

FitzRoy Support Wensum Way







Inspection report

**31 Wensum Way
Fakenham
Norfolk
NR21 8NZ**

Tel: 01328 863440
Website: www.efitzroy.org.uk

Date of inspection visit: 09 July 2015
Date of publication: 28/09/2015

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	

Overall summary

This unannounced inspection was carried out on 09 July 2015. The last inspection took place on 29 September 2014 we found the provider was not meeting all the regulations that we looked at. We found concerns in relation to care and treatment, care and support, staffing and quality assurance. The provider informed us of the actions they would take to meet the regulations by 28 February 2015. During this inspection we found that improvements had been made.

At our comprehensive inspection on 09 July 2015 we found that they had followed their plan and confirmed that they now met the legal requirements.

Wensum Way is registered to provide accommodation for persons who require nursing or personal care for up to eight people who have physical and learning disabilities. Nursing care was not provided. There were seven people living in the home when we visited.

At the time of our inspection a registered manager was in place. A registered manager is a person who has

Summary of findings

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 and associated Regulations about how the service is run. However, the registered manager had been seconded to manage another of the organisations services. Another registered manager (acting manager) from the organisation was providing suitable management cover at the home

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that people's rights were being protected as DoLS applications were in progress where required and had been submitted to the relevant local authorities.

People who lived in the home were assisted by staff in a way that supported their safety and they were treated with respect and dignity. People had health care and support plans in place to ensure their needs were being met.

Risks to people who lived in the home were identified and plans were put into place to enable people to live as safely and independently as possible. Medicine was safely audited, stored and administered to people.

There were sufficient numbers of staff available to meet people's care and support needs.

Staff cared for people in a warm and sensitive way. Staff assisted people with personal care, eating and drinking and going on trips out in the local community throughout our inspection to the home.

Staff received training and support so that they could provide safe, effective care and support which met people's individual needs and wishes that were living at the home.

Arrangements were in place to regularly monitor health and safety and the quality of the care and support provided for people living at the home.

Summary of findings

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.

Staff were trained and understood how to recognise any abuse and how to respond and report any concerns correctly.

There were sufficient numbers of staff available to meet people's care and support needs.

A risk assessment process was in place to ensure that people were cared for as safely as possible and any risks that were identified were minimised.

Medicines were stored securely and safely administered.

Good



Is the service effective?

The service was effective.

The acting manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). When needed, staff took appropriate actions to ensure that people's rights were protected.

People were supported by staff who had received appropriate training and supervision to carry out their roles.

People had access to a varied and nutritious diet and were able to have drinks and snacks when they wanted them.

Good



Is the service caring?

The service was caring.

Staff were sensitive and caring in their approach and they supported people to be as independent as possible. People were offered choice and received care in a way that respected their right to dignity and privacy.

People and their relatives/representatives were involved in making decisions about their care as much as possible

Good



Is the service responsive?

The service was responsive.

People's health and care needs were assessed and planned for and reviewed, regularly and in sufficient detail

People's relatives and representatives were aware of how to make a complaint.

People had access to a range of social activities and were encouraged by staff to pursue their individual hobbies and interests

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

People, relatives and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

Staff were supported and were aware of their responsibilities and the standards expected of them when providing care and support to people living at the home.

Members of staff felt supported and were able to have open discussions with the acting manager. Staff told us that they enjoyed working at the home.

Wensum 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 unannounced inspection took place on 09 July 2015 and was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the home. This included information from notifications received by us. A notification is information about important events which the provider is required to tell us about by law.

We also made contact with health and social care professionals who were in regular contact with the home. This included; a care manager from the local authority, a community nurse and the practice nurse from the local surgery.

We spoke with three people living in the home, the acting manager, three members of staff and three relatives of people living at the home. We looked at three people's care and support plans and records in relation to the management of the home including medicine audits and policies and staff records.

During our inspection we observed people's care and support to help us understand the experience of people who could not talk with us. We observed people taking part in their individual hobbies and interests and saw how they were supported by staff.

Is the service safe?

Our findings

We carried out an unannounced inspection of this service on 29 September 2014. At that inspection we identified a breach of regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because of concerns in relation to staffing. The provider sent us an action plan informing us that they would make the required improvements by 28 February 2015

During this inspection our observations showed and people confirmed to us that there were sufficient numbers of staff so that they had the opportunity to be supported at home and whilst out in the community. For the seven people living in the home at the time of our inspection there were three staff in the building, plus the acting manager. Through the night there was one sleeping and one waking staff member.

