

FitzRoy Support

Allen Meale Way

Inspection report

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Date of inspection visit:
21 November 2019

Date of publication:
10 December 2019

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

About the service

Allen Meale Way is registered to provide personal care to people in their own homes. At the time of the inspection they provided a supported living service to nine people living with learning and physical disabilities. Supported living is where people live in their own home and receive care and support to promote their independence. The service is provided over three locations, two of which were on the same site as the registered office.

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

The proactive and empowering culture within the service meant people achieved their potential with dedicated support from staff. Care was person-centred, individualised and inclusive and regularly reviewed. 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.

The service applied the principles 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. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There were enough safely recruited staff to meet people's needs in a timely and appropriate manner. The risks people may be exposed to had been identified and mitigated. Staff had a good knowledge of safeguarding practices helping to protect people from the risk of abuse and avoidable harm. People received their medicines safely and in line with good practice. Their health and nutritional needs were met.

People benefitted from receiving care and support from staff who were experienced and skilled. Staff had received specific training to meet the often-complex needs of the people who used the service and support was ongoing and effective. Their competency and performance were regularly monitored to ensure the quality of the service was consistent and of a good quality.

Staff supported people in a warm and engaging manner and used appropriate humour to strengthen

rapport. They were comforting, kind and considerate. People were treated with respect and their dignity was maintained and consistently considered by staff who understood the importance of this. People were encouraged to be as independent as possible. Staff were skilled in communicating and understanding the needs of the people who used the service.

There was a stable management team in place who understood their regulatory and legislative responsibilities. They strived for improvement within the service and were open and receptive, working well with others. They felt supported and kept their knowledge up to date. People described the management team as approachable and knowledgeable. Staff respected their colleagues, worked well as a team and were effective.

An effective quality monitoring system had ensured people received good care and identified areas for continued improvement. The registered and deputy managers had a good oversight of the service and were committed to ongoing development of the service. This included being open when things went wrong and valuing people's views and suggestions.

Relatives we spoke with were very happy with the service their family members received and health professionals spoke positively about the care and support delivered. One relative told us, "The care [family member] receives is brilliant." Another said, "Everyone here are old friends. I've got no worries at all."

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

Rating at last inspection

The last rating for this service was Good (report published on 7 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Allen Meale Way

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 was carried out by one inspector and one assistant inspector.

Service and service type

This service provides care and support to people living in three '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.

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

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that the service had to arrange for a 'best interests' decision about this.

Inspection activity started on Wednesday 20 November 2019 and ended on Monday 25 November 2019. We visited the office location on 21 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

The people who used the service were unable to tell us about their experience of receiving care and support however, observations of this were made throughout the inspection. We spoke with four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, one senior support worker and four support workers. In addition, we spoke to one health professional.

We reviewed a range of records. This included three people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one health professional who regularly visits the service.

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 systems in place helped to protect from the risk of abuse.
- Staff had received training in safeguarding adults and were able to demonstrate good knowledge of this. Staff knew how to report concerns both inside and outside of their organisation and had confidence concerns raised would be managed effectively by managers.
- We saw that safeguarding and whistle blowing information was available for staff and records showed that appropriate concerns had been raised with the local authority as required.
- Although unexplained bruises and skin marks were recorded on a body map and monitored, full investigations into the cause were not carried out as per the provider's policy and not necessarily referred to the local authority safeguarding team.

We recommend the provider reviews their policy around unexplained bruises and/or skin marks and considers relevant current guidance.

Assessing risk, safety monitoring and management

- There were effective systems in place that helped protect people from the risk of harm.
- The relatives we spoke with told us their family members were safe. One relative told us, "I've got no worries at all." Another relative explained how vulnerable their family member's skin was and that it was at high risk of breaking down. They told us how well the service managed this. They said, "[Family member's] skin is just beautiful."
- The risks to people had been identified and detailed risk assessments were in place to minimise risk of harm. These included, for example, where people were at risk from pressure areas, eating and drinking and seizures.
- Each person who used the service had a personal emergency evacuation plan in place should the need to evacuate their home arise, in the event of a fire for example. This detailed what support each person required under such circumstances and helped to ensure effective evacuation.

Staffing and recruitment

- There were enough safely recruited staff to meet people's needs in a person-centred manner.
- Staff told us there were consistently enough staff on shift and the relatives we spoke with raised no concerns in relation to staffing levels. Our observations during the inspection confirmed this.
- Safe recruitment practices were in place to ensure those that worked at the service were appropriate and safe to support those people that used the service.

