

FitzRoy Support The Croft

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 was an unannounced inspection carried out on 10 November 2016. The previous inspection on 9 November 2015 found breaches in risk and medicine management and care plan records and these had been addressed.

The Croft provides accommodation and personal care for up to four people with a learning disability. It specifically provides a service for older people who have a learning disability and some who are living with dementia. At the time of the inspection there were three people living at The Croft and one vacancy. The service is a chalet bungalow with accommodation provided on two levels. It is set in the centre of Woodchurch village, with its shops, doctors' surgery, church, garage and pubs. Each person has a single room with ensuite shower facilities and there is a communal bathroom, kitchen/ diner and lounge leading to a conservatory. There is an enclosed garden at the back of the bungalow. There is parking available at the service as well as on street parking.

The service has a registered manager. 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 received their medicines safely and when they should. Risks were assessed and staff took steps to keep people safe whilst encouraging their independence wherever possible.

People were involved in the planning of their care and support. Care plans contained information about people's wishes and preferences. They showed people's skills in relation to tasks and what support they required from staff, in order that their independence was maintained. People had reviews of their care and support where they and/or their representatives were able to discuss any concerns or aspirations.

People were supported to make their own decisions and choices and these were respected by staff. Staff had received training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager understood this process.

People were protected by safe recruitment procedures. New staff underwent an induction programme, which included shadowing experienced staff, until staff were competent to work on their own. Staff received training relevant to their role. Staff had opportunities for one to one meetings and team meetings, to enable them to carry out their duties effectively. The majority of staff had gained qualifications in health and social care. People had their needs met by sufficient numbers of staff. Staff rotas were based on people's needs, health appointments and activities.

People were relaxed in staff's company and staff listened and acted on what they said or gestures and body language. People were treated with dignity and respect and their privacy was respected. Staff were kind and patient in their approach, but also used good humour. Staff had built up relationships with people and were familiar with their life stories and preferences.

People had a varied diet and could be involved in planning the menus and preparing vegetables. Staff encouraged people to eat a healthy diet. People had a varied programme of interactive and leisure activities and accessed the community as they wished.

People were supported to maintain good health and attend appointments and check-ups. Appropriate referrals were made to health professionals when required. People did not have any concerns, but felt comfortable in raising issues. Their feedback was gained both informally and formally. The registered manager and deputy manager had an open door policy and took action to address any concerns or issues straightaway to help ensure the service ran smoothly.

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.

People received their medicines safely and at the right times.

Risks associated with people's care and support had been assessed and action was taken to reduce risks and keep people safe.

People had their needs met by sufficient numbers of staff. Staff knew how to respond to safeguarding concerns appropriately.

Is the service effective?

Good ●

The service was effective.

Staff followed the principles of the Mental Capacity Act 2005. People were supported to make decisions and staff offered people choices.

Staff were trained and supported to provide the care people needed.

People had adequate food and drink and dietary needs were supported.

People's health was monitored closely and appropriate referrals made to health professionals.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect and staff adopted a kind, calm and caring approach.

Staff supported people to maintain their independence where possible.

Staff took the time to listen and interact with people so that they received the care and support they needed. People were relaxed in the company of the staff and communicated happily.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support and their care plans reflected their preferred routines.

People had a programme of activities and enjoyed trips out into the community.

The service sought feedback from people and their relatives both informally and through care review meetings. People did not have any concerns.

Is the service well-led?

Good ●

The service was well-led.

Audits and checks were in place to ensure the service ran effectively.

There was an open and positive culture within the service, which focussed on people. The registered manager and deputy manager worked closely, with the deputy manager spending some time working alongside staff, which meant issues were resolved as they occurred and helped ensured the service ran smoothly.

Records were accurate and up to date and were stored securely.

The Croft

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 checked 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 10 November 2016 and was unannounced. The inspection carried out by one inspector due to the small size of the service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this and other information, such as the previous inspection report, we held about the service, we looked at notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we reviewed people's records and a variety of documents. These included three people's care plans and risk assessments, two staff recruitment files, staff training and supervision, rotas, medicine, servicing and maintenance checks and quality assurance records and staff surveys results.

We spoke with one person who was using the service, the registered manager and three members of staff.

Following the inspection we received feedback from three relatives and four health and social care professionals and who had had contact with the service.

Is the service safe?

