

## FitzRoy Support

# FitzRoy Supported Living - Cambridgeshire

### Inspection report

Mayfield Heath Farm  
Sapley Road, Kings Ripton  
Huntingdon  
Cambridgeshire  
PE28 2NX

Tel: 01487773547

Website: [www.fitzroy.org/centre/fitzroy-cambridgeshire](http://www.fitzroy.org/centre/fitzroy-cambridgeshire)

Date of inspection visit:  
12 November 2019  
20 November 2019

Date of publication:  
02 January 2020

### 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

FitzRoy Supported Living - Cambridgeshire is a domiciliary care agency providing supported living to adults with learning disabilities and/or autism in their own homes. Everyone who used the service received personal care. The agency was also funded to provide social care and support people in all aspects of daily living, such as meal preparation and household chores.

At the time of the inspection the service was supporting eight people. Four people were sharing a bungalow, called Mayfield. Four other people were living in their own bungalows or houses. Mayfield had an office and staff sleeping-in room in the bungalow's converted garage. Each of the other bungalows and houses had a sleeping-in room for staff.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were happy receiving a service from FitzRoy Supported Living - Cambridgeshire and relatives were effusive in their praise of the service for the support it gave them and their family members. One relative wrote, 'I want to record...the tremendous gratitude and thanks that [name] and their family owes every member of staff...It is unusual to find such a dedicated and caring place as Mayfield... The staff have seen [name] through some very dark times, but with care and professionalism have guided them and kept them safe and happy.'

Staff were very knowledgeable about how to keep people safe from avoidable harm and abuse; they gave people their medicines safely and followed good infection prevention and control procedures. The provider ensured that lessons were learnt when things went wrong.

Staff had undertaken training and received support from senior staff to ensure they could do their job well. People enjoyed food that they had chosen.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had very good relationships with the staff and received kind and compassionate care and support. Staff knew people well and respected people's privacy and dignity. People were involved in all decisions

about their care and staff supported them to be as independent as they wanted to be.

Each person had a detailed, fully personalised support plan, which guided staff on the support the person wanted. Staff worked extremely hard to offer people a wide range of opportunities to try new activities or do things they had previously enjoyed. Staff supported people in totally person-centred ways to lead full and meaningful lives and to maintain or develop relationships.

Relatives were confident their views would be listened to and complaints would be addressed.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 19 November 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for FitzRoy Supported Living - Cambridgeshire on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# FitzRoy Supported Living - Cambridgeshire

## **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 Care Act 2014.

#### Inspection team

The inspection team was one inspector.

#### Service and service type

This service provides care and support to people living in two 'supported living' settings, 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. This service also provides personal care to people living in their own houses or flats.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was announced. We gave a short period of notice of the inspection because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 November 2019 and ended on 20 November 2019. We visited the office location on 12 November 2019.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We met four people who used the service. Only one person used words to communicate and they chose not to speak with us. We spoke with five members of staff including the registered manager, a deputy manager and five support workers.

We looked at a range of records. This included one person's care and support records, medication records and a variety of records relating to the management of the service.

### After the inspection

We continued to seek clarification from the registered manager. We spoke over the telephone with four relatives about their experience of the care and support provided to their family members. We also spoke over the telephone with three members of staff, including another deputy manager. We received feedback from one professional.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from abuse and avoidable harm. Staff had undertaken training and demonstrated they were confident about what they had to report and to whom. All relevant incidents had been reported correctly and investigated when required.
- People's relatives were sure that their family members were safe. One relative said, "Yes, [name] is safe. Staff are always on hand, always checking on [name] if [they're] quiet and always supervise [them] when [they're] out." Another relative told us that staff had training to deal with their family member's medical condition, which kept the person safe.

Assessing risk, safety monitoring and management

- Staff carried out in-depth risk assessments of every activity that people were involved in, both in their home and out in the community. Risk assessments were very detailed and included everything that staff could think of that could go wrong, with actions for staff to take.
- Staff undertook regular checks of all equipment and systems in each person's home such as the fire safety awareness system, to make sure people, staff and visitors would be safe.