Using medicines safely

- Good practice meant people received their medicines as prescribed and in a safe manner.
- Medicine Administration Records (MARs) showed that people consistently received their medicines as prescribed. These records were clear, legible and followed good practice guidance.
- Medicines were checked by two staff when they were received and when administered. This mitigated the risk of a medicine error or misadministration and helped to protect people from harm. Our observations showed that staff were diligent when administering medicines.
- Our observations showed that the people who used the service were fully involved in their medicine administration and management. We saw staff seek consent before administering medicines and explain their actions fully whilst constantly seeking consent from the person.

Preventing and controlling infection

- People were protected from the risks associated with infections.
- Staff had received training in infection prevention and control, including food hygiene, and used personal protective equipment to mitigate associated risks.
- To support people to remain healthy, staff assisted people as required in maintaining a clean and hygienic environment and cleaning schedules supported this.

Learning lessons when things go wrong

- The service demonstrated that they used incidents and errors to improve the care and support people received.
- Adverse occurrences were recorded and analysed for trends to mitigate risk of future incidences.
- Both the registered manager and deputy manager gave us examples of where errors had occurred that had driven improvement within the service. For example, the management team had changed their working hours to become more visible for staff working at night.

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

- Good outcomes were achieved for people who used the service through robust care assessing, planning and delivery. One relative we spoke with told us, "We are extremely happy with the care [family member] receives here [at Allen Meale Way]."
- The service used nationally recognised tools to assess and mitigate the risks to people such as those associated with malnutrition and pressure ulcers.
- Staff had received training in equality, diversity and inclusion to help effectively support people with protected characteristics. They had access to a wide range of evidence-based guidance and this was observed during our inspection.

Staff support: induction, training, skills and experience

- People who used the service benefitted from being supported by skilled staff who received varied and appropriate training and ongoing support. The relatives and health professionals we spoke with talked highly of the abilities of the staff.
- Staff told us that the induction and training they received prepared them for their role and to meet the often-complex needs of the people they supported.
- The training information we viewed confirmed a 100% compliance rate of completion and told us staff received specific training to meet the individual needs of the people who used the service. This included training in epilepsy, learning disabilities and diabetes.

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

- People received enough to eat and drink, had choice and had their varied nutritional needs met. For example, one person required their nutrition to be given through a tube into their stomach. We saw that detailed care planning was in place for this and that staff had received appropriate training.
- The service had gathered people's food likes, dislikes and preferences and these were recorded. We saw that people had choice in what they had to eat, when and where.
- Staff worked closely with health professionals to ensure people's nutritional needs were met. One health professional we spoke with described staff as knowledgeable and explained their recommendations were, "Always followed."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked jointly with others to ensure those that used the service received prompt, consistent and appropriate care that met their needs.

- Relatives spoke of a service that positively impacted on their family members and health professionals we spoke with agreed. One health professional said, "We work so well together, and the service always contact me when reviews are due."
- Clear and robust records showed that other agencies regularly supported the service to meet people's needs. For example, for one person we saw that they had received interventions from several healthcare professionals as well as support with equipment and health screening.

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.

- People were supported to make decisions and the service adhered to the MCA.
- Where people potentially lacked capacity to make a particular decision, we saw thorough capacity assessments in place. These demonstrated people had received thorough and appropriate support to make decisions which encouraged empowerment.
- Where best interest decisions had been made on behalf of people, they, along with appropriate others, had been included in those discussions and decisions.
- Our observations showed that staff supported people to make decisions and consistently sought consent before assisting them. The support they provided was encouraging and empowering.
- No applications had been made to the Court of Protection.

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

- All the feedback we received, and the observations we made, showed that people received respectful, warm and engaging care and support.
- One relative we spoke with told us, "Not only is [family member] well cared for, he is actually loved." Another relative said, "Staff always seem very friendly and they look after [family member] well."
- Our observations confirmed this, and we consistently saw respectful and warm interactions that fully involved the person in daily living and gave them encouragement and praise. We saw staff celebrate people's achievements in a kind and thoughtful manner. When one person started to become distressed, we saw staff immediately provide comfort.
- We observed, and others told us, that there was a positive and sunny culture within the service that fully supported people. One healthcare professional described it as, "Very inclusive." Whilst a relative told us, "It's the little things like if staff are in the kitchen they will make sure [family member] is with them [and involved]."

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

- People were fully supported to make their own decisions and we saw staff consistently seek consent from people and offer them choice.
- Care plans demonstrated that people had been involved in the planning of their care as well as their relatives, who confirmed this with us.
- We saw that staff met with people each month to discuss the care they received, their goals and aspirations and other topics such as their health, relationships and social activities. We saw from the records we viewed, and were told by relatives, that staff had supported people to meet their wishes and goals.