Our findings

One person told us they felt safe living at The Croft and received their medicines when they should. Relatives felt medicines were handled safely. One relative said, "They are very on the ball regarding medicines".

At the previous inspection we found shortfalls in the management of medicines and the provider had taken steps to address the shortfalls identified during that inspection.

There was a clear medicine administration procedure in place. Staff had received training in medicine administration and following this their competency was checked by senior staff. During the inspection medicine administration followed a safe practice. Staff were patient and administered medicines at the person's own pace.

Staff checked the medicines when they arrived into the service and these checks were recorded on the Medication Administration Record (MAR) chart. MAR charts showed that people received their medicines according to the prescriber's instructions. There were systems in place for returning unused medicines to the pharmacist and for when people made day trips out. There was guidance in place, which had been signed by the doctor, for when people required 'as required' medicines, such as pain relief, to ensure people received these safely.

New storage arrangements had been put in place for some people's medicines. They had individual medicine cupboards within their own room to enhance their privacy and dignity at the time of administration. Some bedrooms did not allow for this as temperatures were too high to store medicines safely so these remained in a central storage facility. Temperature checks were taken daily on storage facilities and recorded to ensure the quality of medicines used. Although no controlled drugs were present in the service at the time of the inspection a new controlled drugs cupboard had been installed following recommendations from the supplying pharmacist.

At the previous inspection most risks associated with people's health and welfare had been assessed and there were procedures in place to keep people safe. However some assessments required clearer information and others required review or updating to ensure risks were mitigated. The provider had taken action to address these shortfalls. There were risk assessments in place for the management of people's finances, vulnerability to abuse, making a hot drink, choking, accessing the community and travelling in the company vehicle. Where people had behaviours that challenged, guidance was in place to help staff manage these safely.

People benefited from living in an environment, which was homely and well maintained. People had their own bedrooms, which had an ensuite shower facilities. People had access to a lounge, which led to a conservatory, a kitchen/diner, utility room and enclosed garden. One person told us they were happy with their room and everything was in working order. Relatives told us that equipment and the premises were well maintained and always in good working order. There were records to show that equipment and the premises received regular checks and servicing, such as checks for fire alarms and fire equipment, the hoist

and electrical items. Staff confirmed that everything in the service was in working order and repairs and maintenance were initially dealt with by the handyman. One person had recently been to choose the paint colour to redecorate their bedroom. A new kitchen floor had been laid, a step at the rear of the service repaired for safer access and security lighting put up outside.

People were protected from abuse and harm. During the inspection the atmosphere was happy and relaxed. There were good interactions between staff and people, often with good humour and lots of laughter, and people were relaxed in the company of staff. Staff were patient with people giving them time to make their needs known. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. There was a safeguarding policy in place as well as easy read information for people. The registered manager was familiar with the process to follow if any abuse was suspected in the service; and knew the local authority's safeguarding protocols and how to contact the local authority's safeguarding team.

People were protected by robust recruitment procedures. We looked at two recruitment files of staff that had been recruited since the last inspection. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character.

People had their needs met by sufficient numbers of staff. People and staff felt there were sufficient numbers of staff on duty. During the inspection staff responded when people approached or indicated they needed them and were not rushed in their responses. There was a staffing rota, which was based around people's needs, their health appointments and activities. There was a minimum of two staff on duty during the day, but usually this increased to between three to four between 9am and 5pm and one member of staff on duty at night. There was an on-call system covered by managers. The service used existing staff to fill any gaps in the rota. At the time of the inspection the registered manager told us there were no staff vacancies.

There had been two incidents since the last inspection, which had been clearly recorded and appropriate action taken. The registered manager told us any incidents or accidents were reported to the health and safety department who checked the action taken to reduce the risk of further occurrences and looked for any trends and patterns.

Is the service effective?

Our findings

One person told us they were "Happy" and "liked living here". They said they liked the service because of the "Company and the people who live here". Relatives were happy with the care and support their family member received. Relative's comments included, "I am totally happy". "It's amazingly good, a nice place for (family member) to be and they keep me posted".

Health care and social professionals generally felt staff had a good understanding and knowledge of people and their care and support needs. One commented, "The home have been very supportive over the last two years in supporting (person's) care and support needs and have reviewed this support in relation to their decline in health. Professionals also felt staff carried any advice and guidance into care planning and practices.