Staffing and recruitment

- Staff and relatives told us there were enough staff to enable people to do what they wanted to do and to keep people safe.
- The provider's recruitment process included pre-employment checks such as references from previous employers, a criminal record check and thorough interview process. This ensured that only staff suitable to work at this service were employed.

Using medicines safely

- Staff managed medicines safely and gave people their medicines as the prescriber intended. Each person had lockable storage in their room and staff supported them to take their medicines at the correct times. The registered manager regularly checked staff's competence to give medicines correctly.

Preventing and controlling infection

- Staff supported people to keep their home as clean, tidy and hygienic as possible. All staff had undertaken health and safety courses and knew how to prevent and control the spread of infection.

Learning lessons when things go wrong

- All incidents were recorded and analysed so that lessons could be learnt and the service improved. The staff team discussed any necessary improvements to their practice and these were put in place.

- Staff told us that supervision sessions and staff meetings gave them opportunities to discuss lessons learnt and improvements in the ways they worked with people and their families.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At the time of the inspection the staff team were assessing a person to move into Mayfield. The assessment process was very thorough, holistically assessing all aspects of the person's needs. Staff worked with the person's relatives, staff from the person's previous care service and any other professionals involved in the person's care. This was to ensure as far as possible that the person would be happy to live at Mayfield and would get on with the people already living there. The registered manager said, "We want to provide a long-term home so we've got to get it right."
- The registered manager told us about a number of ways they kept their and the staff's practice up to date. This included attending external conferences on particular topics and reading relevant literature. The provider had employed a member of staff to investigate how technology could be used to improve the care and support offered to people.

Staff support: induction, training, skills and experience

- The provider had an induction process in place, which included new staff undertaking the Care Certificate (a set of standards that sets out the knowledge, skills and behaviours expected of staff in the care sector). Staff felt their induction was very good and they were not rushed. They spent as much time as they needed doing training, looking at support plans and shadowing more experienced staff to get to know people.
- Most staff had worked at the service for a long time, and some since it opened. They were very satisfied with the range and quality of the training that the provider offered them. A relative felt the staff were well-trained: they said, "They look after [name] really well – they know what they're doing."
- Staff felt very well supported, both by the management team and by each other. All those we spoke with told us how much they liked working for the provider and how well they worked as a team. One member of staff said, "This is the best place I've worked. I can't fault any of the staff – they've always encouraged and supported me to learn and develop and gain confidence."

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

- People chose their own meals and did as much as they wanted, or were able, to help.
- Staff supported people to eat as healthily as possible. One person had agreed with healthcare professionals that they needed to lose weight so staff were supporting them to follow a recognised diet.

Staff working with other agencies to provide consistent, effective, timely care

- One person had recently left the service and moved to a care home. Staff had continued to work with the new staff so that the person received consistent care and support.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with a number of other services so that people received effective, seamless care and support. Community nurses visited three times a day to give one person the medicine they needed.
- A health professional told us, "The people who live there can be fairly challenging, but compared with other services health input into the home is minimal as they understand their service users so well."

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 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. 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.

- Staff knew how the MCA applied to their work. One member of staff said, "We enable and encourage people to make choices. It's important [that people choose] – it's about them as an individual."
- Staff talked to each person about the care and support the person wanted and gained consent before they carried out any tasks. Staff offered people choices in all aspects of their lives.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a warm, friendly atmosphere in the bungalow and staff were kind and caring.
- People showed by their facial expressions and body language they were happy to be receiving a service from FitzRoy Supported Living. One person's relative said, "I think it's great – [name's] had so many good years (with this service)." Another relative stated, "If [name] wasn't happy there, they wouldn't be there."
- People's relatives made very positive comments about the staff. One relative said, "The staff are very friendly. Some have been there a long time, since day one. I get on well with them." Another relative told us, "The staff are lovely – it's like a family home." A third relative said, "It's a good set of staff, absolutely brilliant, I can't fault them."
- Staff communicated with each person in the way that person preferred. We could see that people had good relationships with the staff. They were comfortable with the staff and enjoyed their company.
- Staff treated people equally and without discrimination. Staff had received training in equality and diversity and people's individual needs were recorded in their support plans.
- Staff considered people's protected characteristics under the Equality Act 2010. These included religion, race and sexual orientation and they supported people to have their diverse needs met.