Respecting and promoting people's privacy, dignity and independence

- Throughout our inspection we saw staff provide respectful support that was dignified and put the person at the centre of the care they received.
- We saw a staff member ask permission to wipe a person's mouth to ensure their dignity was maintained whilst complimenting them on their choice of aftershave. This showed an awareness of the importance in making a person feel a sense of belonging and acceptance.
- Staff understood the importance of supporting people's independence and were able to explain to us how they achieved this. Care plans supported this approach.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received care and support that was individual to them and met their needs.
- Staff knew people, and the support they required, exceptionally well. Meaningful relationships had developed, and this was clearly observed on our inspection. One relative said, "Staff work around [family member's] routine and not the other way around which is not a common thing in care."
- Another relative gave examples of how the staff supported their family member with very person-centred care before adding, "They look after [family member] really well. [Family member] has everything they could need here."
- For one person who enjoyed listening to music, we saw that staff had purchased a record player for them for their birthday. Staff had considered the artwork on album sleeves to be more accessible for the person and that it would better assist the person in selecting music.
- Care plans supported people's feedback and our observations. They were detailed, accurate and had been regularly reviewed; they were clearly a working document that supported staff to provide individualised care.
- Minutes from people's monthly care review meetings demonstrated that people's wishes were discussed, and actions taken to meet them.

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.

- Although the registered manager was not fully aware of this standard, it was being met.
- Most people who used the service had complex learning and physical disabilities and were non-verbal. Detailed communication plans were in place that described what support people needed from staff and how they communicated, including information on facial expressions, body language and verbalisations.
- We saw that care plans were in an accessible format with the use of pictures and the registered manager told us picture cards were available. Minutes of meetings were also in pictorial format.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place although no recent complaints had been raised about the service.
- The relatives and health professionals we spoke with told us they had no reason to raise concerns but would feel comfortable in doing so should the need arise.

- We spoke with the registered manager about how they would manage complaints. They told us complaints would be taken seriously, listened to and responded to accordingly.

End of life care and support

- The end of life care plans we viewed demonstrated that appropriate and very person-centred care would be provided when a person was approaching the end of their life.
- Staff had taken time to speak with people, and their relatives, about their wishes at the end of their lives. This had resulted in detailed care plans that explained people's wishes leading up to their death and following it.
- Care plans detailed, for example, who they wanted with them towards the end of their life and what type of music and flowers people would like at their funerals. One relative told us, "I've asked [registered manager] to take care of things and she does. She's sorted out [family member's] funeral plans for me as I couldn't do it. They are so good."

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A positive and enabling culture was evident at the service which had a beneficial effect on those that used the service.
- People spoke positively about the management team. One relative told us, "[Registered manager] is very good and I can't praise her enough." A health care professional described the management team as, "Brilliant" and went on to explain how proactive and responsive they were.
- Staff felt supported and told us they found the management team approachable and receptive.
- The management team and staff demonstrated a commitment to providing high quality care. One staff member told us, "It's all about the guys [people who use the service] loving life as they say and getting out as much as they can."

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 registered manager was aware of the duty of candour requirement and appropriately explained this to us.
- We saw from past incidents that they had been investigated and all parties informed. The service also undertook health and safety committee meetings and the minutes from these also demonstrated the service was transparent and open.

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

- Staff worked effectively and accountability and responsibility amongst the team was evident. This meant all staff took ownership for the care provided and worked together to achieve good outcomes for people.
- Staff praised their colleagues and told us they worked well as a team with one staff member commenting, "We are an exceptionally tight team." This was observed at our inspection.
- The registered manager showed a commitment to the service and was enthusiastic about making further improvements. They were open to suggestions and discussed potential improvements with enthusiasm.
- Notifiable events had been reported to CQC as required and the registered manager was aware of their responsibilities around this. They received alerts and sector magazines to keep their practice up to date and received ongoing training and support.

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

characteristics; Working in partnership with others

- The service regularly sought the views of those that used the service, relatives, staff and professionals and worked with others to achieve positive outcomes for people.
- There were several ways people could engage with the service including via meetings, regular care reviews, surveys and by attending service user forums.
- Staff told us they attended regular staff meetings and there were weekly meetings for the people who used the service where they could decide on, for example, menu choices.
- Annual surveys were completed and analysed, and we saw that actions were taken where any less than positive comments were made. These had been completed by those that used the service, their relatives, staff and professionals.

Continuous learning and improving care

- A system of quality monitoring checks had been effective at ensuring a good service was delivered at Allen Meale Way.
- Regular checks were completed on all aspects of the service such as medicines, finances and risk management. Where actions were required as a result, these fed into an improvement plan for the service.
- The provider completed quality monitoring reviews that mirrored CQC's five questions we ask of services and helped to drive continuous improvement.