Staff chatted to people positively when they were supporting them with their daily routines. Staff talked about how one person had developed since moving into The Croft. A staff member told us how the individual interacted more with people and how their communication had developed.

People reacted or chatted to staff positively when they were supporting them with their daily routines. Staff were heard offering choices to people throughout the inspection. For example, whether they want to get up, whether they had had long enough soak in the bath, what to eat, whether they wanted to go out and what they wanted to do.

Care plans contained information about how people communicated. This was reflected in staffs practice during the inspection. Staff used different approaches with people, sometimes using banter and other times speaking gently. Staff were patient and not only acted on people's verbal communication, but their facial expressions and gestures.

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 Mental Capacity Act 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager was aware of their responsibilities regarding DoLS and had submitted two applications to local authorities where people were restricted.

Some people had signed care records and people's consent was gained by staff talking through their care and support at the time or by staff offering choices. The registered manager told us staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff had been involved in recent best interest discussions regarding treatment for one person and demonstrated they understood the process to be followed.

Staff understood their roles and responsibilities. Staff told us they had completed an induction programme, which included attending training courses, completing on-line training and shadowing experienced staff until they were competent to work alone.

The registered manager told us the induction met the specification of the Skills for Care Care Certificate. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life.

Staff received training relevant to their role and this included first aid, nutrition and food hygiene, safeguarding vulnerable adults, fire safety, infection control, health and safety, equality and diversity, medicine administration, moving and handling, diabetes and positive behaviour support. Training was periodically updated and further training in dementia was planned.

The service had 12 staff and eight had achieved a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Staff felt the training they received was adequate for their role and enabled them to meet people's needs.

Staff felt well supported and received opportunities for support and supervision. A lot of the support staff received was achieved in an informal way as the deputy manager work shifts alongside staff. Staff felt the deputy manager was always available to discuss any concerns or issues. Staff received an annual appraisal and they told us they had had opportunities to discuss their learning and development. Team meetings were held where staff discussed people's current needs, good practice guidance and policies and procedures.

People had access to adequate food and drink. People had their nutritional needs assessed and were weighed regularly to ensure they remained healthy. One person told us the food was "Nice" and they were involved in helping to choose the meals. There was a varied menu, which was planned each week and staff told us two people were involved in the planning and pictures were used to encourage a varied and healthy diet. Staff also added their knowledge of people's likes and dislikes where one person was unable to make a choice. The weekly menu was displayed in the kitchen/diner using words and pictures. Lunch was a sandwich or light meal with the main meal being served in the evening except on Sunday's. One person talked about how they helped with preparing vegetables, such as peeling potatoes. Health professionals had been involved in assessments of some people's nutritional needs. Recommendations they had made had been followed through into practice. For example, food was served using a fork texture and drinks were thickened to reduce the risks of one person choking. Adapted crockery and cutlery, coloured mats and hand over hand techniques were also used to aid independence. Staff were liaising with a health professional regarding adequate fluid intake for one person and were developing fluid monitoring systems that were in place.

People's health care needs were met. People had access to dentists, doctors, chiropodist and opticians. One person told us if they were unwell the staff contacted the doctor and either an appointment or visit was arranged and we saw this to be the case during the inspection. One person complained of ear pain and staff contacted the surgery and a doctor visited later in the day. Appropriate referrals had been made to health professionals. For example, one person had recently been visited by a community nurse and an occupational therapist. People's health needs were closely monitored. Any health appointments were detailed clearly including outcomes and any recommendations, to ensure all staff were up to date with people's current health needs. Where people suffered from conditions information had been obtained and

was available for staff within the care plan. For example, downs syndrome.

Is the service caring?

Our findings

One person told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. One person said they liked the staff and they were all kind and caring. Relatives were very complimentary about the staff. Comments included, "They are very very good". "Very pleasant". "Wonderful". "Very very caring". "(Member of staff) has a particular affinity with (family member)". "They are excellent with him; he is always very pleased to go back when we go out and pleased to see everyone there". "Lovely bunch there". "Absolutely lovely".

One relative talked about how the staff were "very thoughtful". Their family member was a fan of Elvis and on his birthday staff had arranged for an Elvis impersonator to visit. The relative told us how pleased they were their family member thoroughly enjoyed this and had even got up and danced to the music.