One person we spoke with said “I am very happy here and the staff help me with what I need”. A relative of a person living in the home told us that they had no concerns about the care and support their family member received. They said, “I am very happy with the care the home provides and I feel that my [family member] is very happy living here”. Another relative said, “It’s marvellous and my [family member] is very settled and feels safe.”

Staff demonstrated that they had an understanding of how to recognise different types of abuse and how to report concerns. They told us that they received annual training and felt confident in reporting any safeguarding or whistleblowing issues. They were aware of the safeguarding reporting procedures to follow and were aware of the whistle blowing policy. One member of staff said, “I feel that if I saw any poor care I would feel confident in reporting it to my manager and that I would be protected if I did.” Another member of staff said, “I have received training and I would not hesitate in reporting any incidents of abuse to my manager.”

We saw risk assessments in place and examples included guidelines for bathing, being safe in the kitchen and the community. However, we saw that risk assessments were not always cross referenced to the care records and details were not always clear or up to date. An example included a risk assessment regarding a person going on boat trips which the person no longer took part in.

Staff provided care and support in a patient, unhurried and safe manner. The acting manager told us that staffing levels were monitored on an ongoing basis to meet people’s individual changing needs, and that bank and agency staff were made available to meet those needs. Members of staff told us that staffing levels allowed them to have enough quality time when supporting people.

The acting manager told us that the home was recruiting more full time staff and we saw evidence of this in staff recruitment records. Staff only commenced working in the home when all the required recruitment checks had been satisfactorily completed. We looked at a sample of two recruitment records and we saw that appropriate checks had been carried out.

Staff told us that they had been assisted by more experienced staff when they first started work in the home to ensure that they understood their role and responsibilities. This showed that the provider only employed staff who were suitable to work with people living in the home.

Staff told us that they had received training so that they could administer and manage people’s prescribed medicines safely. Following their training staff’s competence to administer medicines had been assessed. We saw samples of competency checks that had been carried out. We observed a member of staff assisting a person who lived in the home with their medicines and it was evident that they understood and responded to what they wanted in a patient and attentive manner

We looked at a sample of the medicine administration records (MAR) of people living in this home. A photograph was in place to show which medicine belonged to which person. Each medicine had a safety sheet with it that had been laminated and placed in the MAR folder telling staff what the medicine was for, any side effects and what the medicine contained. Medicine administration records showed that medicines had been administered as prescribed.

Monthly audits of medicine had been conducted to ensure that stock levels were correct and that all medicine had been administered. Medicines were stored safely and liquid medicines had the date they were opened recorded on the label. This showed that arrangements were in place to manage people’s medicines in a safe way.

Is the service safe?

Fire and emergency evacuation plans were in place for each person living in the home to make sure they were assisted safely in the event of an emergency. Fire alarm, fire drills and emergency lighting checks had also been carried out to ensure people's safety in the home.

Is the service effective?

Our findings

We carried out an unannounced inspection of this service on 29 September 2014. At that inspection we identified a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because of concerns in relation to whether people had consented to their care and that they may be being deprived of their liberty as proper procedures had not been followed. The provider sent us an action plan informing us that they would make the required improvements by 28 February 2015.

At this inspection we found that that care plans had been signed by people where possible, to agree with their care and support. People's rights were being protected from unlawful restriction and unlawful decision making processes. The provider had procedures in place and training for staff regarding the Mental Capacity 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) We saw documentation in care plans regarding mental capacity assessments that had been undertaken by the local authority and deprivation of liberty safeguards applications were in process where appropriate.

The acting manager said that applications had been submitted to the relevant local authorities and that they were waiting for these assessments to be completed. The acting manager told us that people were assisted in the least restrictive way whilst they were waiting for these authorisations to be completed.

Discussions with staff confirmed and training records showed that they had undertaken training and had an understanding on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards following a training session in November 2014.

One person told us, "I am very happy living here and the staff are great and help me with what I need." A relative told us that, "I am always kept up to date by the staff and I am able to have a say in my (family members) care, everyone is very helpful." Another relative told us that communication was very good with the staff and they were always kept informed of any changes to their family members care by the staff.

There were health care records in place including information on regular visits from or to health care professionals. One person we spoke with said that they

could see their GP whenever they needed and that the staff helped them with their appointments. The acting manager informed us that they received a good service from the local surgery with each person known well to the practice.

