is the service caring?

Our findings

People and relatives we spoke with talked positively about the staff and their relationships with them. One person said staff were, "Absolutely brilliant." Another told us, "Good [staff] here, they'd do anything for you." A relative told us, "We praise [the staff] unreservedly." Another relative said, "Staff are very good to [name]." A healthcare professional told us, "Always found [staff] very caring."

Staff cared about the people they supported and put effort in to making sure people felt cared for and supported. Relatives we spoke with gave us several examples of things staff had done that demonstrated effort and care. For example, one relative told us how their relative's keyworker had planned a special celebration for them and their relative. They told us, "[Keyworker] put a lot of time and effort in to that." Another relative told us when their relative was in hospital staff made sure they stayed with them so they could make sure the hospital understood fully their relative's needs. A third relative told us, "[Staff] are always thinking about how to provide the best care."

The staff we spoke with talked about people they supported in a caring manner. One member of staff told us, "I love [the job], I really do, to come to work to help people is the best thing." They went on to say, "[Staff] genuinely care about the people [they support], it's not superficial or surface level." Another member of staff said "I absolutely love [the job] it's so rewarding." We saw staff were sensitive to people's needs and thought about how to meet them in a way that put them at ease. For example, we observed staff thinking about and discussing which member of staff one person would feel most comfortable with when attending a hospital appointment

Relatives told us they felt staff knew people receiving the service well. One relative told us, "Majority of staff have got to understand [name] pretty well now." Another relative said, "They know all sorts of things [about name]." Staff demonstrated through our conversations with them that they knew people well including their personal histories, likes, and dislikes.

Some of the people the service supported had complex communication needs. Relatives we spoke with told us staff understood their relative's communication needs. One relative said staff could understand their relative, "Much better than we do." Another relative said, "[Staff] get through to [name] better than I can." We saw each person had a communication care plan. This provided staff with individual guidance about how to communicate with each person. In our conversations with staff they were able to tell us individual details and gestures people used and what this might mean. This meant people were able to communicate their wishes and feelings in relation to the support provided.

Records we looked at showed people were involved in discussions about their support as much as possible. People had regular meetings with their keyworkers to discuss their needs. People we spoke with told us they felt involved and listened to regarding their support. One person told us, "[Staff] listen quite well to our troubles." Another person told us they felt involved and part of the team. Relatives confirmed that, where appropriate, they were involved and listened to regarding the support provided. One relative told us, "[Keyworker] keeps me informed." Another relative said, "We're all involved in [name's] care."

We saw that staff spoke politely and respectfully with people using the service. Staff knocked on people's doors and sought permission to enter. People and relatives we spoke with told us staff were respectful. A healthcare professional told us, "I get the feeling there's a lot of respect and taking dignity in to account."

People's independence was supported and encouraged. Staff were able to provide us with examples and practical ways they supported people to be independent. Several members of staff spoke with real enthusiasm and pride about situations in which they had helped people develop certain skills so they could be more independent. One member of staff said, "You can see week by week people are learning new skills." A relative told us how staff had helped develop their relative's skills and independence. They said, "[Staff] have helped [name], taught them how to do things."

Is the service responsive?

Our findings

People received care that was responsive to, and that met, their individual needs. Relatives and health professionals told us people received responsive and timely care. A healthcare professional said, "[Staff] seem to be very on the ball." Another healthcare professional told us, "It's a pleasurable service to deal with; you know you'll get a good response, and if things aren't working they'll come back to you in a timely manner." A relative told us, "They've got [name] well and truly sorted." Another relative said, "[Staff] have helped [name] with problems." Several relatives gave us examples that demonstrated the support provided was tailored to people's individual needs in relation to specific health conditions.

We saw one person had recently been diagnosed with a specific health condition and required support to manage this. The registered manager told us they were still in the process of gathering information about how best to support this person to manage this health condition in order to write the care plan. Whilst there was no specific care plan in place regarding the management of this health condition we saw staff had responded promptly to the recent diagnosis. They had spoken with relevant health professionals for guidance on how to manage this condition. This guidance was shared with all staff by recording this in the communication record and the person's health notes. Staff we spoke with demonstrated their knowledge of this recent diagnosis and how they should be supporting the person.

The registered manager told us they had identified that some people receiving the service would benefit from sensory stimulation. They had taken action to discuss and address this need with relevant professionals. This demonstrated that the registered manager thought about the specific needs of the people they supported and took action to ensure these were met.

Care records we looked at detailed people's individual needs and included their personal preferences. This included details such as what was important to the person, their life history, favourite places to visit, likes, and dislikes. The staff we spoke with demonstrated that they knew people as individuals and could tell us about people's support needs, histories, and preferences. Care records showed these were reviewed regularly to ensure they still reflected people's support needs.