During the inspection staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff, smiling and communicated happily, sometimes with banter and lots of laughter and other approaches involved staff reacting to noises and gestures. Throughout the inspection staff talked about and treated people in a respectful manner including them in conversations and spending time with them.

People and staff returned from a trip out during the inspection and came into the office with a bunch of flowers for a member of staff whose birthday it had been earlier in the week. One person gave them to the member of staff and then people and staff broke into singing happy birthday to the member of staff and shared hugs. Later everyone shared iced buns, which had also been purchased on the trip out. The atmosphere was very inclusive of everyone with lots and lots of laughter and great fun was obviously being had by all.

During the inspection staff spent quality time with people. Whilst others were out at an activity one person spent the afternoon at the kitchen table with staff colouring and chatting. When they needed to have their clothes changed due to spilt drinks staff were very patient encouraging them to their room to change despite the fact the person was trying to distract them from doing this.

Health and social professionals felt staff were caring and had a calm manner. One commented, "Staff have always put the needs of (person) first and have gone out there way to support them to reach his full potential."

The registered manager told us the service had received compliments about the care and support provided.

People received person centred care that was individual to them. Staff understood people's specific needs relating to their age and disabilities. Some staff had worked at the service for several years or with people and they had built up relationships with them and were familiar with their life histories and preferences. Care plans contained details of people's preferences, such as their preferred name and information about their personal histories. During the inspection staff talked about people in a very caring and meaningful way.

People told us their independence was encouraged wherever possible. One person talked about how they hoovered, polished and striped their bed on their house day and helped with preparing vegetables. Health and social care professional felt people's independence was supported where possible depending on their health.

People were involved in the initial assessments of their care and support needs and planning their care where possible. People had also involved their families. One person told us they knew about their care plan and the information in it. The registered manager told us at the time of the inspection if people require support to help them with decisions about their care and support they chose were supported by their families or their care manager, and no one had needed to access any advocacy services. Details about how to contact an advocate were available within the service.

One person told us they were treated with dignity and respect and had their privacy respected. Staff had received training in treating people with dignity and respect as part of their induction. During the inspection staff knocked on doors and asked if it was alright to come in before entering people's room or the bathroom. One person told us they were able to get up and go to bed as they wished and have a shower when they wanted. People were able to choose where they spent their time. During the inspection people accessed the house as they chose. There were areas where people were able to spend time, such as the kitchen/diner, lounge/conservatory and their own room. When people required support with personal care they were assisted to the privacy of their own room or bathroom. Where possible individual medicines cabinets were situated in people's bedrooms, to enhance people's privacy when they were taking their medicines.

Is the service responsive?

Our findings

One person told us they were involved in planning their care and had review meetings to discuss their aspirations and any concerns. They talked about how a family member had attended their review meeting along with their care manager. Relatives confirmed they attended review meetings. One relative told us their family member had complex needs and limited communication and they were very pleased with how he had settled in.

At the previous inspection some care plans were not up to date and lacked information about people's preferences and wishes in relation to how they wanted to receive their care and support. There was no real detail about what the two people could do for themselves and what support they required from staff.

Since the last inspection a new format care plan had been introduced and care plan information reviewed and updated. Care plans contained information about people's wishes and preferences. People had been involved in developing their care plan where possible. Care plans contained details of people's preferred routines, such as a step by step guide to supporting the person with their personal care in the morning and evening. This included what they could do for themselves and what support they required from staff. Care plans reflected the care and support people received during the inspection. Staff were very familiar with people and their care and support needs. They were able to tell us about people's individual preferred routines and their current care and support needs in detail and how people received their care and support in line with these.

One person had moved into the service since the last inspection. The person was already known to the staff and other people in the service. The person had been able to 'test drive' the service by visiting the service for several days prior to them moving in. Their key worker at the time supported them during these visits and was able to inform staff about their likes and dislikes and preferred routines. Information was also discussed and obtained from professionals and relatives. When the person moved in they had also brought with them their care plan. This information and observations were then used to develop their care plan.

At the time of the inspection there was a vacancy and before making a decision about moving another person in one person was asked if they would prefer a downstairs room, which was more suitable to meet current needs, which they had chosen to do.