A relative told us that, "The staff will contact a doctor if my relative is unwell." We spoke with a practice nurse from a local surgery who had regular contact with the home. They told us that staff frequently contacted them regarding any medical/healthcare advice and that care staff followed the advice that was given. This demonstrated that people were being supported to access health care professionals to ensure that their general health was being maintained.

Our observations and discussions with staff showed that they were knowledgeable about people's individual support and care needs. One member of staff told us how they needed to carefully prepare food for a person to minimise the possibility of them choking

Staff confirmed that they that they had received a thorough induction which covered a variety of topics regarding care and support issues. The staff induction programme covered the common induction standards which were in line with 'Skills for Care' (a nationally recognised training organisation.) Staff told us that they enjoyed and benefited from a variety of training sessions which included safeguarding, health and safety and nutrition. Staff also told us that they were supported to gain further qualifications and an example included studying for a diploma in health and social care. Staff told us that they received reminders regarding training updates/refreshers. Staff felt well supported and received regular recorded supervision sessions from the acting manager and deputy manager.

Lunch time was a sociable occasion, with lots of interaction between the staff on duty and the two people having lunch at home. People told us that they had regular access to snacks and drinks. A meal plan was displayed in the kitchen and it was varied, included healthy options such as vegetables and fruit and a choice of main course. Staff told us, "We have a weekly meeting with people so that they can plan and choose meals that they would like; we have lots of pictures and photographs of food and meals so that people have choice". Meals people had received were recorded each day. Staff told us that people could choose something different if they did not want the planned meal of the day.

Is the service effective?

The acting manager told us and care records demonstrated that they had access to dieticians and speech therapists to discuss any issues regarding nutrition and any concerns regarding eating and drinking.

Health care professionals we spoke with told us that they had received good quality information from the home and

staff acted on any advice that they had given. Health care professionals we spoke with made positive comments about the contact they had with the home and were positive about the care and support being provided to people.

Is the service caring?

Our findings

One person told us that “The staff are very caring and will help me during the day with my cooking and laundry”. Not all of the people we met during our inspection were able to tell us about the care and support they received due to their complex needs. Staff were aware of individual people’s body language and any sounds that they made which showed when the person was unhappy or upset. Staff spoke with people in a kind and attentive way to respectfully preserve the people’s dignity when providing care and personal assistance.

Observations showed that people were encouraged to be involved in making decisions and staff used visual prompts to encourage participation including pictures of meal choices. Photos of staff were displayed on a notice board so that people knew who was working at the home. We saw that people had the opportunity to meet with staff to meet monthly and discuss their goals and aspirations. These discussions were recorded in care plans. However, it was noted that these meetings had been infrequent in some of the care records we saw.

There was a friendly and cheerful atmosphere in the home. People were seen to be comfortable and at ease with the staff who supported them in an attentive way. People were assisted by staff with personal care, domestic tasks such as putting laundry away and going out for a variety of trips in the local community including shopping for personal items. One person said “The staff are lovely and kind to me”. A relative told us, “My family member is very happy

living at Wensum Way and I have no concerns about their care.” Another relative told us, “The staff know my [family member] really well and understand how to care and support them.”

Staff members were enthusiastic about the care and support that they provided and talked with warmth and affection about the people living in the home. One staff member told us, “I really enjoy working here and it is a close and supportive team.” Staff spoke with people in a kind and caring manner and explained what they were doing whilst providing assistance. Staff were observed to knock on people’s bedroom doors and wait for a response before entering. This demonstrated that staff respected the rights and privacy needs of people.

We saw that people were able to choose where they spent their time and were free to use the communal areas within the home and/or spend time in their own bedrooms if they so wished. People confirmed that their bedrooms had been personalised with their own furnishings and belongings to suit their personal tastes, preferences and interests.

Staff had recorded that people’s needs were checked including any significant events that had occurred during the person’s day. Documents such as, support plans and aims and goals were written in a pictorial/easy read format where required. This showed us that information was available in appropriate formats to aid people’s understanding.

The acting manager told us that no one living at the home currently had a formal advocate in place but that local services could be made available when required.

Is the service responsive?

Our findings

We carried out an unannounced inspection of this service on 29 September 2014. At that inspection we identified a breach of Regulation 9 (b) (I) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because of concerns in relation to whether people had consented to their care and that they may be being deprived of their liberty as proper procedures had not been followed. The provider sent us an action plan informing us that they would make the required improvements by 28 February 2015.