The support provided was also tailored to people's individual preferences and likes. Relatives told us staff tried to find out people's interests and preferences so these were supported. One relative told us how their relative's keyworker kept a pen and paper on them. They said this was so they could make notes when they visited of what they told them regarding their relative and their interests. They told us this information was used to make sure the support provided met the person's interests and likes. Another relative told us how staff knew their relatives likes and dislikes. They said this meant staff ensured they, "Steer and help" the person in the direction of their interests and likes. A third relative told us staff, "Make sure as far as they can they ascertain what [name] likes."

Several of the staff we spoke with told us they involved family and tried to pick up on indications that the people they supported might like certain things. This was because they wanted to ensure the support provided was tailored to people's individual preferences. One staff member told us, "Biggest responsibility is

for us to get these guys doing what they want to do, and trying things they've maybe not tried before." They went on to explain that they knew some people had previously lived in long stay hospitals and they felt it was important to provide opportunities that some people might not have had before.

People who could not access the community or activities without assistance were supported to do so. Staff supported people to access activities that were tailored to their individual interests. This included trips out and holidays. Relatives provided us with examples of how staff supported people to engage in activities that were personal to them. For example, one relative told us how their relative had celebrated a significant birthday. They told us staff had planned a big day out which incorporated some of their relative's favourite things. Another relative told us staff had organised a holiday to a place that offered themed events and music that their relative particularly liked.

The registered manager told us there was an expectation that staff supported people to engage in activities and access the community every day. Relatives we spoke with felt people were supported to engage in plenty of activities and social opportunities. One relative said, "[Name] is always going out."

The service had systems in place to encourage feedback about the support provided. We saw people and relatives were asked to fill in a yearly survey to provide feedback on the service. We saw the service had not received any formal complaints in the last twelve months. People and relatives told us they felt comfortable and able to raise concerns or complaints. One person told us, "I can always talk to [registered manager], they're nice." Two relatives told us they felt confident the registered manager would listen to any complaints and take action to resolve these.

Is the service well-led?

Our findings

Everyone one we spoke with talked highly of the service and the support provided. One person told us the service was, "Absolutely brilliant." Another person said the service they received was, "Excellent." A relative told us the service was, "First class." Another relative said, "I think it's excellent." A third relative told us, "I'm so happy with how [name] is looked after."

The staff we spoke with also spoke positively about working in the service. They told us there was good team work in place. Staff also said they felt listened to and involved in decisions about the service. One staff member said, "[Registered manager] very approachable, always got the door open." Another member of staff told us, "You always know the door's open, [registered manager] does listen to us." Records showed there were regular team meetings for staff. A member of staff told us team meetings provided an opportunity where ideas for the service and the support provided could be discussed. Records we reviewed confirmed this.

Relatives and staff were positive regarding the management of the service and the registered manager. A relative told us, "Seems very smooth, the running of it all." Staff told us the registered manager was visible and knew what was going on. One member of staff said, "[Registered manager] is very involved in what the guys do." A healthcare professional told us, "Welfare of [people using the service] is uppermost in their mind." Another healthcare professional told us the registered manager was open, transparent, and committed to getting it right for the people who used the service.

Staff told us they felt supported by the registered manager. Two staff member gave us examples where they had come to the registered manager with a problem and needed support. They told us the registered manager responded very quickly and provided them with the support they needed. Another staff member told us, "Never felt unsupported." One staff member told us that any issues were dealt with in a positive and motivating way, they said this meant staff's confidence was built up.

Records showed the registered manager discussed their expectations of staff and their responsibilities at team meetings. We saw there was a system in place to ensure staff carried out designated specific tasks and were accountable for this. This helped make sure certain required tasks were carried out.

The registered manager was aware they were legally obliged to notify the CQC of certain incidents that occurred in the service. Records we looked at showed that the registered manager understood what incidents to notify us of and these were submitted to the CQC appropriately.

There were systems in place to monitor and improve the quality of the service. Deputy managers undertook weekly monitoring reports that covered areas such as medicines, finances, and staffing. These were submitted monthly to the registered manager to review. The registered manager also carried out their own monthly audits. We saw the quality lead for the provider carried out yearly audits. The registered manager told us, "I like it when [the quality lead] comes in, if anything does slip they'll pick up on it." We reviewed their latest audit and saw this was thorough. Actions to be taken were clearly identified and we saw the

registered manager kept this under review and updated to show when actions had been completed. This helped to ensure the service was running well and any issues were addressed.