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

- People and their relatives were fully involved in making decisions about their care and support. Relatives told us the staff involved them fully in all decisions about their family member's care.
- Staff knew people well and knew their likes, dislikes and how they wanted to be supported. One relative said, "[Name's] been there so long, [staff] know [them] as well as I do."
- Where appropriate, staff spoke with people about advocacy services. An advocate is independent and supports the person to express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff fully respected and promoted people's privacy and dignity. Personal care was offered discreetly and carried out in private. One person preferred not to wear clothes when at home. Staff ensured curtains and doors were closed to respect the person's privacy.
- Staff encouraged and supported people to do as much as they could for themselves. People helped staff with household chores. One person's relative told us, "[Staff] try and encourage [name] to do as much as possible. [Name's] loath to do anything but they take their plate and cup to the kitchen now."
- Although visitors were welcomed, this was only when people felt comfortable about having visitors in their

home.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The whole staff team worked incredibly hard to ensure people's holistic needs were met, resulting in the best possible outcomes for people. Each person had a fully personalised support plan, which detailed their preferences about the way they wanted staff to give them care and support. Support plans included goals for each person to work towards, broken down into "bite-sized chunks." Photographs such as how to fit one person's car harness were included. Staff kept people's support plans under constant review to ensure the information was current. A member of staff said, "It's important when supporting people to ensure the care meets their individual needs."
- The registered manager told us how the staff team had worked tirelessly to respond to people's very individual needs. For example, one person had got very distressed by a particular time of the year. Staff had tried numerous strategies over the years to reduce the person's anxiety and had found a way to do this. In relation to work they had done with another person, a manager told us, "Guidelines are in place that all staff adhere to and incidents have lessened greatly."
- Staff had developed ways to look in depth at people's behaviour, to break it down and to work out how to do something differently to support the person better. They applied this to activities, recording what had gone well, what they had learned and what they were pleased or concerned about. This led to staff working out what they should do next to ensure the person got the best out of their life.
- In spite of staff's very best efforts one person had become increasingly anxious about living with other people. Staff had worked with the person, their relatives and staff from another service so that the person could move to where they would have their own flat. Having their own space reduced the person's anxieties and made life less fraught for the people living at Mayfield.
- One person was being supported to lose weight. On their monthly 'treat day' they chose to go for a meal in a pub, where they always chose their favourite pudding. Staff had worked with the pub and arranged that they rang the pub a few days before to make sure the pub could provide the person's favourite pudding. Even if it was not on the menu, the pub made sure they had the pudding ready for the person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated with each person in the way that person understood best. One person communicated using their own version of sign language. Staff had learnt this and could communicate well

with this person.

- One person relied heavily on a board, which staff kept up to date at all times. This included what the person was doing during the day and which staff were in the bungalow. Another person managed their own board. After years of working with other professionals, staff had found that supporting the person to remove events that they had decided they could not cope with had dramatically reduced the person's anxieties.
- Documents that people needed to look at were made available in easy-read format if the person wanted that.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager and staff gave us numerous examples of the ways in which staff supported people to do a very wide range of activities so that they led full and meaningful lives. Activities were based not only on people's known preferences and interests, but also on introducing people to new things. New activities were always fully risk assessed, introduced very gradually and each step recorded in detail. One person had developed a fear of going out. Staff had worked up to taking them for a 10-minute walk very locally and returning to their home for a cup of tea. Time was slowly increased but reduced again if the person became anxious.
- Staff had developed extremely supportive relationships with people's relatives and had a lot of contact with them. For example, one person's family members had requested twice daily contact from the staff, via a text and a telephone call, which staff happily carried out. Staff and their relatives knew that another person became increasingly distressed by too much contact with their family, so this had been reduced.
- One person had recently moved to a different service. Staff realised that in their own ways, people were showing they missed the person. Staff were making arrangements so that people could continue to have contact. For example, the person had joined them at a local village hall for a Halloween party.
- One person had suffered a family bereavement, which affected them badly. Over time, staff had arranged art therapy sessions and supported the person to regularly visit another close relative who had moved into a care home. The deputy manager told us, "This was mentally very draining on the staff, but I'm really proud of them, how they've dealt with this and how it's helped [name]."