People had a programme of activities in place, which they had chosen or were based on their known likes and dislikes. Activities included shopping, karaoke, swimming, colouring, attending the local church service and other local clubs, aromatherapy and reflexology, listening to music and television. Recent outings which had included a trip to B&Q to choose paint for a person's bedroom, to the coast, Hythe, Lydd airport, Tenterden Garden Centre to look at the Christmas display, Dymchurch for a walk, lunch at a pub, the cinema and MacDonald's. During the inspection people went out to a trampolining session and when they returned it was obvious they had enjoyed themselves.

One person told us they would speak to their keyworker if they were unhappy, but did not have any

concerns. They felt staff would sort out any problems they had. Other people would either say they were unhappy or display behaviours that may include staff using a process of elimination to resolve what was wrong. Relatives told us they did not have any complaints. There had been no complaints since registration. There was an easy read complaints procedure so people would be able to understand the process. The office door was always 'open' and central within the house so staff were available if people wanted to speak with them. The registered manager told us that any concerns or complaints were taken seriously and would be used to learn and improve the service.

People had some opportunities to provide feedback about the service provided. People had review meetings where they and their families could give feedback about the care and support and the service provided. People had a weekly discussion around meals and menus. A recent survey had been sent out to relatives to gain their feedback on the services provided.

Is the service well-led?

Our findings

Relatives felt the service was well-led. Comments included, "I can talk to (registered manager), he is accessible, so I ring him with any worries and he sorts it out". "Things have improved over the last year, staff have settled (under the new provider) and there is good continuity".

At the previous inspection people still had agreements in place with the previous provider. Since then new agreements have been developed and agreed with people and/or their representatives. These set out what people can expect from the service and what is expected of them.

Further changes have been made since the last inspection with new systems, policies and procedures now in place and being embedded into daily working.

Since the last inspection the provider had had a management reorganisation and a new registered manager was in place at The Croft. The registered manager also managed another of the provider's services within the village of Woodchurch. The registered manager told us they spent approximately one day a week at The Croft, although this could be more and was supported by a deputy manager who worked full time with two days on shift and three days in the office. People and relatives knew the registered manager and deputy manager and felt both were approachable. There was an open and positive culture within the service, which focussed on people.

Staff felt the management team motivated them and listened to their views and ideas. Staff worked together as a team to support each other and to provide the best care they could for people. One staff member had commented "The deputy goes over and beyond to ensure staff are up to date with news etc. also is very approachable and does all she can for the team". Another staff member told us, "Everyone really does care here".

Health and social care professionals felt the service was well-led. One felt the communication was good with both the registered manager and deputy manager. One social care professional said, "I have found the home to be very honest about what support they require from the local authority. There have been times when additional support has no longer been needed for (person) and the home has made the local authority aware of this. I have found the home to be very honest and trusting in the needs of the residents there".

Checks and audits were carried out within the service to monitor quality and to identify how the service could be improved. This included regular checks on temperatures, such as water, food and fridge freezers. Medicine, health and safety and vehicle checks were also made, to make sure people remained safe.

Senior management had undertaken quality assurance visits and reports were available. The last visit had been on 8 November and the service was awaiting the report. Prior to that a visit was made in April 2016 and an action plan had been in place to address the shortfalls identified. Staff told us when senior management visited they were approachable and always made time to speak with people and them and listen to what

they had to say. The provider contracted with Kent local authority and a visit had been made by their commissioners in August 2016, who were satisfied with the service people received. The Environmental Health Officer had visited in November 2015 and the service had a 5 star rating (the highest).

The provider had a set of values, which were displayed within the service. These were: 'We see the person, we are brave and we are creative'. The vision of the provider was that people were treated as equals, regardless of their disability. Their mission was to transform the lives of people with a learning disability by supporting them to lead the lives they choose. Staff were able to tell about the values and understood them. We observed staff displaying these behaviours during our inspection, particularly in their commitment to the individual people they supported.

Staff understood their role and responsibilities and felt they were well supported. They had team meetings, supervisions, appraisals and handovers where they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns.

The provider was accredited, linked to schemes and members of associations, which helped to drive improvements and keep abreast of best practice. These included Driving Up Quality, Positive about Disabled People, Investors in Peoples and the Fundraising Standards Board. The registered manager and deputy manager attended regular managers meetings, which were also used to monitor the service and keep managers up to date with changing guidance and legislation.

Staff had access to policies and procedures online. These were reviewed and kept up to date by the provider. Any updates were relayed to staff via their online training system. Records were stored securely and there were minutes of meetings held so that staff and people would be aware of up to date issues within the service.