

FitzRoy Support

Dalvington/The Oaks

Inspection report

Dalvington
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Dalvington/ The Oaks is a care home that provides accommodation with support for up to 15 people with a learning disability or autistic spectrum disorder. At the time of inspection there were 14 people using the service.

The home had been developed and designed before the principles and values that underpin Registering the Right Support had been published. This guidance aims to ensure 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's experience of the service and what we found:

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 assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Risks were assessed and kept up to date to ensure people could be supported safely and participate in activities that they enjoyed.

People and their relatives told us people were supported safely. 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 were able to receive visitors without restrictions in line with best practice guidance.

Right Care

People were protected and safeguarded from abuse and avoidable harm by staff that understood their responsibilities to keep people safe. There were sufficient numbers of staff to meet people's needs.

Right Culture

The culture in the service was open and positive, with systems in place to promote and provide person centred care. People and their relatives together with staff were involved in the running of the service and the provider worked in partnership with others to achieve good outcomes for people. The quality of care was monitored and lessons were learned when things had gone wrong.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (27 October 2020).

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 improvement had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about restrictive practices. A decision was made for us to inspect and examine those risks. we found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this report.

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Dalvington/The Oaks

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 1 inspector.

Service and service type

Dalvington and the Oaks is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dalvington and The Oaks is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

Inspection activity started on 6 December 2023 and ended on 11 December 2023. We visited the location's service on 6 and 11 December 2023.

What we did before the inspection

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 observed the care provided and how staff interacted with people who lived at the service. We spoke with 4 people and 3 relatives of people using the service about their experience of care. We spoke with 7 staff including the registered manager and home manager.

We reviewed a range of records. This included 6 people's care records and multiple medication records. A variety of records relating to the governance of the service, including policies and procedures were reviewed. We looked at 3 staff files relating to recruitment.

We gathered and reviewed feedback from professionals involved with the service. We continued to seek clarification from the provider to validate evidence found following the inspection.

Is the service safe?

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 Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- At the previous inspection it was identified that staff were not always following the service safeguarding policy and procedures, and this had resulted in concerns not being reported appropriately. At this inspection significant improvement had been made.
- Staff were clear about their responsibility to safeguard people from abuse, and we saw examples where concerns had been reported to the relevant agencies, for example local authority safeguarding.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- At the previous inspection it was identified that risk assessments did not always contain all of the information needed to keep people safe. At this inspection we found improvements had been made. For example, an epilepsy risk assessment contained clear steps that staff needed to take to keep the person safe in the event of a seizure. This had been updated to reflect the latest guidelines provided by specialist epilepsy services. What staff told us matched what was written in the person's risk assessment.
- People we spoke with told us they felt safe. One person said, "They are great, they keep me safe." Relatives told us that their loved ones were safe and well looked after, one relative said, "As parents we really couldn't ask for more."

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The provider operated safe recruitment processes.
- Throughout the inspection we saw staff take time to spend with people. Sometimes it was chatting about what was being planned for the day or the weekend, at other times there was spontaneous activity, for example one person was having their nails painted ready for a meal later that day, whilst another person was updating their activity calendar with staff.
- Where people asked for assistance, this was provided straight away.

Using medicines safely

- People were supported to receive their medicines safely.
- Medicines were stored safely and administered in line with the prescribed instructions. There was a system to check medicines and medicine records on a weekly basis and no errors were found during the inspection.
- Staff were aware of any new medicines when they were prescribed, and we found an example where staff

had observed a person starting to eye roll, at a time when there had been a change to their medicines, it was raised with the prescribing doctor and with a subsequent further change in medicines had stopped the eye rolling. This demonstrates an active awareness of the effects of people's medicines.

- Where people required PRN (as needed) emergency medication, for example where a person was in a seizure, there were clear up to date protocols for staff to follow. All staff that administered medicines had completed medicines training and this was frequently refreshed.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Improvements had been made since the last inspection and there were systems to review any incidents and to identify actions to reduce the risk of reoccurrence.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed 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 effectively monitor the quality of care for people using the service. The provider had failed to identify staff were not following the providers procedures, so that all incidents were consistently reported or followed through with lessons learnt. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made improvements, staff had improved in their knowledge and application of safeguarding principles and improvements in the governance, management and oversight of the service had resulted in improvements being made. The service was no longer in breach of the regulation.

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

- There was a positive and open culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people.
- People and their relatives were positive about the culture in the service. One person told us, "I get choice over everything I do, staff are lovely. Look over there see how they are talking to [person] it is like that all the time." We saw staff were open and welcoming when talking and interacting with people, and this approach was mirrored by the manager. Time was taken by the staff and the manager to give people the opportunity to share how they were feeling and if there was anything that they were happy with what was planned.

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 provider understood their responsibilities under the duty of candour. The registered manager and the home manager understood the principles of the duty of candour and the importance of being open and transparent should anything go wrong.
- Relatives consistently told us the registered manager was approachable, open and transparent.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- The service had effective governance and management systems. The registered manager was seconded to being quality manager with the previous deputy manager working in the role of home manager. This had been a recent change, systems including weekly 'catch up's' between the 2 managers and regular governance meetings with the provider were in place to support effective communication. One relative said,

"The handover of management has been seamless. I am more than confident with the management arrangements."

- There was a clear focus on continual improvement with the aim to be the very best. Governance processes were effective and helped to ensure people were kept safe, staff were supported and had the skills to provide good quality care.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- All staff had training in Equality, Diversity and Human Rights and it was reflected in the approach to care.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- Following the last inspection systems and processes had been improved to ensure the focus was on continually developing the service and responding where needed to incidents or feedback.

Working in partnership with others

- The provider worked in partnership with others. The registered manager and staff at the home worked well with other organisations and promptly sought support where it was needed.
- People due to the complexity of their needs accessed a variety of different health professionals and where instruction or guidance was given it was followed with care plans and risk assessments updated accordingly.