Improving care quality in response to complaints or concerns

- People were not able to use words to complain. However, staff knew each person so well that they recognised when something was troubling the person. The staff team worked together to find out what it was and how to rectify the problem.
- Relatives all told us they would be very happy to speak with any of the staff including the managers if anything was not right. However, they also said they had not had to complain. One relative said, "I'm quite happy – it's really good, they look after [name] well. If anything's not so good, they soon put it right."

End of life care and support

- No-one was receiving end of life care when we inspected the service. Staff had worked with people and their relatives to develop an end of life care plan. This included, for example, what and who the person wanted in their room and what music they wanted to be played.
- Staff told us they would work with local healthcare services such as the GP, district nurses and local hospice if a person was reaching the end of their life.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure that notifications of reportable incidents were sent to the Commission without delay. This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had notified the Commission of all the incidents and events that they were required to by law. They had also ensured that referrals were made to the safeguarding team when it was necessary.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People showed that they were happy with the service they received. Relatives of people receiving a service were very satisfied with the support being provided to their family members. One relative told us, "It's like home from home. [Name's] happy...and thoroughly enjoys the one-to-one attention. It's consistent, which is what [name] needs." Another relative said, "I'm really happy – [name's] got a great little life. Staff try and get [name] out as much as possible."

- The staff team achieved good outcomes for people. One relative told us their family member had "got better and better" over the years. For another person, the staff team had recognised that they were not able to meet their needs.

- Some staff had worked at the service for a long time, including some since it started. They, and newer staff, all enjoyed working with the other staff, the managers and for the provider. One staff member told us, "It's a very good organisation. The team are very supportive of one another."

- Staff worked closely with each person's relatives in a very open way. One relative told us, "I get invited to events, I get updates [about how my family member is doing], I have staff's mobile numbers and I get text messages. I'm on such good terms...I have no issues."

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 service promoted openness and honesty in all its policies and procedures. Staff had close contact with people's relatives. Relatives felt staff were always open and honest with them about everything, including if things had gone wrong.

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

- The service had a registered manager in post. They were well-supported by two deputy managers and by the provider. The registered manager demonstrated good leadership and managed the home well. They were fully aware of their legal responsibilities. An external professional described the management team as "very good, very knowledgeable about service users, good at thinking of alternative strategies when things do not go to plan and supportive of their staff team."
- Staff felt they received good support from the managers. They had regular supervision sessions. One member of staff said that although the managers were always available if needed, one-to-one supervision sessions gave them the opportunity to really look at their practice in-depth.
- The registered manager told us that they worked to the organisation's values, 'We are creative, we are brave,' at all times. These values had underpinned their work when they had supported people to do things that could have been quite risky, such as re-introducing a person to swimming.
- The provider had a quality assurance process in place. Staff at the service monitored and audited various aspects of the service and the provider had a quality assurance team which monitored the audits. This team carried out their own, regular audits of the service to ensure staff were providing people with the highest possible quality service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- The registered manager encouraged everyone involved with the home to express their views on a day to day basis about the running of the service. Each person had a keyworker who ensured as far as they were able that the person's views were taken into account.
- The whole staff team worked continuously to improve and develop the quality of the service provided to each person.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as GPs, other health care professionals and the local authority to ensure that people received joined-up care and support.