People had opportunities to be involved in pursuing their hobbies and interests. One person told us that they enjoyed listening to music and going shopping. Two people had been involved in shopping and other people had attended local day services during the day. One person told us that they regularly went out with staff so that they could buy toiletries and other personal items. We saw that one person enjoyed taking part in horse and carriage riding and another person enjoyed going boating with their relatives and staff. This demonstrated to us that people had opportunities to go out into the community and take part in their individual social interests.

Our observations showed that staff asked people about their individual choices and were responsive to that choice. Staff told us how they engaged with people who were unable to communicate verbally to make choices. We saw that staff engaged with people by listening to the person's answer, and understanding what a person's body language and facial expressions were telling them. Staff supported people with their social activities and when eating and drinking. We noted that members of staff included people in conversations, such as talking about going on a shopping trip and we saw that people responded positively to this by smiling.

Care records contained guidance for staff about how to meet this person's needs. There were a variety of guidelines in place regarding how people wished to receive care and support including; their likes and dislikes, communication needs, activities, personal care and daily routines. Care

plans were written in a person centred way to meet people's individual preferences. Daily records were written regarding each person's daily activities and any significant events that had occurred.

We saw a document entitled 'Key Team Meetings' that showed what had been achieved during the month for each person. Examples included organising daytrips and social activities that people were planning. However, we saw that these monthly meetings had not always occurred and that there were a number of gaps. We saw in one person's records that the last three meetings had been held in October and December 2014 and February 2015.

Overall reviews of care plans were not recorded in detail and it was not clear where any changes to care had occurred as there was only a date and signature and 'no change' recorded. Some documents in care records were not signed or dated so that it was not clear how up to date the information was.

We discussed these issues with the acting manager who stated that actions were being taken to review and update care and support plans so that they were regularly recorded.

People were made aware of the complaints procedure. The complaints procedure was provided in a in an easy read format. We were told by staff that people would be supported to make a complaint if necessary. People we met told us that they could raise any concerns with the staff if they were not happy about anything.

A relative told us that that they knew how to raise concerns and said, "I can always visit and raise any issues and make suggestions and I feel listened to." Another relative told us, "We know who to speak to but we have never had a need to complain about anything". A complaint recording log was in place but there were no complaints recorded in the last twelve months.

A care manager from a local authority told us that communication was good and the information provided by the registered manager and staff was of good quality and that they were knowledgeable about the people living in the home.

Is the service well-led?

Our findings

We carried out an unannounced inspection of this service on 29 September 2014. At that inspection we identified a breach of Regulation 10 (1) (a) (b) (2) (c) (i) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because of concerns in relation to the lack of effective systems to regularly assess and monitor the quality of service that people received. The provider sent us an action plan informing us that they would make the required improvements by 28 February 2015. At this inspection we saw that the management team and staff had monitored a number of key areas including; care issues, staffing, training, health & safety and any concerns or complaints.

There was a registered manager in post. However the registered manager was seconded to provide management for another of the organisations services. An experienced acting manager was in place at Wensum Way who was supported by a deputy manager. We saw members of care staff being supported by the acting manager and each other and worked well as a team.

People living in the home interacted well with the acting manager in a cheerful and comfortable way. Our observations showed that staff made themselves readily available to people living at the home and assisted them when needed. On speaking with the acting manager and staff, we found them to have a good knowledge of peoples care and support needs.

A relative we spoke with during our visit had made positive comments about the home and they were happy with the service provided to their family member. One relative told us, "Staff are very helpful and keep in touch with me about any events regarding my family member."

Staff told us that they felt well supported by the acting manager and deputy manager and their staff colleagues. They said they were confident in being able to raise any issues or concerns with the acting manager. A member of staff told us, "It's a very good team here, and I feel well supported." Another staff member told us, "Our [acting] manager is very supportive and helpful and I can speak with them any time I need to."

There were effective arrangements in place for the servicing and checking of fire safety appliances and alarm system. Incident forms were looked at by the management team and provider to monitor any trends so action could be taken if required to prevent further occurrences. This showed us that the provider had systems in place to monitor the quality of service being provided at the home. We saw that audits had also covered reviews of care and support including nutrition, pressure care and whether suitable MCA and DoLS applications had been made. People also had the opportunity to discuss any concerns or issues at 'residents meetings'

The provider had carried out a satisfaction survey using the REACH standards (a nationally recognised audit tool for services providing care and support for people with learning disabilities.) A copy of the 2014 report showed that people were satisfied with the care and services being provided.